

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

Interim       Final

**Date of Interim Audit Report:** February 25, 2021       N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:** August 11, 2021

### Auditor Information

<b>Name:</b> Barbara Jo Denison	<b>Email:</b> denisobj@sbcglobal.net
<b>Company Name:</b> Shamrock Consulting, LLC	
<b>Mailing Address:</b> 2617 Xavier Ave.	<b>City, State, Zip:</b> McAllen, TX 78504
<b>Telephone:</b> 956-566-2578	<b>Date of Facility Visit:</b> February 1-3, 2021

### Agency Information

<b>Name of Agency:</b> CoreCivic			
<b>Governing Authority or Parent Agency (If Applicable):</b> N/A			
<b>Physical Address:</b> 5501 Virginia Way, Suite 110		<b>City, State, Zip:</b> Brentwood, TN 37027	
<b>Mailing Address:</b> SAA		<b>City, State, Zip:</b> SAA	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency Website with PREA Information:</b> <a href="http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea">http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea</a>			

### Agency Chief Executive Officer

<b>Name:</b> Damon T. Hininger, President and Chief Executive Officer	
<b>Email:</b> Damon.Hininger@corecivic.com	<b>Telephone:</b> 512-263-3000

### Agency-Wide PREA Coordinator

<b>Name:</b> Eric S. Pierson, Senior Director, PREA Compliance and Programs	
<b>Email:</b> eric.pierson@corecivic.com	<b>Telephone:</b> 615-263-6915
<b>PREA Coordinator Reports to:</b> Steven Conry, Vice President, Operations/Administration	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> 65

## Facility Information

**Name of Facility:** Trousdale Turner Correctional Center

**Physical Address:** 140 Macon Way

**City, State, Zip:** Hartsville, TN 37074

**Mailing Address (if different from above):**  
SAA

**City, State, Zip:** SAA

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** <http://corecivic.com/security-operations/prea>

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

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

ACA

NCCHC

CALEA

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

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
[Click or tap here to enter text.](#)

### Warden/Jail Administrator/Sheriff/Director

**Name:** Raymond Byrd

**Email:** [Raymond.byrd@corecivic.com](mailto:Raymond.byrd@corecivic.com)

**Telephone:** 615-808-0401

### Facility PREA Compliance Manager

**Name:** Vincent Vantell, Assistant Warden/Support Services

**Email:** [vincent.vantell@corecivic.com](mailto:vincent.vantell@corecivic.com)

**Telephone:** 615-808-0403

**Facility Health Service Administrator**  N/A

**Name:** Joshua Lyons

**Email:** [joshua.lyons](mailto:joshua.lyons)

**Telephone:** 615-808-0511

### Facility Characteristics

**Designated Facility Capacity:**

2672

**Current Population of Facility:**

2148

Average daily population for the past 12 months:	2347	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-70+	
Average length of stay or time under supervision:	633.67 days	
Facility security levels/inmate custody levels:	Minimum and Medium	
Number of inmates admitted to facility during the past 12 months:	767	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	767	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	767	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency (Tennessee Dept. of Corrections) <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	317	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	277	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	26	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	48	

## Physical Plant

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	12
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	7
Number of single cell housing units:	7
Number of multiple occupancy cell housing units:	6
Number of open bay/dorm housing units:	1
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	360
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

#### Criminal Investigations

<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p>	<p>1</p>
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<p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b></p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: (Tennessee Dept. of Corrections <b>OIC</b> ) <input type="checkbox"/> N/A
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#### Administrative Investigations

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

## Audit Narrative (including Audit Methodology)

The Trousdale Turner Correctional Center (TTCC) is a private prison owned and operated by CoreCivic. CoreCivic contracts with the Tennessee Department of Corrections (TDOC) to house their minimum and medium security adult male offenders. The facility is located at 140 Macon Way in Hartsville, Tennessee.

### Pre-Onsite Audit Phase

Pre-onsite audit preparation included a thorough review of CoreCivic policy 14-2, *Sexual Abuse Prevention and Response*, 13-79, *Sexual Assault Response* and policy 5-1, *Incident Reporting*, facility procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation was provided by the facility to demonstrate compliance to the PREA standards. Also reviewed were the following Administrative Policies and Procedures of the State of Tennessee Department of Corrections:

- 502.06, *Prison Rape Elimination Act (PREA) Implementation, Education and Compliance;*
- 502.06.1, *Prison Rape Elimination Act (PREA) Screening, Classification, and Monitoring*
- 502.06.2, *Prison Rape Elimination Act (PREA) Allegations, Investigations and Sexual Abuse Response*
- 502.06.3, *Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims*
- 301.04, *Job Requirements*
- 115.01, *Standards for Volunteers and Coordination of Community Involvement*
- 501.01, *Inmate Grievance Procedures*
- 107.04, *Office of Investigations and Compliance*
- 113.37, *Gender Dysphoria, Transgender, Intersex, and Gender Non-Conforming*
- 506.06, *Searches*

Vincent Vantell, Assistant Warden/Services, designated as the facility's PREA Compliance Manager, answered questions and provided additional information and documentation as requested throughout the Pre-Onsite Audit Phase. There were ongoing telephone conversations with the PREA Compliance Manager with discussions on the audit process, audit schedule and clarification and requests of additional documentation and information.

The agency's PREA Coordinator provided the PREA Compliance Manager with facility notices in English and Spanish eight weeks prior to the onsite audit visit informing inmates of the scheduled audit date. Notices included my name and mailing address if inmates wished to send me correspondence. Inmates were informed correspondence would remain confidential. The facility provided photos of the posted notices in locations with the date posted noted as 8/2/20. Due to increased positive cases of COVID-19 of staff and inmates, the onsite audit

visit was postponed twice. Facility notices were revised both times to reflect the rescheduled dates. Correspondence was received from two inmates during this Pre-Onsite Audit Phase.

The facility has a Memorandum of Understanding (MOU) with the Sexual Assault Center located in Nashville, TN. The MOU expires in October 2020 and the facility is in the process of renewing the MOU. The Victim Advocate/SART Coordinator/PREA Advocate was contacted to confirm and review the terms of the MOU. She stated that inmates and employees can access the emotional support services they offer. The Sexual Assault Center provides a 24-hour crisis hotline and the agency can also be reached by mail. The agency also offers victims of sexual abuse who are released continuing services at their location, with the exception of a victim with a background of sexual violence. The Sexual Assault Center provides victim advocacy services, but at the present time the hospital that provides forensic exams to resident victims of sexual abuse does not allow them to provide this service. In the past 12 months, the agency has received six calls from inmates of the Trousdale Turner Correctional Center, but many callers do not give specific facility information, so that number may be higher.

The Trousdale Turner Correctional Center has an MOU with the Nashville General Hospital. The Medical League Exam Team Manager was contacted to confirm and review the terms of the MOU. She reported the hospital would not call the Sexual Assault Center to dispatch an advocate in the event an inmate victim requested an advocate be present during the forensic exam procedure. She explained that the hospital has some concerns over the amount of training the advocates have and the possibility of it being a liability to the hospital. She stated, if requested an advocate would be provided by the hospital. CoreCivic's Director, PREA Compliance and Investigations shared the agency is pursuing an MOU with Vanderbilt Hospital. At this time a draft of the MOU is being reviewed by the Vanderbilt Hospital's legal team.

On 11/30/20, information was received from the PREA Resource Center informing PREA Auditors that due to the COVID-19 pandemic, the DOJ had granted PREA Auditors permission to conduct documentation review remotely and specialized staff interviews virtually. In coordination with the PREA Coordinator and the facility's PREA Compliance Manager, a random sample of inmate records, random employee human resource records, contractor human resource records, volunteer files and 15 investigative files were requested and were reviewed remotely.

Twenty employee human resource files were requested to determine compliance with criminal background check requirements. The twenty employee files included five new hires, five promotions and five transfers within the past 12 months and five records of staff employed for greater than five years. The review of records revealed criminal background checks are being performed as required by the agency policy and the PREA standards. All applicants, employees and unescorted contractors are asked about previous misconduct. The 14-2H, *Self-Declaration of Sexual Abuse/Sexual Harassment* form (14-2H) is completed as part of the hiring process, when an employee is being considered for a promotion and annually. There were five 14-2 H forms that were not found in the files. The Human Resource Manager was able to locate three of the forms from 2020. Missing was one 14-2H from 2018 and one from 2019.

The same employee files were reviewed to determine compliance with the requirements of standard 115.31, *Employee Training*. Upon completion of training, employees, contractors and volunteers sign a *CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgement* form (14-2A) acknowledging that they have reviewed the agency 14-2 policy and have completed and understood the PREA training provided. In review of the training files of employees, there were sixteen 14-2A forms not found in the employee files. Those missing included 14-2A forms for 2018, 2019 and 2020. Due to this finding, the facility did not meet compliance to the requirements of standard 115.31. The recommended corrective action to bring standard 115.31 into compliance is outlined in the narrative of standard 115.31.

Volunteer training files are maintained by the Chaplain/Volunteer Coordinator. One volunteer file was missing a 14-2A form for 2020. In correspondence with the Volunteer Coordinator, he explained the volunteer was not due to complete volunteer training until January 2022 and referenced TDOC policy, 115.01, *Standards for Volunteers and Coordination of Community Involvement*. According to TDOC policy 115.01, page 3, section E-8, volunteers are required to complete volunteer training every year for the first three years and then once every three years. The Chaplain explained during interview that he holds volunteer training sessions twice a year. In interview with two volunteers who have been providing religious services to inmates since the facility opened, both stated they have attended volunteer training annually.

The Learning and Development Manager maintains the training records for contractors. In review of six contractor files, there were ten 14-2A forms (2018, 2019, 2020) missing. The Learning and Development Manager was able to locate five of the missing contractor 14-2A forms. Due to the lack of documentation of PREA training for contractors, the facility did not meet compliance to all provisions of standard 115.32. The recommended corrective action plan to bring standard 115.32 into compliance is outlined in the narrative of standard 115.32.

In review of medical contractor files and in a *Not Met Report* forwarded by the Learning and Development Manager, there are eight healthcare workers who have not completed specialized training required for medical and mental health employees in standard 115.35. In interview with the Health Services Administrator, he reported healthcare staff have completed training. Follow up was made with the Learning and Development Manager who stated healthcare staff have completed specialized training and that one LPN completed the training, but needed to sign off to get credit for the course. Follow-up will be made with the Learning and Development Manager during the onsite audit visit.

Thirty random inmate records were requested to include sexual abuse screenings and mental health referrals from screenings. The records were reviewed to determine compliance with screening procedures. Additionally, documentation of PREA education was requested for the same 30 inmates to determine compliance with the requirements of PREA education to inmates. The results of the review of screening information initially showed there were 17 thirty-day reassessments missing. This information was forwarded to the facility and requested these files be reviewed in an attempt to locate this information. The Chief Counselor, and the agency's PREA Coordinator responded that any inmates assigned to the facility in 2016 and 2017 would not have 30-day reassessments as this process was identified



as a deficiency in the facility's initial PREA audit in 2017. A corrective action plan was recommended and completed following that finding with the facility meeting compliance to all provisions of standard 115.41 in 2017 upon completion of the corrective action plan. There were 10 records reviewed of inmates assigned to the facility in 2016 and 2017. Five of those inmates did not have initial screenings or 30-day reassessments. The remaining seven records reviewed showed six inmates assigned to the facility in 2018, 2019 or 2020, did not have 30-day reassessments and one inmate had a 30-day reassessment, but it was completed 44 days after the inmate's arrival date. The facility was found to not meet compliance to provision 115.41(f) of standard 115.41.

Three inmate records reviewed of inmates who alleged sexual abuse within the last 12 months were not rescreened following their report of an allegation of sexual abuse as required in provision 115.41(g) of standard 115.41. In review of 11 investigative files of allegations of sexual abuse, only one alleged victim was rescreened following a report of sexual abuse. The facility was found to not meet compliance to provisions 115.41(f) and 115.41(g) of standard 115.41. A recommended corrective action plan is outlined in the narrative section of standard 115.41.

The facility was found non-compliant in provision 115.42 (c) of standard 115.42. The facility is not following TDOC policy requiring a multidisciplinary committee review transgender inmates when they are assigned to the Trousdale Turner Correction Center and every six months. A recommended corrective action plan is outlined in the narrative of standard 115.42.

Thirteen of the inmate records reviewed revealed the inmates were not referred to mental health for an evaluation after disclosing prior sexual victimization or of previously perpetrating sexual abuse, as required in provisions 115.81(a) and 115.81(b) of standard 115.81. Thirteen of the 30 inmate records reviewed were of inmates who were screened to be at high risk for victimization or abusiveness, but were not referred to mental health for an evaluation as required. The facility was found to not meet compliance to standard 115.81. A recommended corrective action plan is outlined in the narrative section of standard 115.81.

In review of documentation of PREA education of the 30 random inmates, records showed all inmates received PREA information upon intake to the facility and signed an acknowledgement of receipt and understanding of the information provided to them. Inmates sign a *Tennessee Department of Correction Orientation Acknowledgement* form as part of the intake process. By signing the form inmates acknowledge completing the orientation process, receiving a copy of the *Institutional Rules and Regulations*, a copy of *Specific Unit Rules and Regulations* and provided information on PREA. They also acknowledge by their signature they viewed the PREA video provided during Orientation and received additional PREA information. From interviews with the Classification Manager/Chief Counselor and the Intake Case Manager, orientation and the PREA video are not completed on the day of arrival, but completed while the inmates are housed in the intake pod. Clarification of this practice will be discussed during the onsite audit visit.

The facility has one Investigator responsible for conducting administrative investigations of sexual abuse and sexual harassment. Since the last PREA audit, there were 102 PREA allegations reported and investigation. In the past 12 months, there were 35 allegations reported. The breakdown of those allegations are as follows:

<b>Number</b>	<b>Type</b>	<b>Disposition</b>
24	Inmate-on-Inmate Sexual Abuse	10 – Unfounded 11 – Unsubstantiated 2 – Voided (recanted) 1 - Ongoing
6	Inmate-on-Inmate Sexual Harassment	4- Unsubstantiated 1 – Unfounded 1 – Voided (recanted)
4	Employee-on-Inmate Sexual Abuse	1 – Unfounded 3 – Substantiated
1	Employee-on-Inmate Sexual Harassment	1 – Unsubstantiated

Fifteen investigative files were selected to be reviewed. They included a random sample of cases in each in the four allegation types listed above. There was some documentation missing and communication was made with the Investigator and the Director, PREA Compliance and Investigations for clarification of the administrative investigation procedures and requirements. The issues found were identified and addressed at an earlier date. If an allegation appears to be criminal in nature, the allegation is referred to TDOC’s Office of Investigation and Compliance (OIC) and the Troupdale County Sheriff’s Department. In the past 12 months, five allegations were referred to TDOC’s Office of Investigation and Compliance.

Specialized staff, contractors and volunteers, for a total of 25, were selected to be interviewed. Virtual interviews were held on 1/13/21, 1/14/21 and 1/20/21, with the Quality Assurance Manager coordinating the interviews. The following is the Specialized Staff interview categories:

<b>Specialized Staff Interview Category</b>	<b>Interviews Conducted</b>
Contract Monitor	1
Chief of Security	1
Medical Staff	1
Mental Health Staff	3
Human Resource Manager	1
Learning and Development Manager	1

Facility Investigators	1
Intake Staff	1
Staff Responsible for Risk Screenings	2
Staff Responsible for Unannounced PREA Rounds	5
Incident Review Team Members	5
Staff Who Monitor for Retaliation	1
First Responders (Non-Security)	3
Volunteers (telephone interviews)	2
Contractors (telephone interviews)	2
<b>Total Specialized Staff Interviews Conducted Virtually</b>	<b>30</b>
Agency Head	1
PREA Coordinator	1
<b>Additional Specialized Staff Interviews at an Earlier Date</b>	<b>2</b>

The Agency Head and the PREA Coordinator were interviewed by telephone at the beginning of this reaccreditation period. Random staff and interviews of the PREA Compliance Manager and the Warden will be conducted during the onsite audit visit.

The PREA Compliance Manager provided lists of security staff scheduled to work during the onsite audit visit and the names of security staff who was a first responders to allegations of sexual abuse. The PREA Compliance Manager also provided inmate housing rosters, lists of inmates with special designations, inmates who screened to be victims and aggressors and a list of LGBTI inmates. From this information, a random sample of security staff and inmates were selected to be interviewed.

### Onsite Audit Phase

The PREA audit of the Trousdale Turner Correctional Center was conducted February 1-3, 2021 by this DOJ Certified PREA Auditor. The facility’s initial PREA audit was in 2017. On the first day of the audit, an entrance meeting was held to discuss the audit schedule and audit process with the following persons attending:

- Raymond Byrd, Warden
- Vincent Vantell, Assistant Warden/Support Services
- Byron Ponds, Assistant Warden/Operations
- Rodney McCloud, Chief of Security
- Shawn Warren, Assistant Chief of Security
- Blair Leibach, FSC Consultant
- Amber Wood, Investigator
- Teri Carter, Quality Assurance Manager
- Kari Kaiser, Quality Assurance Manager
- Dana Thomas, Chief of Unit Management
- Kendras Reed, Mental Health Specialist
- Leah Miller, Clinical Nursing Supervisor

Peaches Poole, Human Resource Manager  
Panthea Shannon, Learning and Development Manager  
Heather Baltz, Director, PREA Compliance and Investigations  
Eric Pierson, Senior Director, PREA Compliance and Programs

A site review of the entire facility was conducted with the following with the following individuals on the site review:

Raymond Byrd, Warden  
Byron Ponds, Assistant Warden/Operations  
Vincent Vantell, Assistant Warden/Support Services  
Amber Wood, Investigator  
Kari Kaiser, Quality Assurance Manager  
Blair Leibach, FSC Consultant  
Heather Baltz, Director, PREA Compliance and Investigations  
Eric Pierson, Senior Director, PREA Compliance and Programs

During the site review the locations of cameras and mirrors, room layout, restrooms and the placement of PREA posters and information was observed. Facility notices in English and Spanish provided during the Pre-Onsite Audit Phase were found displayed in numerous locations throughout the facility with the date posted noted as 1/27/21. PREA reporting information was posted on bulletin boards in each housing pod, stenciled by the inmate telephones and posted throughout the facility. The Ethics Line posters were found posted in areas visible to staff. Signs on entry doors of all pods reminds female staff to make opposite-gender announcements when they enter the pod. This practice was observed during the site review with all females saying "female on the pod" when they entered. In interview of 47 inmates, 15 inmates reported females do not announce their presence when they enter their pod and one reported they do not always announce. One Correctional Officer interviewed reported females do not announce. The facility was found to not meet compliance to provision 115.15 (d) of standard 115.15. The recommended corrective action plan is outlined in the narrative of 115.15.

The telephone numbers for internal and external reporting were dialed on an inmate telephone. Inmates are informed in the *Inmate Rules and Regulations Handbook* and on posted information they can report allegations of sexual abuse and sexual harassment internally by speed dialing \*453 on an inmate telephone. When this number is dialed, e-mail alerts are immediately transmitted to the Warden, Assistant Wardens, the Chiefs, Shift Supervisors and the Investigator. When the number was dialed, the Investigator showed me the alert she immediately received when the call was placed. Inmates are informed they can remain anonymous if they wish to and do not have to use their pin number to call this number. Inmates can dial 91 to report allegations externally. Calls to this number go to the Sexual Assault Center. This number is not toll-free and inmates must use their pin number to access the number. When dialed, a prompt is received, "Press 9-1 if you have a sexual assault to report" and the caller is prompted to leave a message.

In the maintenance department, a lock on a small storage room had been removed. It was recommended a new lock be added and for maintenance staff to ensure the door is secured.

The maintenance department was visited on the last day of the audit. The new lock had been installed, but the door was found unlocked. The Maintenance Supervisor was reminded to ensure the door is secured at all times.

A potential blind spot was noted in the warehouse where there were three rows of metal shelving with an aisle in between each row. Boxes of supplies were stored in two of the aisles and stacked very high obstructing visibility to the far back of the aisles. It was recommended that the supplies could either be relocated to another area or reduce the height of boxes to allow visibility of inmates working in these areas. It was also recommended to install a large mirror on the back wall between each of these aisles for more visibility. Before the last day of the audit, the facility provided a purchase order for mirrors. It was requested that when the mirrors are installed, to forward pictures of the mirrors in each aisle.

In several of the housing areas, solid plastic shower curtains were hung over the entry of the shower room, some on top of the PREA approved shower curtains. The curtain rod is close to the ceiling and the curtain would not allow visibility of inmates' heads while showering. It was recommended the facility purchase the CoreCivic approved shower curtains from FSC. The PREA Coordinator provided the ordering information to the facility.

Camera monitors were reviewed with the Investigator on the last day of the audit. There appeared to be good camera coverage throughout the facility with mirrors in several areas to enhance staff supervision in these areas.

On information provided on the Pre-Audit Questionnaire, the average daily population of the Trowsdale Turner Correctional Center for the past 12 months was 2347 inmates. On the first day of the audit there were 2148 inmates assigned to the facility. Random inmates from each general population housing pod and the Restrictive Housing Unit (RHU) were selected to be interviewed for a total of 47 inmates interviewed. Also interviewed were two inmates who sent correspondence during the Pre-Onsite Audit Phase. The total included targeted inmates with the following special designations:

<b>Special Designation</b>	<b>Number Interviewed</b>
Youthful Inmates	N/A
Inmates with Physical Disabilities	2
Inmates Who Were Blind	0
Inmates Who Had Low Vision	1
Inmates Who Were Deaf	0
Inmates Who Were Hard of Hearing	2
Inmates Who Were LEP	2
Inmates with Cognitive Disabilities	1

Inmates Who Identified as Gay	2
Inmates Who Identified as Bisexual	1
Inmates Who Identified as Transgender	5
Inmates Who Identified as Intersex	0
Inmates in Segregated Housing for High Risk of Victimization	0
Inmates Who Reported Allegations of Sexual Abuse	3
Inmates Who Reported Sexual Victimization During Risk Screening	4
Inmates Who Reported Previously Perpetrating Sexual Abuse	2
Inmates Who Sent Correspondence	2
<b>Total Targeted Inmates Interviewed</b>	<b>27</b>

When the five inmates who self-disclosed at initial screening of being transgender were interviewed, they reported that in most cases they are pat searched by male officers and their preference is to be searched by female officers. TDOC policy 113.37, *Gender Dysphoria, Transgender, Transexual, Intersex, and Gender Non-Conforming* and policy 506.06, *Searches*, were reviewed. According to policy 506.06, page 7, section J-1 & 2, *Searching Transgender and Transexual Individuals*, arrangements are to be made for an officer of the gender the inmate identifies with to conduct searches of transgender and intersex inmates. Page 7 of TDOC policy 113.37, section I-7 states, “Frisk (pat) searches shall be conducted consistent with training and in accordance with Policy 506.06”. Employees receive training on conducting searches, including searches of transgender and intersex inmates, during in-service and pre-service when they complete the lesson plan on Searches as part of the PREA Overview Training. In discussion with the facility, they were not familiar with how to conduct searches of transgender inmates.

According to TDOC policy 113.37, page 4, section D, *Assessment Procedures*, the facility is required to have a multidisciplinary team to conduct an initial evaluation for inmates with gender dysphoria, or who self-disclose being transgender, transexual, intersex and gender non-conforming. The multidisciplinary team is to forward their assessment to TDOC’s Gender Dysphoria, Transgender, Transexual, Intersex and Gender Non-Conforming Accommodations Review Committee. It was recommended the facility establish a multidisciplinary team and ensure transgender and intersex inmates are appropriately assessed when assigned to the

facility. Due to the finding that the facility was not familiar with how to conduct searches of transgender inmates and not following policy requirements of transgender and intersex inmates meeting with a team for an initial evaluation upon assignment to the facility, the facility was found to not meet compliance to provision 115.15(f) of policy 115.15. A recommended corrective action plan is outlined in the narrative of standard 115.15.

The limited English proficient inmates were interviewed with translation provided by the TDOC Contract Monitor. The two limited English proficient inmates have been at the facility since the facility opened in 2016. One of the inmates stated he received written PREA information in Spanish when he arrived and the other stated he received written information in English.

During the site review, random inmates were informally interviewed about their knowledge of PREA. Inmates informally and formally interviewed were knowledgeable of the zero-tolerance policy and of the methods of reporting allegations of sexual abuse and sexual harassment.

One inmate interviewed had dementia and was not able to respond to all of the questions asked of him. The Case Manager was asked to review PREA information with him.

Interviews of 20 random staff were conducted, 10 from each security shift. This number included shift supervisors and line staff. Shift supervisors were asked the random staff questions and questions about the process and frequency of unannounced PREA rounds. Four staff were first responders to allegations of sexual abuse and outlined the steps they took when they were notified of the allegation. On the last day of the audit, the PREA Compliance Manager and the Warden were interviewed. It was learned through the interview of the Warden that the Assistant Warden/Operations was designated as the new PREA Compliance Manager and will replace the Assistant Warden/Support Services effective immediately.

On the last day of the audit, I observed the PREA initial screening process of one inmate. The Intake Case Manager conducted the screening in a room in the Intake area that provided privacy to their conversation. The inmate received the *Inmate Admission Rules and Regulations Handbook*, a PREA information handout, PREA Hotline information and a packet on TDOC's inmate grievance procedures. The screening was done on a paper screening form and upon completion the inmate and the screener signed the *TDOC Orientation Acknowledgement* form. Following the screening process, the Classification Manager/Chief Counselor joined us in the Intake area. We discussed the orientation form and my concerns about the form stating the inmate has completed the orientation program and viewed the PREA video, which both are not done on the day of arrival. The facility was found to not meet compliance to provision 115.33(e). A recommended corrective action plan can be found in the narrative of standard 115.33.

Documentation of unannounced PREA rounds were requested for the month of January 2021. Unannounced rounds are conducted by Shift Supervisors, Lieutenants and ADO staff and documented in red ink in the Housing Unit Logbooks and in Central Control. Review of these entries revealed unannounced PREA rounds are being conducted daily.

At the conclusion of the onsite audit, an exit meeting was held to discuss the audit findings and observations with the following persons in attendance:

Raymond Byrd, Warden

Vincent Vantell, Assistant Warden/Support Services  
Byron Ponds, Assistant Warden/Operations  
Rodney McCloud, Chief of Security  
Dana Thomas, Chief of Unit Management  
Kari Kaiser, Quality Assurance Manager  
Teri Carter, Quality Assurance Manager  
Eric Pierson, Senior Director, PREA Compliance and Programs

The team was thanked for their cooperation prior to the onsite visit and throughout the audit process. Observations and information gathered from inmate and staff interviews were discussed. Reminders were given for the following pending items:

1. When the three mirrors are installed in the Warehouse, forward pictures to me
2. When the shower curtains are replaced, forward pictures to me

They were informed of the process that would follow the onsite audit visit, including the process of corrective action plans to achieve compliance to standards not found in compliance. The PREA Coordinator will work closely with the PREA Compliance Manager to develop corrective action plans and timeframes for completion deadlines.

### **Post-Onsite Audit Phase**

The agency's PREA Coordinator and the Director, PREA Compliance and Investigation worked with the facility in the development of corrective action plans for the eight standards found to not meet compliance. Throughout the Post-Onsite Audit Phase, e-mail communication with PREA Compliance Manager and Quality Assurance staff. Numerous telephone calls and e-mails were shared with the PREA Coordinator and the Director, PREA Compliance and Investigations.

Follow-up was made with the Learning and Development Manager to obtain more information on the completion of medical and mental health specialty training as required in standard 115.35. A roster of all healthcare staff and a report showing the status of completion were requested. When received the information was cross referenced and the findings revealed that fourteen healthcare staff had not completed medical and mental health specialty training. Due to this finding, the facility was found to not meet compliance to standard 115.35. A recommended corrective action plan can be found in the narrative of standard 115.35.

On 5/5/21, the facility provided pictures of the mirrors installed in the Warehouse and pictures of the replacement shower curtains. The pictures of the mirrors installed in the Warehouse showed mirrors were installed as recommended and boxes stored in the aisles were lowered for increased visibility. The picture of the new shower curtains showed the curtains afford privacy to inmates when showering while increasing security measures.

On 5/7/21, correspondence was received from an inmate assigned to the facility. A copy of the letter was forwarded to the agency's PREA Coordinator and to the Director, PREA Compliance and Investigations. The facility Investigator also received a copy of the letter. On 8/6/21 a copy



of the administrative investigation file was received. The inmate's complaint was investigated in accordance with the PREA standards and the allegation was determined to be unfounded.

On 7/13/21 the Director, PREA Compliance and Investigations forwarded an updated MOU between the Sexual Assault Center and CoreCivic. The effective date of the MOU was 7/15/21 and will terminate upon thirty days by written notice by either party.

The facility did not meet the original timeframes for completion of corrective action plans for standards found to not meet compliance, but provided documentation to show completion within 180 days from date of the on-site audit visit of completion of all corrective action plans. In review of all documentation provided, the facility was found to achieve compliance to standards 115.15, 115.31, 115.32, 115.33, 115.35, 115.41, 115.42 and 115.81. See the narrative for each of those standards for details of the corrective action taken.

## Facility Characteristics

The Trousdale Turner Correctional Center is located at 140 Macon Way, Hartsville, Tennessee, approximately 50 miles from Nashville, Tennessee. The facility was newly constructed in 2016. The facility is situated on a 20 + acre parcel of land. The Tennessee Department of Corrections (TDOC) contracts with CoreCivic to provide housing and correctional programming to adult male, minimum and medium custody offenders. The facility consists of twelve buildings and has a rated capacity of 2672. On the first day of the audit the population consisted of 2148 inmates, with the age range of the population 18-70 years of age.

The administrative offices and visitation are located at the front entrance to the complex. At this time, due to the COVID-19 pandemic visitation is not allowed. A maintenance building is located directly behind the administration building. Another large building houses the kitchen, two dining halls, medical, intake, commissary and Central Control. There is an education building located in the center of the complex. Education and vocational programs are held in this building. Currently masonry, electrical and computer coding are being offered. Cut out windows in all classrooms allow for visibility into the rooms.

The facility has seven two-story housing units. All inner doors are key-controlled while crash gates, outer doors and emergency doors are controlled by Central Control. In the center of each housing unit there is a security desk. Correctional Officers are assigned to each pod. Case Managers are assigned to each housing unit and are supervised by Unit Managers under the direction of the Chief of Unit Management. Case Manager and Unit Managers' offices are located in a long hallway as you enter the housing units.

Five of the housing units have the same layout with three separate pods in each and the capacity of each pod 120. One housing unit has five pods and housing unit is an open-bay dormitory style housing unit. Specific information of each housing unit is as follows:

Housing Unit	Number of Pods	Capacity	Designation
Alpha	5	360	Restrictive Housing Unit
Bravo	3	360	General Population/Medium Custody
Charlie	3	360	Chronic Care

Delta	3	360	General Population Under 25-years-of-age Minimum Custody
Echo	3	360	General Population/Medium Custody
Fox	3	360	(A) Therapeutic Community (B) After/Pre-Care (C) Quarantine
Whiskey	4	512	Top Tier – Men of Valor Bottom Tier - Veterans

The Fox unit has a therapeutic community in pod A that offers a peer-based substance abuse treatment program, Aftercare and Pre-Care in pod B and pod C is an intake/quarantine pod. Newly assigned inmates are housed in the C pod in the Fox unit for 14 days or longer to complete orientation. Inmates view the *PREA: What You Need to Know* video on day 14 in C pod. Inmates who leave the facility for court or hospital stays are also housed in C pod to be quarantined for 14 days as a COVID-19 precaution.

The dayroom, showers and restrooms are located on the first floor of each pod. Dayrooms have tables with benches, televisions, microwave ovens and inmate telephones. A bulletin board in each pod was found to have PREA information and Facility Notices. Reporting information was stenciled by the inmate telephones. With the exception of the Whiskey Unit, toilets and sinks are within the cells and four shower rooms with four shower heads in each room. A partial block wall is on each side of the entry of the shower rooms with a shower curtain for privacy.

The Whiskey Unit, an open bay, dormitory-style housing, has a common restroom on the first floor with solid doors on the toilet stalls, four toilets on each side, two urinals and eight showers. There is a partial block wall in front of the restroom area.

The medical building is staffed 24-hours daily by CoreCivic employees, with the exception of 18 medical/dental providers who are contracted by CoreCivic through LBMC (Lattimore, Black, Morgan, Cain). The medical department has seven one-man cells, two are negative pressure rooms, two mental health cells and three medical observation cells. There are two secure patient waiting areas, five examination rooms, an emergency room, a nurses' station, medication room, lab, medical records room, conference room and administrative and provider offices. A dental suite is equipped with three dental chairs and staffed by two dentists, two dental assistants and one dental hygienist.

The facility has a full-size gym with basketball hoops and exercise equipment. There are six separate outdoor recreation yards located in the center of the complex adjacent to each housing unit.

The facility employs two full-time Chaplains with services held in the chapel area. One of the Chaplains is designated as the facility's Volunteer Coordinator. The facility has 48 religious volunteers. Due to the COVID-19 pandemic, religious volunteers have not been allowed to provide religious services since March, 2020.

The facility currently has 317 staff, eight contracted Trinity Food Services workers and 18 LBMC contracted medical and dental providers. The staffing plan allocates 413 positions. Currently there are 96 vacancies, which includes a Safety Manager, four LPN's, Mental Health Specialist, Recreation Coordinator, Program Facilitator, four Case Managers, six Academic Instructors, four Vocational Instructors, five Sergeants, 65 Correctional Officers and two Clerks. There are two security shifts (0600-1800 and 1800-0600). Security staff conduct two counts on the first shift and three on the second shift. Security rounds are conducted approximately every 30 minutes and documented in housing log books. Unannounced PREA rounds are conducted by Shift Supervisors daily and ADO staff conduct unannounced PREA rounds at least once weekly in all areas and daily in the RHU.

The facility has 288 cameras. Camera servers are located in the mechanical room outside of the administration building. The system can retain surveillance videos for up to 120 days, depending on the amount of traffic in the area. Cameras are monitored by staff posted in Central Control and the Warden, Assistant Wardens, Shift Supervisors, Investigator and staff in the Operations office have the ability to view cameras on their desktops. There are two cameras in each housing pod and cameras in hallways and common areas, recreation yards and outdoor walkways. The camera monitors were reviewed with the Investigator. The cameras were all in working order. Cameras in housing units ensure privacy in restrooms and shower rooms. Many areas have mirrors to enhance staff supervision of inmates and eliminate blind spots.

CoreCivic's Mission Statement is:

We help government better the public good through:

**CoreCivic Safety:** We operate safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety.

**CoreCivic Community:** We deliver proven and innovative practices in setting that help people obtain employment, successfully integrate into society and keep communities safe.

**CoreCivic Properties:** We offer innovative and flexible real estate solutions that provide value to government and the people we serve.

Trousdale Turner Correctional Center's Mission Statement is:

The primary mission of the CoreCivic/Trousdale Turner Correctional Center is in partnership with government, we will provide a meaningful public service by operating the highest quality adult corrections system in the United States.

We aim to protect the public safety through the incarceration of adults who have been adjudicated and sentenced to a term of imprisonment. An integral part of CoreCivic/TTCC's mission is to maintain an environment for both staff and inmates, which is safe, healthful, humane, productive and mutually respectful.

We continually strive to provide a variety of services and programs to the inmates to assist them in preparing for a lawful return to society. Inmates are required to work and/or required to participate in programs and services. Refusal to work or participate in programs may result in disciplinary actions that may include suspension of visits, no

credits, and additional segregation time. Inmates are encouraged to demonstrate self-control, personal responsibility, and constructive decision-making and positive behavior.

## Summary of Audit Findings

The PREA Audit of the Trosdale Turner Correctional Center found forty-five (45) standards in compliance with three of those standards exceeding the requirements of the standard. An explanation of the findings related to each standard showing policies, practice, observations, and interviews are provided under each standard in the narrative section of this report.

### Standards Exceeded

<b>Number of Standards Exceeded:</b>	3
<b>List of Standards Exceeded:</b>	115.11
	115.64
	115.88

### Standards Met

<b>Number of Standards Met:</b>	40
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### Standards Not Met

<b>Number of Standards Not Met:</b>	0
<b>List of Standards Not Met:</b>	

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

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

**115.11 (a)** CoreCivic's policy 14-2, *Sexual Abuse Prevention and Response*, is the agency's written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting and responding to such conduct. Pages 3 & 4 of the policy includes definitions of prohibited behaviors. TDOC

policy 502.06, *Prison Rape Elimination Act (PREA) Implementation, Education and Compliance* is TDOC's zero tolerance policy.

Sexual activity between inmates or employees, contractors and volunteers are strictly prohibited and subject to administrative and criminal disciplinary sanctions. CoreCivic's policy 14-2 is comprehensive and clearly outlines the procedures to be followed to reduce and prevent sexual abuse and sexual harassment of inmates. The policy addresses each standard as guidance to staff ensuring compliance to the PREA standards.

**115.11 (b):** The agency employs a PREA Coordinator, who when interviewed at an earlier date, reported that he has sufficient time and authority to develop, implement and oversee CoreCivic's efforts to comply with the PREA standards. The agency employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts the PREA Coordinator's position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all of CoreCivic's facilities. Page 2 of policy 14.2 and page 1, section IV-B of TDOC policy 502.06 outline the responsibilities of the PREA Coordinator. When interviewed the PREA Coordinator stated he has sufficient time and authority to oversee the agency's PREA program. He is assisted by a Director, PREA Compliance and Investigation who is responsible for investigations.

**115.11 (c):** CoreCivic operates 65 facilities and each facility has a designated PREA Compliance Manager. The responsibilities of the PREA Compliance Managers are found on Page 2 of policy 14.2 and page 1 of TDOC policy 502.06. At the Trousdale Turner Correctional Center, the Assistant Warden of Support Services is designated as the PREA Compliance Manager. The facility's organizational chart depicts his position. The PREA Compliance Manager answers to the Warden. When interviewed, the PREA Compliance Manager stated that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The agency policy was found to be very comprehensive and both the PREA Coordinator and the PREA Compliance Manager were very knowledgeable when interviewed; therefore, the facility was found to exceed in the requirements of this standard.

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

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

### **115.12 (a)**

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

### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

CoreCivic is a private provider and does not contract with other agencies for the confinement of its inmates; therefore, this standard is not applicable to this facility.

## Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No



- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

**Auditor Overall Compliance Determination**

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

**115.13 (a)** Based on policy 14-2, pages 9 & 10, section D, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect inmates against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the recent population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the number and placement of supervisory staff, programs occurring on a particular shift and the resources the facility has available to commit to ensure adequate staffing levels. The agency also considers generally accepted detention and correctional practices and any finding of inadequacy from federal investigative agencies, internal or external oversight bodies, any applicable state or local laws or regulations and any other relevant factors. In interview with the Warden and the PREA Compliance Manager, they confirmed what they consider when they assess staffing levels.

**115.13 (b):** The facility makes every effort to comply with the approved PREA staffing plan and documents and justifies any deviations. The current staffing plan was predicted on 2552 beds. The average daily population of the facility since the last PREA audit was 2347. The 2019-2020 PREA staffing plan was provided for review. The plan mandates a fixed number of security and unit management positions per shift. In interview with the Warden, he reported he reviews the shift rosters daily. Administrative Duty Officers (ADO's) conduct live roster checks once a week. He also stated TDOC Contract Monitors review the daily shift rosters. Per policy, if a position identified on the staffing plan is vacated for a shift, the Chief of Security will notify the PREA Compliance Manager of the deviation. The PREA Compliance Manager is responsible for notifying the PREA Coordinator and documenting and describing the deviation on the 5-1B, *Notice to Administration* in IRD. In interview with the Warden and in information provided on the Pre-Audit Questionnaire, in the past 12 months there were no deviation to the staffing plan.

**115.13 (c):** The staffing plan is reviewed annually by the PREA Compliance Manager who completes an *Annual PREA Staffing Plan Assessment (14-2I)* and forwards it to the Warden who then forwards it to the PREA Coordinator. This annual review also includes assessments of the policy, physical plant, and video monitoring systems. The PREA Coordinator forwards the 14-2I to the Vice President of Facility Operations for signature and approval of any recommendations made which would include changes to the policy and procedures, physical plant, video monitoring

or the staffing plan. The *Annual PREA Staffing Plan Assessments* completed since the last PREA audit were provided for review. There were no recommendations for any changes to the established staffing plan.

**115.13 (d):** Per page 10, section E-1 of policy 14-2, shift supervisors are required to conduct unannounced PREA rounds each shift in at least one pod to identify and deter employee sexual abuse and sexual harassment. ADO staff conduct unannounced PREA rounds during their duty week at least once in each unit and daily in RHU. Employees are informed in their PREA training that they are prohibited from alerting other employees that supervisory rounds are occurring. The Chief of Security, Captains, Sergeants and Lieutenants interviewed reported that in addition to unannounced PREA rounds, there are security rounds conducted approximately every 30 minutes in all housing units.

In review of the policy, documentation provided for review prior to the onsite audit and review of housing logbooks and the Central Control logbook during the onsite visit and in interview with Shift Supervisors, the Chief of Security and ADO staff, the practice of unannounced rounds confirmed rounds are being conducted on both security shifts. Inmates interviewed confirmed supervisors are present in their housing unit often.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### Auditor Overall Compliance Determination

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

The Trousdale Turner Correctional Center houses adult male inmates only and does not house youthful offenders; therefore, this standard is not applicable to this facility.

## Standard 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  Yes  No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

#### 115.15 (c)

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

### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

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

**115.15 (a):** Based on review of policy 14-2, page 17, section K, cross-gender inmate strip searches shall not be conducted except in exigent circumstances. In information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no cross-gender strip or cross-gender

visual body cavity searches of inmates. If cross-gender strip searches are performed, the searches will be documented in the 5-1 Incident Report using form 5-1B, *Notice of Administration*.

**115.15 (b):** The Trowsdale Turner Correctional Center does not house female inmates; therefore, this provision of this standard is not applicable to this facility.

**115.15 (c):** The Trowsdale Turner Correctional Center does not house female inmates; therefore, this provision of this standard is not applicable to this facility.

**115.15 (d):** The facility has policies and procedures in place that enable inmates to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks or genitalia. During the site review, a recommendation was made to replace the shower curtains. Pictures received on 5/5/21 confirmed shower curtains had been replaced as recommended.

Female staff are required to announce their presence when entering inmate housing units. Signs on entry doors of all housing pods remind female staff to make opposite gender announcements when entering the pods. The practice of female staff announcing their presence when they enter the housing units was observed during the site review of the facility, but in interview of random inmates, 15 inmates interviewed stated female staff are not announcing their presence when they enter housing units and one inmate reported some female staff do announce and others do not. A determination of non-compliance was made to this provision of this standard.

**115.15 (e):** According to policy 14-2, page 16, section K-2, searches or physical examinations of transgender and intersex inmates for the sole purpose of determining the inmate's genital status is prohibited. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing the medical records, or, if necessary, by a medical examination conducted in private by a medical practitioner. In interview of random staff, they knew that this was prohibited by policy.

**115.15 (f):** According to TDOC policy 506.06, page 6, section I-1, female correctional officers may pat search inmates of both genders. Male correctional officers may pat search only male inmates. In addition to general training provided to all staff, staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates. It was learned through interviews of staff and of the transgender inmates assigned to the facility, that facility staff are not familiar with how to conduct searches of transgender inmates. A determination of non-compliance was made to this provision of this standard.

#### **Recommended Corrective Action:**

Due to not meeting compliance to provisions 115.15 (d) and 115.15 (f) of this standard, the facility entered into a 90-day corrective action period. The Learning and Development Manager will be responsible for the implementation and completion of the corrective action plan to be completed by 6/1/21. The recommended corrective action is as follows:

- Retrain all staff on policy 506.06, *Transgender Searches*
- Document training on attendance roster (4-2A) and include on the attendance roster the staff's signature acknowledging completing the training and understanding the training they received

- Upon completion of training forward a current staff roster, attendance rosters and 4-2A forms to me

**Corrective Action Taken:**

Shower curtains were replaced facility-wide and pictures of the newly installed shower curtains were provided.

The facility held a 2<sup>nd</sup> Quarter Recall Meetings on 5/25/21 and 5/27/21. On 6/28/21 the agenda and minutes from those meeting were forwarded to me. Policy 506.06, *Transgender Searches* and the requirements of opposite gender announcements were addressed at these meetings. *Training/Activity Attendance Roster Staff Sign-in* forms (4-2A) were also forwarded showing a total of 190 employees attended these meetings.

In review of this information, the facility was found to achieve compliance to provisions 115.15 (d) and 115.15 (f) of this standard.

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

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

**115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

#### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (*Requires Corrective Action*)

**115.16 (a):** Based on review of policy 14-2, pages 15 & 16, section I and TDOC policy 502.06. page 3, section VI-D, inmates are provided PREA education in formats accessible to all inmates, including those who are deaf or hard of hearing, blind or have low vision, cognitive deficits or have limited reading skills. In interview with the Vice President, Operations Administration (agency head designee), he stated the CoreCivic corporate office provides assistance to facilities to enable them to locate potential vendors or agencies to provide support services for inmates with disabilities. Inmates who are deaf or are hard of hearing have access to a TDD to relay PREA information to them. Inmates with low reading skills are read the Inmate Rules and Regulations Handbook by the Intake Case Manager and a staff member covers items in the Inmate Rules and Regulations Handbook on a one-on-one basis with inmates who have hearing or vision impairments. In interview with two inmates who were hard of hearing, both wore hearing aids and reported they were able to hear the video.

**115.16 (b):** The agency takes steps to ensure inmates who are limited English proficient have access to all PREA information in a format they can understand. Inmates view an orientation video, *PREA: What You Need to Know*, available in both English and Spanish, and receive an *Inmate Rules and Regulations Handbook*, available in English and Spanish. The facility has identified two staff members who are proficient in Spanish, one proficient in Igbo and Yoruba and one proficient in Arabic, Dinka and Kiswahili. These staff members are available to provide translation for inmates speaking those languages. A contract with Language Line Services is used for the translation of any other languages. There were two limited English proficient inmates (Spanish) assigned to the facility who were interviewed with translation provided by the TDOC Contract Monitor. Both responded appropriately to questions asked of them.

When interviewed the Vice President, Operations Administration (agency head designee), stated the agency maintains a comprehensive contract with Language Line Services and some facilities even have an MOU with organizations in the communities to provide translation services when needed. Two inmates identified with low vision both reported having enough sight and had no problems reading and understanding the PREA information presented to them.

**115.16 (c):** The agency prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. Staff translators or Language Line Services are utilized when necessary. From information provided on the Pre-Audit Questionnaire, in the past 12 months, there have been no instances where inmates were used for this purpose. Random staff interviewed knew that the agency prohibits using inmates for this purpose.

## **Standard 115.17: Hiring and promotion decisions**

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

### **115.17 (a)**



- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

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

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check?  Yes  No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

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

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

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

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

**115.17 (a):** Per policy 14-2, pages 5 & 6, section B and TDOC policy 301.04, pages 4 & 5, the agency and client prohibit hiring or promoting anyone who may have contact with inmates, or to enlist the services of any contractor, who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility or other institution. It also prohibits hiring or promoting anyone who has been convicted of engaging or attempting to engage in sexual activity in the community or who has been civilly or administratively adjudicated to engage in these activities.

**115.17 (b):** CoreCivic considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. This practice was confirmed in interview with the Human Resource Manager.

**115.17 (c):** The agency requires that before hiring new employees a criminal background check be conducted. NCIC criminal background checks for applicants, contractors and volunteers are performed by TDOC. An effort is 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 *PREA Questionnaire for Prior Institutional Employers (3-20-2B)* is used to solicit prior employment information. According to information provided on the Pre-Audit Questionnaire, in the past 12 months there were criminal background checks performed on 277 new hires and 18 contractors.

**115.17 (d):** Per page 5, section B-3-b, of CoreCivic's policy 14-2, TDOC performs criminal background checks before enlisting the services of any unescorted contractor who may have contact with inmates.

**115.17 (e):** TDOC criminal background checks are conducted at least every five years on all employees and unescorted contractors. Random review of employee and contractor records confirmed this practice.

**115.17 (f):** All applicants, employees and unescorted contractors are asked about previous misconduct. The 14-2 H, *Self-Declaration of Sexual Abuse/Sexual Harassment* form (14-2 H) is completed as part of the hiring process, when an employee is being considered for a promotion and annually during the employee or contractors birth month-. Employees have a continuing affirmative duty to disclose any sexual misconduct.

**115.17 (g):** Material omissions regarding sexual misconduct or giving false information are grounds for termination.

**115.17 (h):** Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer that the employee has applied for work. In interview of the Human Resource Manager, she reported she always checks with the Investigator if asked for information on a former employee before responding to the request.

In review of 20 random employee and six contractor human resource files, criminal background checks are being completed per agency policy and standard requirements.

## **Standard 115.18: Upgrades to facilities and technologies**

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

#### **115.18 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition,

expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### Auditor Overall Compliance Determination

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

**115.18 (a):** Based on policy 14-2, page 34, section V, when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion or modification of existing facilities on the ability to protect inmates from sexual abuse. In interview with the Vice President, Operations Administration (agency head designee), he stated during acquisitions, the staff making the site visits develop a preliminary assessment and the PREA Coordinator is involved in the review of the physical plant issues. At existing facilities, a form 7-1B, *PREA Physical Plant Considerations* is used to ensure PREA is considered when initiating a renovation/new construction. According to information provided on the Pre-Audit Questionnaire and in interview with the Warden, since the last PREA audit there were no expansions or modifications of the existing facility and the facility has not acquired any new facilities.

**115.18 (b):** When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect inmates from sexual abuse. In interview with the Warden and on information provided on the Pre-Audit Questionnaire, since the last PREA audit the facility has not installed or updated the video monitoring system or the electronic surveillance system.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

### 115.21 (d)

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

- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

**115.21 (a):** According to policy 14-2, pages 26 & 27, section O-4, CoreCivic and the Trousedale Turner Correctional Center is responsible for conducting administrative sexual abuse investigations on both inmate-on-inmate and staff sexual misconduct in accordance with TDOC policies 107.04 and 502.06.2. The agency/facility follows a uniform evidence protocol that maximizes the potential for obtaining usable physical for administrative proceeding and criminal prosecutions. Random staff interviewed were aware of the protocol for obtaining usable physical evidence.

**115.21 (b):** The protocol is developmentally appropriate for youth where applicable and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the 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.

**115.21 (c):** The facility offers all inmates who experience sexual abuse access to forensic medical examinations. Forensic exams are not conducted at the facility. Victims of sexual abuse are transported to either the Nashville General Hospital or the Vanderbilt University Medical Center where SANE nurses are available. According to information provided on the Pre-Audit Questionnaire, in the past 12 months there were no forensic exams conducted.

**115.21 (d):** The facility has an MOU with the Sexual Assault Center. The terms of the MOU provide inmate victims of sexual abuse with victim advocacy and emotional support and a 24-hour advocacy hotline. The MOU was provided for review.

**115.21 (e):** Per CoreCivic policy 14-2, page 27, section O-4-c, victim advocates are provided to victims of sexual abuse as requested by the victim. The Sexual Assault Center provides advocates to accompany the victim through the forensic exam process, per terms of the MOU and in conversation with the Sexual Assault Center’s SANE Coordinator.

**115.21 (f):** Facility Investigators conduct administrative investigations and allegations that appear to be criminal are referred to the TDOC Office of Investigations and Compliance and to the Trousdale County Sheriff’s Department.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

#### **115.22 (a)**

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

#### **115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No

- Does the agency document all such referrals?  Yes  No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

**115.22 (a):** Policy 14-2, pages 22 & 23, Section M-4, outlines the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The facility is responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment. The TDOC Office of Investigations and Compliance (OIC) conduct criminal investigations. TDOC policy 107.04 outlines the responsibilities of the OIC. On page 4, section G of policy 107.04, it states all allegations of sexual abuse and sexual harassment will be investigated in accordance with TDOC policy 502.05.2. According to information reported on the Pre-Audit Questionnaire, in the 12 months there were 35 allegations of sexual abuse and sexual harassment reported.

In interview with the Vice President, Operations Administration (agency head designee), he stated it is CoreCivic's policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies and that all administrative investigations are investigated by CoreCivic investigators who have received specialized PREA training.

**115.22 (b):** According to page 24, section 3-b of policy 14-2 and in accordance with TDOC policy 502.05.2. If an allegation of sexual abuse or sexual harassment appears to be criminal, the allegation is referred to the TDOC OIC to the Troup County Sheriff's Office. All referrals of allegations of sexual abuse or sexual harassment for criminal investigations are documented.



The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the CoreCivic website (<http://corecivic.com/security-operations/prea>).

**115.22 (c):** Information about investigations published on the agency website describes the responsibilities of the agency and the investigating entity.

In review of 15 investigative files and interview the PREA Compliance Manager and facility Investigators, the agency/facility is ensuring that all allegations of sexual abuse and sexual harassment are being investigated in accordance with the agency policy and the PREA standards and investigators know to refer any allegations that appear to be criminal for criminal investigation.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

**115.31 (a):** Policy 14-2, pages 6 & 7, section C-1 and TDOC policy 502.06, page 5, section K addresses the agency's requirements of employee training. All CoreCivic employees receive training on the agency's zero-tolerance policy (14-2) for sexual abuse and sexual harassment at pre-service and annually at in-service.

The *PREA Overview* Facilitator Guide and Participant Guide were provided for review. The training, completed by employees at orientation and annually in in-service training, was found to

include information on the agency's zero-tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities, the inmates right to be free from sexual abuse and sexual harassment, the rights of inmates and staff to be free from retaliation, the dynamics of sexual abuse in a confinement setting, the common reactions of victims, how to detect and respond to signs of threatened sexual abuse, signs of predatory behavior, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with LGBTI inmates and how to comply with relevant mandatory reporting laws. In interview with random and specialized staff, they confirmed the training addressed these topics.

In interview with the Learning and Development Manager, the pre-service and in-service PREA training are both two hours of classroom instruction. In addition, there are annual requirements of online PREA training through Talent Central. During pre-service and annual in-service classroom instruction employees view the video on cross gender pat searches and searches of transgender and intersex inmates as part of the Search Procedures training.

**115.31 (b):** The training is tailored to meet the needs of male inmates. Employees who are reassigned from facilities housing only female inmates are given additional training to meet the needs of the male population. Between trainings, employees are provided updates on PREA information.

**115.31 (c):** In information provided on the Pre-Audit Questionnaire, In the past 12 months, 277 assigned employees of the Trowsdale Turner Correctional Center completed the PREA training.

**115.31 (d):** Upon completing the training staff sign a *CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgement* form (14-2A) acknowledging that they have reviewed agency policy 14-2 and have completed and understood the PREA training provided and sign a *Training/Activity Attendance Roster* (14-2A).

**Recommended Corrective Action:**

In review of the training records of 20 employees, the records were found to be incomplete with documentation of completion of annual PREA training for 2018, 2019 and 2020 missing. Due to incomplete documentation for annual training requirements, the facility entered into a 90-day corrective action period. The Learning and Development Manager will be responsible for the implementation and completion of the corrective action plan to be completed by 6/1/21. The recommended corrective action is as follows:

- Complete 2021 PREA in-service training for all employees
- Upon completion of training, have each employee sign a 4-2A, *Training/Activity Attendance Roster*
- Forward 4-2A forms to me

**Corrective Action Taken:**

On 8/6/21, the facility provided *Training/Activity Attendance Rosters* (4-2A) forms showing PREA training completed from 1/27/21 – 8/5/21, for a total of 43 PREA training sessions. Also, provided was a *PREA Completion Report* showing that all employees and contractors assigned to the Trowsdale Turner Correctional Center have attended and completed the *PREA Overview* training for 2021. In review of this documentation, the facility was found to achieve compliance to standard 115.31.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

#### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

**115.32 (a):** CoreCivic policy 14-2, pages 8 & 9, section C-2, volunteers and contractors. TDOC policy 1115.01, *Standards for Volunteers and Coordination of Community Involvement*, outline the training requirements for volunteers. Volunteers are required to read TDOC's *Volunteer Service Training Manual* and sign a *Volunteer Confidentiality and Policy Agreement Training Certification*. Contractors have the same PREA training as employees. The objectives of the trainings ensure volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents.

Volunteer PREA training is facilitated by the Chaplain, who is the facility's Volunteer Coordinator. Volunteers must initially attend training sessions before being allowed access to the facility and every three years thereafter, in accordance with TDOC policy, 115.01, *Standards for Volunteers and Coordination of Community Involvement*, page 3, section E-8. The *Volunteer Training Topic Matrix (22-1AA)*, includes one hour of classroom PREA instruction by the Chaplain.

**115.32 (b):** The level and type of training provided to contractors and volunteers is based on the services they provide. Volunteers sign a *PREA Policy Acknowledgement and/or Training Acknowledgment* form (14-2A) and a *Training Activity Enrollment/Attendance Roster* (4-2A) upon completion of PREA training. Contractors sign a *PREA Policy Acknowledgement and/or Training Acknowledgment* form (14-2A).

**115.32 (c):** The Chaplain/Volunteer Coordinator maintains documentation of training for volunteers. In review of five volunteer training records, the records showed volunteers are receiving training as required by this standard.

**Recommended Corrective Action:**

The Training and Development Manager conducts contractor training and maintains contractor training records. Six contractor records were reviewed and several 14-2A forms could not be located. Due to not incomplete documentation of contractor PREA training, the facility entered into a 90-day corrective action period. The Learning and Development Manager will be responsible for the implementation and completion of the corrective action plan by 6/1/21. The recommended corrective action is as follows:

- Complete 2021 PREA in-service training for all contractors
- Upon completion of training, have each contractor sign a 4-2A. *Training/Activity Attendance Roster*
- Forward 4-2A forms to me

**Corrective Action Taken:**

On 8/6/21, the facility provided *Training/Activity Attendance Rosters* (4-2A) forms showing PREA training completed from 1/27/21 – 8/5/21 for a total of 43 PREA training sessions. Also, provided was a *PREA Completion Report* showing that all employees and contractors assigned to the Trousdale Turner Correctional Center have attended and completed the *PREA Overview* training for 2021. In review of this documentation, the facility was found to achieve compliance to standard 115.32.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

### 115.33 (d)

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

### 115.33 (e)

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

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, Inmate Rules and Regulations Handbooks, or other written formats?  Yes  No

## Auditor Overall Compliance Determination

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

**115.33 (a):** Based on CoreCivic's policy 14-2, pages 15 & 16, section I, all inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 767 inmates admitted to the Trousdale Turner Correctional Center received PREA information at intake. In interview with random inmates, they reported receiving an *Inmate Rules and Regulations Handbook*, and an orientation packet, all available in English and Spanish, upon intake to the facility. Observation of the intake process and in interview with the Intake Case Manager confirmed this information. Random inmates interviewed, both formally and informally, were aware of the zero-tolerance policy and the methods of reporting sexual abuse and sexual harassment available to them.

**115.33 (b):** Inmates receive comprehensive PREA education facilitated by the Intake Case Manager. Inmates view the *PREA: What You Need to Know* video, shown in English and Spanish on day 14 in the Intake pod. Random inmates interviewed confirmed viewing the PREA video.

**115.33 (c):** All Trousdale Turner Correctional Center inmates who transfer from another facility receive the same PREA education as all inmates assigned to the facility.

**115.33 (d):** Inmates are provided PREA information in formats accessible to all inmates. Written PREA information and posted information is provided in both English and Spanish. The *PREA: What You Need to Know* video is shown in both English and Spanish. Designated bilingual (Spanish) staff provide inmates translation as needed and Language Line Services is used for the translation of any other languages.

**115.33 (e):** In review of 30 inmate-training records, documentation of PREA education is maintained by the facility. Inmates sign a *PREA Orientation Acknowledgement* (TDOC CR 2110) form. The form states the inmate has completed the orientation program and viewed the PREA video, which both are not done on the day of arrival. The *PREA Orientation Acknowledgement* form being used is in need of revision to capture what is truly happening during the orientation program.

**115.33 (f):** In addition to providing PREA education to all inmates upon intake, PREA information is posted in various locations throughout the facility in English and Spanish providing ongoing PREA information continuously available to inmates.

### **Recommended Corrective Action:**

Due to the intake and orientation forms being unclear, the facility entered into a 30-day corrective action period. The Classification Manager and the Intake Case Manager will be responsible for the implementation and completion of the corrective action plan to be completed by 4/1/21. The recommended corrective action is as follows:

- Develop a new form to be used at intake for inmates to acknowledge the written information they receive as part of the intake process
- Once developed, begin using the new form at intake
- Use the TDOC CR 2110 form upon completion of comprehensive education
- Forward the new form created to me

### **Corrective Action Taken:**

On 5/18/21, received an e-mail from the PREA Coordinator explaining the change in the facility's inmate education process. TDOC instructed the facility the PREA video must be shown at intake. TDOC instructed the facility they could not develop their own acknowledgement form, but must continue to use the TDOC CR 2110 form. The inmate will sign the CR 2110 form at intake after receiving the *Inmate Rules and Regulations Handbook*, the CoreCivic 14-2AA pamphlet and a PREA flyer and viewing the PREA video. The video will again be shown within 14 days from date of intake and the inmate will sign another CR 2110 form.

The facility provided spreadsheets of inmates assigned to the facility in the months of February, March, April, May and June. From this information, random inmate records were selected from each of those months for a total of 54 inmate records. Since the new inmate education process was implemented in May, 10 inmate records for each of the months of May and June were used to verify the inmate education process was implemented and put into practice. In review of these records, inmates are signing a TDOC CR 2110 upon intake and within 14 days of intake upon completing comprehensive PREA education. The facility is maintaining this documentation. The facility was found to achieve compliance to standard 115.33.

## **Standard 115.34: Specialized training: Investigations**

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

#### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### **115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA



- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
  
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
  
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

**115.34 (a):** Based on CoreCivic’s policy 14-2, page 7, section b-i, in addition to general training provided to all employees, CoreCivic ensures facility investigators receive training on conducting sexual abuse investigations in confinement settings.

**115.34 (b):** The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warning, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution as was verified in review of the training *PREA: Investigation Protocols* training curriculum provided for review. The training is a three-hour online training in Relias Learning. The Trousdale Turner Correctional Center has one facility Investigator who completed *PREA: Investigation Protocols* on 11/6/19.

**115.34 (c):** Electronic documentation of the investigator's completed specialized training and a certificate of completion is being maintained by the facility and were provided for review. The facility also maintains documentation of the general PREA training provided to all employees that the facility Investigator completed. Documentation of general PREA training was also provided for review.

When interviewed, the facility Investigator knew her responsibilities in conducting administrative investigations of sexual abuse and sexual harassment and her responsibility for referral of any allegations that appear to be criminal in nature.

## **Standard 115.35: Specialized training: Medical and mental health care**

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

### **115.35 (a)**

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

### **115.35 (b)**

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams *or* the agency does not employ medical staff.)  Yes  No  NA

### **115.35 (c)**

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if

the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  
 Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

**115.35 (a):** According to policy 14-2, page 8, section b-ii, in addition to the general training provided to all employees, all full and part-time medical and mental care practitioners receive specialized medical training. The curriculum for this training was provided for review and found to include how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations of sexual abuse and sexual harassment.

**115.35 (b):** This provision of the standard is not applicable to this facility. Medical staff do not perform forensic examinations. SANE examinations are performed at the Nashville General Hospital or at the Vanderbilt University Medical Center.

**115.35 (c):** Medical and mental health care staff complete online *PREA Specialty Training for Medical and Mental Health* and completion of this training is maintained electronically. There was some confusion during the Pre-Onsite Audit Phase, during the Onsite Audit Phase and the Post-Onsite Audit Phase of whether medical and mental health staff have completed this required training. After reviewing documentation provided during the Post-Onsite Audit Phase, a determination was made the facility did not meet compliance to this standard.

**115.35 (d):** Medical and mental health staff also receive the general PREA education provided to all employees as was, verified in random review of training records of medical and mental health staff.

**Recommended Corrective Action:**

Due to not all medical and mental health staff completing the required specialized training, the facility was found to not meet compliance to this standard and entered into a 30-day corrective action period. The Classification Manager and the Learning and Development Manager will be responsible for the implementation and completion of the corrective action plan to be completed by 4/1/21. The recommended corrective action plan is as follows:

- Ensure all medical and mental health staff complete *PREA Specialty Training for Medical and Mental Health*
- Ensure completion of training is documented electronically
- Forward a staff roster of medical and mental health staff and electronic report showing completion status

**Corrective Action Taken:**

The facility provided an electronic report and a spreadsheet showing completion of specialized medical and mental health staff, with the exception of one mental health staff who continues out on medical leave and a medical staff person who is out on workers compensation. The facility will ensure those employees, who are out indefinitely, complete the training upon their return to work. In review of this information, the facility was found to achieve compliance to all provisions of this standard.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

**Standard 115.41: Screening for risk of victimization and abusiveness**

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

**115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

**115.41 (b)**

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

**115.41 (c)**

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

**115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses?  Yes  No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?  
 Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a request?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
 Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

**115.41 (a):** Inmates are screened for their risk of being sexually abused or sexually abusive towards others according to TDOC polity 502.06.1. Per policy 14-2, pages 13 & 14, section H,

upon admission to the Trousdale Turner Correctional Center, all inmates are screened for their risk of being sexually abused or sexually abusive towards others. The Intake Case Manager, who is responsible for screening inmates upon arrival to the facility, explained the screening process and the screening process was observed during the onsite audit visit.

**115.41 (b):** Intake screening shall ordinarily take place within 72 hours of arrival at the facility. At the Trousdale Turner Correctional Center, intake screening is completed on the day of arrival to the facility, exceeding in the requirements of 72 hours in this provision of this standard. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 767 inmates admitted to the facility were screened within 24 hours for their risk of sexual victimization and abusiveness. Inmates interviewed confirmed being asked screening questions on their day of arrival.

**115.41 (c):** Inmates are screened in the Distributed Application program in the TOMIS (Tennessee Offender Management Information System), the TDOC electronic inmate system, using an objective screening tool.

**115.41 (d):** In review of the screening tool, it was found to consider all of the criteria required in this provision of this standard. The Intake Case Manager interviewed confirmed what information the TOMIS screening tool contains.

**115.41 (e):** The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing inmates for risk of being sexually abusive, as confirmed by interview of the Intake Case Manager.

**115.41 (f):** According to TDOC policy 502.06.1, page 2, section A-3, within 30 days of arrival to the facility, inmates are rescreened using the TOMIS screening form by the inmate's assigned Case Manager to reassess the inmate's risk of victimization or abusiveness. In review of 30 inmate records, five inmates were not rescreened within 30 days of arrival to the facility as required in this provision of the standard and one inmate was rescreened 44 days after his arrival date. Due to this finding the facility was found to not meet the requirements of this provision of this standard.

**115.41 (g):** An inmate's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. In review of inmate records and in review of investigative files, rescreening due to an incident of sexual abuse was only completed in one case; therefore, the facility was found to not meet the requirements of this provision of this standard.

**115.41 (h):** Inmates are not disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the screening form.

**115.41 (i):** Screening information is maintained in Distributed Application in TOMIS. Access is allowed to staff who have access to Distributed Application in TOMIS.

### **Recommended Corrective Action:**

Due to findings during the review of 30 inmate files, the facility did not meet compliance to provisions 115.41 (f) and 115.41 (g) of this standard and entered into a 90-day corrective action period. The Unit Management team and the Classification Manager will be responsible for the implementation and completion of the corrective action plan to be completed by 6/1/21.

#### **Provision 115.41 (f):**

- Develop a spreadsheet listing the names of inmates who are assigned to the facility in the months of February, March, April and May. The spreadsheet should show the 30-day date that the reassessment is due and the date the assessment was conducted.
- Upon completion of 30-day reassessments for these four months, forward the spreadsheet to me so I can select random 30-day reassessments screenings to be reviewed.

#### **Provision 115.41 (g):**

- Ensure a rescreening is completed for alleged victims who report allegations of sexual abuse in the months of February, March, April, May and June, 2021 and are still assigned to the facility.
- Forward required rescreenings of inmates who reported allegations of sexual abuse to me for review.

### **Corrective Action Taken:**

Along with the four months of records requested, the facility provided intake information for the month of June, due to not meeting the completion date of 6/1/21 for the Corrective Action Plan.

#### **Provision 115.41 (f):**

The facility provided *PREA Intake Spreadsheets* showing inmates assigned to the facility for the months of February – June. From this information, 54 random inmate files were selected and reviewed. Records reviewed showed 30-day reassessment screenings are being completed within 30-days of arrival to the facility. There were three inmate records with 30-day reassessments missing, but when the facility was notified, they forwarded the missing documentation. The facility was found to achieve compliance to this provision of this standard.

#### **Provision 115.41 (g):**

On 8/10/21 the facility provided an updated Investigation Log showing the allegations received during this Post-Audit Phase. There were 20 allegations of sexual abuse reported between February and July. The facility provided the TOMIS screening forms to show the alleged victims and alleged aggressors in each of these sexual abuse allegations were rescreened as required following an incident of sexual abuse. The facility was found to achieve compliance to this provision of this standard.

## **Standard 115.42: Use of screening information**

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



#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

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

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

**115.42 (a):** According to policy 14-2, pages 13 & 14, section H, the agency uses the information from the risk screening form to make housing, bed, work and program assignments with the goal of separating inmates at high risk of being sexually victimized from inmates at high risk of being sexually aggressive.

**115.42 (b):** Individualized determinations are made about how to ensure the safety of each inmate. In interview with the Intake Case Manager, the Classification Manager/Chief Counselor and the PREA Compliance Manager, they explained how the facility utilizes information from the screening to keep inmates safe from sexual abuse. The screening tool in Distributed Applications does not allow inmates who are screened to be at high risk of victimization to be housed with inmates who are screened at high risk of being sexually abusive. The Classification Manager/Chief Counselor explained the Distributed Application program and demonstrated how the system ensured inmates are housed appropriately to ensure their sexual safety. A *Daily Move Sheet* verifies inmates' risk to ensure their safety during movement.

**115.42 (c):** Guidelines on housing and program assignments for the management of transgender and intersex inmates are outlined in policy 14-2, pages 14 & 15, section J-1. In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, CoreCivic considers on a case-by-case basis whether the placement would ensure the inmates' health and safety and whether the placement would present management or security problems. The facility was found to not be following TDOC policy requiring a multidisciplinary committee review of transgender inmates when they are assigned to the Trousdale Turner Correctional Center and therefore, found to not meet compliance to this provision of this standard.

**115.42 (d):** Transgender and intersex inmates are reassessed at least twice a year to review placement and programming assignments and any threats to safety experienced by the inmate. According to TDOC policy 113.37, page 5, section D-9, behavioral health staff are to monitor transgender and intersex inmates and meet with them every six months to address mental health status and determine treatment needs.

**115.42 (e):** Transgender and intersex inmates' own view of his safety is given serious consideration.

**115.42 (f):** According to agency policy, transgender and intersex inmates are given the opportunity to shower separately from other inmates. In interview with the PREA Compliance Manager, transgender and intersex inmates would be scheduled to shower after the last count of the day at 1030. In interview with the five transgender inmates assigned to the facility, they all reported being allowed to shower at that time.

**115.42 (g):** The agency does not place lesbian, gay bisexual, transgender or intersex inmates in dedicated facilities, units or wings solely based on such identification.

**Recommended Corrective Action:**

Due to the facility not following the TDOC policy on committee review and reassessment of transgender inmates as required in provision 115.42 (c), the facility entered into a 60-day corrective action period. Medical and mental health staff will be responsible for the implementation and completion of the corrective action plan to be completed by 5/1/21. The recommended corrective action plan is as follows:

- Establish a multidisciplinary team to review and reassess transgender and intersex inmate assigned to the facility.

- The team should meet with the current transgender inmates and any newly assigned inmates who self-disclose being transgender or intersex and document the meeting.
- Forward meeting notes to me.

**Corrective Action Taken:**

On 7/26/21 the Director, PREA Compliance and Investigations send an e-mail confirming information she received from the facility confirming the members of SART who are assigned to the multidisciplinary team and are responsible for reviews and reassessments of transgender and intersex inmates assigned to the facility. The team includes two Assistant Chiefs, the Investigator, Assistant Warden and the Mental Health Coordinator.

On 6/2/21 and 7/18/21 the facility provided *TDOC PREA Housing and Program Reviews* (CR 4086) for 10 transgender inmates. This number included transgender inmates who were assigned to the facility during the on-site audit visit and transgender inmates who were assigned since the on-site audit visit. In review of this documentation, the facility was found to achieve compliance to provision 115.42 (c) of this standard.

**Standard 115.43: Protective Custody**

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

**115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

**115.43 (b)**

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.43 (a):** According to policy 14-2, page 16, section J-2, involuntary segregated housing may be used to house inmates at high risk for sexual victimization only after an assessment of all available housing alternatives has shown that there are no other means of protecting the inmate. If an assessment cannot be made immediately, the inmate may be placed in involuntary

segregated housing for no more than 24 hours. In interview with the Warden, he confirmed the policy prohibits placing inmates at high risk of sexual victimization or who alleged sexual abuse in involuntary segregated housing unless there are no available means to separate them from potential abusers. He further stated, if necessary, the inmate would be placed in involuntary segregated housing for less than 24 hours.

**115.43 (b):** Inmates placed in segregated housing for this purpose will have access to programs, privileges, education and work opportunities and if not provided the facility will document the opportunities that have been limited, the duration of the limitation and the reasons for such limitations. In interview of Shift Supervisors supervise inmates in the RHU, reported inmates placed in segregated housing for this purpose would have access to programs, privileges, education and work. They also reported inmates were not placed in involuntary segregated housing because of risk of sexual victimization.

**115.43 (c):** The policy further states that if involuntary segregated housing is used for the safety of the inmate as a means of separation, it can be used for a period not to exceed 30 days and documented the basis for the use of involuntary segregated housing and the reason why no alternative means of separation could be arranged.

**115.43 (d):** If an involuntary segregated housing assignment is made, the facility will document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged.

**115.43 (e):** If necessary, to house an inmate in involuntary segregated housing for more than 30 days, a review of the inmate's status must be conducted every 30 days to determine whether there is a continuing need for separation from general population.

On information reported on the Pre-Audit Questionnaire, in the past 12 months there were no inmates held in involuntary segregated housing due to being at risk of sexual victimization. On interview with the Warden and Shift Supervisors and Correctional Officers assigned to RHU, they confirmed that in the past 12 months there were no inmates held in involuntary segregated housing.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No

- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No  NA

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

**115.51 (a):** Policy 14-2, pages 18 - 20, section L, outlines the procedures for inmate reporting of allegations of sexual abuse and sexual harassment, retaliation by other inmates or staff or staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates are informed of the zero-tolerance policy and methods of reporting in the *Inmate Rules and Regulations Handbook*, pages 39 & 40 and continuously through posters displayed throughout the facility. Inmates are informed they can 91 on an inmate telephone a means of an internal

reporting method. The number 91 is stenciled in every housing pod. Inmates are also informed they can report to the Warden, Unit Manager, Shift Supervisor or any staff member verbally or in writing. Inmates are informed they can remain anonymous if they chose. Inmates and staff interviewed were aware of inmate reporting options.

**115.51 (b):** Inmates are also informed that they have options to report abuse or harassment to a public or private entity that is not part of the agency. They are informed on page 40 of the *Inmate Rules and Regulations Handbook*, of third-party reporting methods. They are provided with the telephone number and address to CoreCivic's Facility Support Center (FSC). Inmates are informed they can speed dial \*453 on an inmate telephone to report to the Sexual Assault Center and are given the address to the Sexual Assault Center in the *Inmate Rules and Regulations Handbook*. In information provided by the facility, no inmates at the Trousdale Turner Correctional Center are detained solely for immigration purposes.

**115.51 (c):** Employees must take all allegations of sexual abuse and harassment seriously whether they be made verbally, in writing, anonymously and from third parties and are required to promptly document all verbal reports as stated on page 19, section 2 of policy 14-2. Staff interviewed knew the reporting options for inmates and knew verbal reports must be documented.

**115.51 (d):** Employees may privately report sexual abuse and sexual harassment of inmates in writing or may contact the CoreCivic's Ethics and Compliance Hotline at 1-866-757-4448 or on their website at [www.corecivic.com/ethicsline](http://www.corecivic.com/ethicsline). Reporting methods can be found on the CoreCivic website and in the CoreCivic *Code of Ethics*, pages 16 & 17. Staff are informed of the Ethics Line on *Speak Up* posters. Employees can also report in writing to the Warden in a sealed envelope marked "Confidential".

Inmates interviewed were aware of the methods of reporting available to them. Staff interviewed were aware of privately reporting sexual abuse of inmates by calling the agency's Ethics and Compliance hotline or reporting on the ethics line website and in writing confidentially to the Warden.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

#### 115.52 (b)



- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

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

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party 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  No  NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

CoreCivic does not use the grievance process to resolve allegations of sexual abuse and harassment. The Trowsdale Turner Correction Center follows TDOC policy 501.01 in response to any grievances alleging sexual abuse or sexual harassment. All grievances received are logged on a *TDOC Inmate Grievance Log*. PREA allegations received as a grievance are submitted to the facility investigator or the Administrative Duty Officer. In interview with the facility's Grievance Coordinator, in the past 12 months there were five grievances received in the past 12 months alleging sexual abuse that were submitted to the Investigator for investigation.

## Standard 115.53: Inmate access to outside confidential support services

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

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

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

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

**115.53 (a):** Policy 14-2, page 10, section F, outlines the agency’s policy on providing inmates with access to outside victim advocates for emotional support services related to sexual abuse. Inmates are given the mailing address and hotline number to reach the Sexual Assault Center. Inmates can contact the Sexual Assault Center on an inmate telephone by dialing \*453, or contact them in writing at 101 French Landing Drive, Nashville, TN 37228, to report allegations of sexual abuse and sexual harassment and to request victim advocacy and emotional support services. Inmates are informed they may remain anonymous upon request. In interview with random inmates, they were aware of these services and knew this information was posted in their housing units.

**115.53 (b):** Inmates are informed prior to giving them access to outside victim advocates to the extent to which such communication will be monitored and to the extent which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

**115.53 (c):** The facility has an MOU with the Sexual Assault Center to provide inmates with confidential emotional support services. The MOU was provided for review and contact was made with the Victim Advocate/SART Coordinator/PREA Advocate of the Sexual Assault Center to confirm and discuss the terms of the MOU.

## Standard 115.54: Third-party reporting

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

### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

**115.54 (a):** The agency has a method to receive third-party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing to the PREA Coordinator or to the Warden. Per CoreCivic policy 14-2, page 20, section N-4, information on third party reporting is made available on CoreCivic's website (<http://corecivic.com/ethicsline>) with instructions for outside parties to contact the Warden by telephone or in writing and are provided the Warden's telephone number and address. Information also is provided for the address of the Tennessee Department of Corrections and the TDOC PREA Tip Line.

Inmates are made aware of this method of reporting in the in the *Inmate Rules and Regulations Handbook*, page 40, and on posted PREA information. Inmates interviewed were knowledgeable of this method of reporting.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.61 (a):** Based on agency policy 14-2, pages 19 & 20, section L-2, staff must take all allegations of sexual abuse and sexual harassment seriously, including verbal, anonymous and third-party reports. All staff are required to report immediately to the facility Investigator any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against inmates or staff who reported such an incident. Staff are to document all verbal reports promptly. Staff who fail to report allegations may be subject to disciplinary action. Random staff interviewed knew their reporting responsibilities. The *PREA Overview* training curriculum addresses this information during pre-service and in-service training.

**115.61 (b):** Apart from reporting to designated supervisors, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. Staff interviewed confirmed this practice.

**115.61 (c):** Medical and mental health professionals are required to follow reporting procedures and are to inform inmates of their professional duty to report and the limitations of confidentiality. They are also required to obtain consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. In interview of the HSA and the Psychologist, they were able to confirm they obtain consent from inmates and inform them of their duty to report information about prior sexual victimization.

**115.61 (d):** The Trousdale Turner Correctional Center houses adult male inmates only, none of whom according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statute as verified by interview with the Warden. The state reporting agency is the TDOC Office of Investigations and Compliance (OIC) in the event it was necessary to make a report. In interview with the PREA Coordinator he explained the agency does not house inmates under the age of 18. If there is an allegation of a vulnerable adult, staff facilities are

instructed to contact local law enforcement agencies responsible for conducting criminal investigations to be advised of any reporting requirements.

**115.61 (d):** The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the facility Investigators and to the TDOC OIC. Interview with staff revealed that staff is very knowledgeable of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.62 (a):** When the agency/facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. Policy 14-2, page 1, paragraph 2 and page 19, section 2-c and staff training require that when it is learned that an inmate is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate.

In interview with the Vice President, Operations Administration (agency head designee), he stated that staff immediately take action protect the inmate by removing the inmate from the area and/or individuals where risk may be stemming from and immediately initiate an investigation.

In interview with the Warden and on information reporting on the Pre-Audit Questionnaire, in the past 12 months there were no instances where it was necessary for the facility to take immediate action in regards to an inmate being at substantial risk of sexual abuse. When interviewed the Warden reported if this were to occur, he would put the inmate in a safe place and investigate the threat. Staff interviewed were aware of their responsibilities if they felt an inmate was at risk for sexual abuse. All staff carry with them a First Responder Card reminding them of the actions to take in the event they are a first responder to an allegation of sexual abuse.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

**115.63 (a):** CoreCivic policy 14-2, page 22, section M-3 was used to verify compliance to this standard. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden shall notify the head of the facility where the sexual abuse was alleged to have occurred.

**115.63 (b):** This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation. In information provided on the Pre-Audit Questionnaire, there were two allegations reported from inmates formerly assigned to the Trousdale Turner Correctional Center alleging abuse while assigned to other facilities. The facility provided documentation of notifications the facility received from other facilities reporting sexual abuse allegations made by former inmates housed at the Trousdale Turner Correctional Center.

**115.63 (c):** The Warden is to document on the 5-1B, *Notice to Administration* form that notification was provided. In interview with the Warden, there were no instances of an inmate reporting sexual abuse occurring while the inmate was confined to another facility. If this were to occur, the Warden stated he would ensure it was investigated.



**115.63 (d):** The facility head or agency office that receives a notification will ensure that the allegation is investigated in accordance with the PREA standards. In interview with the Vice President, Operations Administration he stated the facility Warden receiving the information would notify the Warden at the other facility within 72 hours. If the information received occurred within the CoreCivic facility, both the partner agency and the investigative entity responsible for criminal investigations would be notified.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

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

**115.64 (a):** CoreCivic policy 14-2(01), pages 2 & 3, sections M-1 – M-2-a and policy 14-2, pages 21, section & 22, sections M-2-b & M-3, outlines the procedure for first responders to allegations of sexual abuse whether that person is a security or non-security staff member. Per policy, upon learning of an allegation of sexual abuse, the first staff member to respond to keep the alleged victim safe with no contact with the alleged perpetrator and immediately escorted to a private area and ensure that the crime scene is preserved. If the abuse was alleged to have occurred within a time frame that allows for the collection of physical evidence, staff shall ensure that the alleged victim and abuser do not wash, shower, toilet, eat, drink or brush his teeth.

**115.64 (b):** Policy mandates that if the first responder to an allegation of sexual abuse is a non-security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence and then notify security staff immediately. A victim of sexual abuse is immediately escorted to the medical department for evaluation and stabilization.

All staff carry with them a First Responder Card that highlights their responsibilities in response to allegations of sexual abuse and sexual harassment. Staff interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and preserve the physical evidence. In interview with four security and three non-security staff who were first responders to allegations of sexual abuse, they were knowledgeable of their responsibilities in response to allegations of sexual abuse. They all reported the steps they took when they were made aware of an allegation of sexual abuse. The facility was found to exceed in the requirements of this standard.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

**115.65 (a):** Policy 14-2, pages 11-13, section G, outlines the facility's coordinated response to an incident of sexual abuse. Pages 11 & 12 of policy 14-2, section G states a Sexual Abuse Response Team (SART) is established at the facility that includes the PREA Compliance Manager, Assistant Chief of Security, Investigator, Health Services Administrator, Mental Health Specialist and Chaplain. It is the responsibility of the SART to carry out the coordinated response plan.

The 14-2 policy, pages 11 & 12, section G, is the facility's coordinated response plan and outlines the responsibilities of the SART to ensure coordination of actions to be taken in response to an allegation of sexual abuse. A *Sexual Abuse Incident Check Sheet (14-2C)* is completed for all allegations of sexual abuse to ensure that all steps of the coordinated response plan are carried out and required notifications are made.

Interviews with the Warden and members of the SART revealed that they know their responsibilities in carrying out the coordinated response plan.

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

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

#### **115.66 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

**115.66 (a):** CoreCivic policy 14-2, page 30, section R-2-d, was used to verify compliance to this standard. CoreCivic would not enter into any collective bargaining agreement or other agreement that would limit the agency's ability to remove alleged employee sexual abusers from contact with inmates pending the outcome of an investigation. Employees are subject to

disciplinary sanctions up to termination for violating CoreCivic's policies on sexual abuse and sexual harassment.

According to information provided on the Pre-Audit Questionnaire, since the last PREA audit, the Trousedale Turner Correctional Center has not entered into or renewed any collective bargaining agreements that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation. There are no restrictions to keep the agency from removing alleged staff sexual abusers from contact with inmates pending the outcome of an investigation.

In interview with the Vice President, Operations Administration (agency head designee) at an earlier date, he stated all collective bargaining agreements permit CoreCivic to remove alleged staff sexual abusers from contact with an inmate pending an investigation or disciplinary action.

## **Standard 115.67: Agency protection against retaliation**

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

#### **115.67 (a)**

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### **115.67 (b)**

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### **115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (*Requires Corrective Action*)

**115.67 (a):** CoreCivic has as policy to protect inmates who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff as outlined on page 12, section 3, a-iv - vi. The agency has multiple protection measures, such as housing changes or transfers for inmates, victims or abusers, removal of alleged staff or inmate abusers from contact with victims.

The Chief of Unit Management is responsible for monitoring inmates and the Investigator is responsible for monitoring employees for retaliation. Monitoring is documented on the 14-2-D, *PREA Retaliation Monitoring Report*.

**115.67 (b):** Multiple protection measures, such as housing changes, or transfers of inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims are taken. In interview with the Vice President, Operations Administration (agency head designee), the Chief of Unit Management and the Investigator, they explained what protection measures are taken to protect inmates and staff from retaliation.

**115.67 (c):** Monitoring is required 30/60/90 days following an allegation and can continue beyond 90 days if there is a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place. In interview with the Chief of Unit Management she explained the process and time frames of retaliation monitoring and the things he would be looking for to determine if retaliation may be occurring.

**115.67 (d):** In addition to monthly monitoring, inmates will also have periodic status checks and any relevant documentation will be reviewed.

**115.67 (e):** If other individuals who cooperate with an investigation express a fear of retaliation, appropriate measures will be taken to protect that individual from retaliation.

**115.67 (f):** The agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

According to documentation provided on the Pre-Audit Questionnaire, in interview with the Chief of Unit Management and the Investigator, and in review of investigative files, no incidents of retaliation have occurred in the past 12 months. In review of investigative files, 14-2-D forms were found filed in the corresponding investigative files.

## **Standard 115.68: Post-allegation protective custody**

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

#### **115.68 (a)**

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.68 (a):** The agency/facility prohibits inmates who have alleged sexual abuse to be placed in involuntary segregated housing. If segregated housing were used, the same provisions as the requirements of standard 115.43, outlined on pages 16 & 17, section J-2 of policy 14-2 would apply. Inmates at high risk for sexual victimization can be placed in involuntary segregated housing only after an assessment of all available housing alternatives has shown that there are no other means of protecting the inmate. If an assessment cannot be made immediately, the inmate may be placed in involuntary segregated housing for no more than 24 hours.

In information provided on the Pre-Audit Questionnaire and in interview of the Warden and staff assigned to the RHU, in the past 12 months, there was no time that an inmate who suffered sexual abuse was placed in involuntary segregation. The Warden reported if it was necessary to house an alleged victim in the RHU it would be for less than 24 hours. He also stated he has other options such as medical if necessary.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

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

#### 115.71 (i)



- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

**115.71 (a):** The agency/facility conducts an investigation immediately when notified of an allegation of sexual abuse and sexual harassment including third party and anonymous reports. The facility Investigators are responsible for conducting administrative investigations of all sexual abuse and sexual harassment allegations at the Trowsdale Turner Correctional Center. Administrative allegations are required to be conducted promptly, thoroughly and objectively. The agency's policy on administrative and criminal investigations is outlined in CoreCivic's policy 14-2, pages 25-26, sections O-1-3. In interview with the facility Investigator, she knew her responsibilities in the conduct of administrative investigations.

**115.71 (b):** The facility has one trained Investigator who have received specialized training in sexual abuse and sexual harassment investigating. Documentation provided showed that the Investigator completed *PREA: Investigation Protocols* and the facility provided documentation to show completion of this training.

**115.71 (c):** The investigator gathers and preserves direct and circumstantial evidence, including physical and DNA evidence and available electronic monitoring data. In interview of the Investigator, she reported she interviews the alleged victims, suspected perpetrators and

witnesses and reviews prior complaints and reports of sexual abuse involving the suspected perpetrator.

**115.71 (d):** Allegations involving staff or inmates that appear to be criminal are referred to the TDOC OIC and to the Trousdale County Sheriff's Office. If the evidence appears to support criminal prosecution, compelled interviews will be conducted after consulting with prosecutors.

**115.71 (e):** The credibility of an alleged victim, suspect or witness is assessed on an individual basis and shall not be determined by the person's status as an inmate or a staff. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph test. This was confirmed in interview with the facility Investigator.

**115.71 (f):** The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation is documented in the *Incident Investigative Report (5-1G)* via the IRD. The report includes investigative facts, physical evidence and testimonial evidence, reasoning behind credibility assessments, investigative findings and whether actions and/or failures of staff to act contributed to the incident including explanation as to what determined the conclusion.

**115.71 (g):** The TDOC OIC conducts criminal investigations. TDOC policy 107.04 outlines the responsibilities of the Office of Investigations and Compliance. Page 4, section G of policy 107.04, states all allegations of sexual abuse and sexual harassment will be investigated in accordance with TDOC policy 502.05.2. A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

**115.71 (h):** Substantiated allegations shall be referred for prosecution. On information provided on the Pre-Audit Questionnaire, since the last PREA audit there was one allegation referred for prosecution.

**115.71 (i):** CoreCivic retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years as required by the *CoreCivic Retention Schedule (1-15 B)*.

**115.71 (j):** If an alleged staff abuser or victim terminates employment before the conclusion of an investigation, the investigation continues. If an inmate abuser or victim leaves the facility before the conclusion of the investigation, the investigation continues.

**115.71 (k):** The TDOC Office of Investigations and Compliance conducts investigations as outlined in TDOC policy 107.04.

**115.71 (l):** The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. In interview with the PREA Coordinator, the Warden, the PREA Compliance Manager and facility Investigator, they all stated they work through the TDOC Contract Monitors to stay in contact with TDOC IOC investigators.

In the past 12 months, there were 35 PREA allegations reported and administratively investigated.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

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

Based on CoreCivic's policy 14-2, pages 27, section O-5, the agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the facility Investigator was asked what standard of evidence was used in determining if an allegation is substantiated, she confirmed the agency's policy.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (*Requires Corrective Action*)

**115.73 (a):** Policy 14-2, pages 27 & 28, section Q, was used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of an inmate, the inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. It is the responsibility of the Unit Management staff to present the notice to the victim. In interview with the Warden, PREA Compliance Manager and Investigator confirmed this procedure.

**115.73 (b):** If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the inmate. In the last 12 months, there were four sexual abuse investigations completed by an outside agency.

**115.73 (c):** The policy further states that following an inmate's allegation that an employee has committed sexual abuse against the inmate; the facility is required to inform the inmate of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. The inmate will be informed if the staff member is no longer posted within the inmate's unit, if the staff member was indicted on a charge related to sexual abuse or if the staff member has been convicted on a charge related to sexual abuse.

**115.73 (d):** Following an inmate's allegation that another inmate sexually abused him, the agency shall inform the inmate of the outcome of the investigation. The inmate is informed if the alleged abuser was indicted on a charge related to sexual abuse or the alleged abuser was convicted on a charge related to sexual abuse. In interview of inmates who reported sexual abused, they confirmed they were notified of the outcome of the investigation.

**115.73 (e):** All notifications or attempted notifications shall be documented on the 14-2E, *Inmate Allegation Status Notification* form. The inmate signs the 14-2E and the form is filed in the corresponding investigative file. In review of the investigative files of 10 sexual abuse allegations reported in the past 12 months, 14-2E forms were found filed in eight corresponding investigative files. Two 14-2E forms were not located. In one case after reporting the allegation, the alleged victim wrote a letter stating he was lying about the allegation.

**115.73 (f):** The facility's obligation to notify the inmate shall terminate if the inmate is released from custody.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.76 (a):** Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy 14-2, pages 29 & 30, section R-2-a-c.

**115.76 (b):** Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. According to information reported on the Pre-Audit Questionnaire, in the past 12 months, there were two employees who violated the agency's sexual abuse and sexual harassment policies. Both employees were terminated due to the allegations determined to be substantiated and outside charges were sought.

**115.76 (c):** Disciplinary sanctions for violation of agency policies related to sexual abuse or sexual harassment shall commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and other sanctions imposed for comparable offenses by other staff with similar histories.

**115.76 (d):** All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies.

## Standard 115.77: Corrective action for contractors and volunteers

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

### 115.77 (a)

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

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

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

**115.77 (a):** Based on review of policy 14-2, page 30, section R-3, any volunteer or contractor who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies or licensing boards, unless the activity was clearly not criminal.

**115.77 (b):** Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions. Contractors and volunteers sign a 14-2H, *Self-Declaration of Sexual Abuse and Sexual Harassment* form acknowledging that they have a continuing affirmative duty to disclose any changes to the questions answered on the 14-2H form.

In interview with the Warden and documentation provided on the Pre-Audit Questionnaire, in the past 12 months the Trousedale Turner Correctional Center has not received any reports of sexual

abuse of inmates by contractors or volunteers. The Warden stated that if a volunteer or contractor violated the agency's zero-tolerance policy they would be reported to TDOC OIC.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

#### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.78 (f)

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

#### 115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  Yes  No  NA



## Auditor Overall Compliance Determination

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

**115.78 (a):** Per policy 14-2, pages 28 & 29, section R-1, inmates will be subject to disciplinary sanctions following an administrative finding that the inmate was found guilty of sexual abuse. Inmates are made aware in the *Inmate Rules and Regulations Handbook* that there is no consent to sexual activity at this facility. According to information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no administrative or criminal findings of inmate-on-inmate sexual abuse that occurred at the facility.

**115.78 (b):** 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. The Warden confirmed this requirement.

**115.78 (c):** The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his behavior in determining what type of sanction, if any should be imposed. In interview with the Warden, he stated an inmate's mental disability or mental illness would be considered before sanctions were imposed.

**115.78 (d):** In the case of sexual abuse, the alleged perpetrator is offered mental health services or can request these services through submitting a confidential sick call to the mental health department. Individual counseling services through Mental Health Services are offered to the alleged perpetrator. In interview of the Psychologist, he said both the victim and the perpetrator would be offered services.

**115.78 (e):** An inmate may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct.

**115.78 (f):** Inmates who allege false claims of sexual abuse can be disciplined. A report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.

**115.78 (g):** Sexual activity between inmates is prohibited in all CoreCivic facilities and inmates may be disciplined for such activity. Inmates are informed that sexual misconduct is a violation against the facility's rules and regulations and what constitutes sexual misconduct. All sexual activity between inmates is prohibited and inmates are informed they will be disciplined for violations.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes  No  NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
 Yes  No

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

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

**115.81 (a) & (c):** In review of policy 14-2, page 10, section E-2 and TDOC policy 502.06.03, pages 3 & 4, section VI-A & B, all inmates receive an initial medical and mental health screening upon admission to the facility. Those who disclose any prior victimization during intake screening or at any time thereafter, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. According to TDOC policy 502.06.3, page 3, section VI-B, medical and mental health services provided for victims of sexual abuse or sexual harassment are in accordance with policy 502.06.3.

**115.81 (b):** Inmates who have previously perpetrated sexual abuse are also offered a follow-up meeting with a mental health practitioner within 14 days of screening. In addition, in accordance with TDOC policy 502.06.1, any inmate identified as a sexual aggressor will be monitored quarterly by the Unit Management Team for one calendar year.

**115.81 (d):** Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners. The limits of confidentiality of mental health and medical staff are addressed in policy 13-61, page 13, section N-1 and page 4, section D-3.

**115.81 (e):** Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. This was confirmed in interview with the HSA and Psychologist.

**Recommended Corrective Action:**

Due to inmates who reported prior sexual victimization or previously perpetrating sexual abuse not being offered a follow-up meeting with mental health, the facility was found to not meet compliance to provisions 115.81 (a) and 115.81 (b). The Classification Manager and the Intake Case Manager will be responsible for the implementation and completion of the corrective action plan to be completed by 4/1/21. The recommended corrective action plan is as follows:

- For selected inmates for the months of February and March who scored to be at risk for victimization or abusiveness, send the referral form for mental health services and the clinical note from the mental health encounter.

**Corrective Action Taken:**

The facility did not meet the completion date of 4/1/21, therefore the recommended corrective action was changed to include the months of April, May and June.

The facility provided *Institutional Referral* forms (CR 3431) and corresponding *TDOC Mental Health Services Individual/Group Therapy Sessions* (CR 3764) forms for inmates reviewed who reported prior sexual victimization or of previously perpetrating sexual abuse during initial or 30-day screenings. In review of inmate records, referrals are being made as required and inmates

are being seen by mental health providers for a follow-up meeting within 14 days of intake. The facility was found to achieve compliance to all provisions of this standard.

## Standard 115.82: Access to emergency medical and mental health services

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

#### 115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

#### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### Auditor Overall Compliance Determination

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

**115.82 (a):** Policy 14-2, pages 20 & 21, section M-1, outlines the response procedures when an employee learns of an allegation of sexual abuse. The alleged victim must be kept safe with no contact with the alleged perpetrator and be immediately escorted to the Medical Department. All inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical

treatment and crisis intervention services determined by medical and mental health practitioners according to their professional judgement. Health care staff provide services in accordance with TDOC policy 502.06.03 and CoreCivic policy 13-79. In interview with the Health Services Administrator, and the Psychologist and three inmates who alleged sexual abuse, policy and standard requirements are being adhered to. In interview of three inmates who alleged sexual abuse, they reported being seen in medical after they reported their allegation. The Health Services Administrator reported alleged victims are transported to medical immediately following a report of sexual abuse and the Psychologist reported the alleged victim would be seen immediately, but if after hours, will be seen the following day.

**115.82 (b):** The medical department is staffed 24 hours a day, seven days a week. Security first responders to allegations of sexual abuse take preliminary steps to protect the victim and escort the victim to the medical department immediately. First responders interviewed confirmed this.

**115.82 (c):** Medical staff does not perform forensic exams. Inmate victims of sexual abuse are transferred to the Nashville General Hospital or Vanderbilt University Medical Center where SANE exams are performed. Victims of sexual abuse are offered sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. This was confirmed in interview with the Health Services Administrator.

**115.82 (d):** Medical and mental health treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

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

#### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### **115.83 (c)**

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

### 115.83 (d)

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

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

**115.83 (a):** Based on interviews with the Health Service Administrator, Mental Health Coordinator and the Psychologist and review of policy 14-2, page 20, section M-1 and TDOC policy 502.06.03, pages 5 & 6, section 3-a, the facility offers medical and mental health evaluations and treatment to all inmates who have been victimized by sexual abuse. This

treatment includes follow-up services, treatment plans and when necessary, referrals for continued care. According to policy 13-79, page 4 section A-2, upon receiving notice of an alleged sexual abuse, the alleged victim will be evaluated by medical staff.

**115.83 (b):** The evaluation and treatment of victims shall include follow-up services, treatment plans and referrals for continued care following their transfer to another facility or their release from custody. If when evaluated by medical staff physical trauma is evident, the alleged victim will be transported to the local hospital, according to policy 13-79. Medical staff interviewed confirmed this practice. Mental health services will be provided as needed by facility mental health providers.

**115.83 (c):** In interview with medical and mental health providers, the medical and mental health services offered are consistent with the community level of care.

**115.83 (d):** The Trousdale Turner Correctional Center houses male inmates only; therefore, this provision of this standard is not applicable to this facility.

**115.83 (e):** The Trousdale Turner Correctional Center houses male inmates only; therefore, this provision of this standard is not applicable to this facility.

**115.83 (f):** Inmate victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate.

**115.83 (g):** Treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation of the incident.

**115.83 (h):** In interview with the Mental Health Coordinator and the Psychologist, the facility conducts a Mental Health Evaluation of all inmate-on-inmate abusers within 14 days of learning such abuse history and offer treatment as appropriate. This practice exceeds the 60-day requirement of this provision of this standard.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  
 Yes  No

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

**115.86 (a):** Based on policy 14-2, pages 24 & 25, section N, the Warden will ensure that a post investigation review of a sexual abuse incident is conducted within 30 days of the conclusion of



every sexual abuse investigation, unless the allegation was determined to be unfounded. It is the responsibility of the SART (Sexual Abuse Response Team) to conduct these reviews.

**115.86 (b):** The review shall occur within 30 days of the conclusion of the investigation.

**115.86 (c):** Members of the SART include the PREA Compliance Manager, Assistant Chief of Security, Health Services Administrator, Mental Health Coordinator, Chaplain, Retaliation Monitors and the Investigator. In interview with the Warden, he confirmed the members of the facility's SART.

**115.86 (d):** When reviewing an incident, the SART considers the requirements of 115.86 (d) of this standard, which includes whether the incident was motivated by race, ethnicity, and gender identity, sexual orientation or gang affiliation. They examine the area in the facility where the incident alleged to have occurred to assess for physical barriers, assess the adequacy of staffing levels in the area during different shifts to include supervisory staff and assess whether monitoring technology should be deployed. All findings and recommendations for improvement are documented on the 14-2F, *Sexual Abuse or Sexual Assault Incident Review Form*, and completed forms are forwarded to the PREA Coordinator.

**115.86 (e):** The facility will implement the recommendations for improvement or will document reasons for not doing so.

On information provided on the Pre-Audit Questionnaire and in review of investigative files, in the past 12 months, there were two allegations of inmate-on-inmate sexual abuse reported. At the conclusion of the investigations of those allegations, a sexual abuse incident review was conducted. The *Sexual Abuse or Assault Incident Review Forms* (14-2F) were provided for review. When interviewed, members of the SART knew their responsibilities as they relate to the review of sexual abuse incidents.

## Standard 115.87: Data collection

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

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.87 (b)

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

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.87 (e)

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

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

**115.87 (a) & (c):** Information on data collection is found on pages 30 & 31, section T-1 and section 2-a of CoreCivic's policy 14-2. CoreCivic collects uniform data for every allegation of sexual abuse at all facility under their control. The data collected, will be 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 (DOJ). How the data is reported and reviewed is in accordance with CoreCivic policy 5-1.

**115.87 (b):** At least annually, the PREA Coordinator aggregates the incident-based sexual abuse data.

**115.87 (d):** The facility maintains, reviews and collects data as needed including reports, investigation files and sexual abuse incident reviews. The facility will ensure that incidents of sexual abuse and sexual harassment are reported on the *Prison Rape Elimination Act (PREA) Reporting (5-1E)* form. All incident reports, investigative files and aggregated data is retained according to the *CoreCivic Retention Schedule (1-15B)* for 10 years.

**115.87 (e):** This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its inmates.

**115.87 (f):** Upon request, or no later than June 30, the agency provides aggregated data information for the previous calendar year to DOJ. DOJ requested this information in the previous calendar year according to information reported on the Pre-Audit Questionnaire.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (*Requires Corrective Action*)

**115.88 (a):** Based on policy 14-2, page 31, section T-3, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator prepares an annual report that provides the problem areas and corrective actions for each facility and as the agency as a whole. When interviewed the Vice President, Operations Administration (agency head designee) stated incident data is provided daily to select FSC staff in a *Daily PREA Report*. Review of PREA data is made on a daily, monthly and annual basis.

**115.88 (b):** The annual report includes a comparison of the current year's data and corrective actions with those from the previous years and provides an assessment of the agency's progress in addressing sexual abuse.

**115.88 (c):** The PREA Coordinator forwards the annual report to the Chief of Corrections Officer for approval. The report is made public on CoreCivic's website and can be accessed at <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

**115.88 (d):** Before making aggregated sexual abuse data public, all personal identifiers are redacted. In interview with the PREA Coordinator, he stated there are no names of staff, inmates, auditors or identifying information included in the annual report

The annual reports prepared by the PREA Coordinator since the last PREA audit (2017, 2018 2019) were well written with easy-to-read tables according to the type of allegations and the investigative findings, as well as a narrative overview of this information. The report provides a review of incident-based data with a comparison of aggregated data for the previous years in the audit cycle. The agency was found to exceed in the requirements of this standard.

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

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

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.89 (c)

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

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.89 (a):** According to policy 14-2, page 31, section T-1-iv, the agency ensures that the data collected is securely retained electronically. Paper investigative files are secured in the Investigators office. In interview with the PREA Coordinator, he reported that aggregated data is entered into the agency's F-1 system that is used throughout the agency. Specific facility information can only be accessed by the facility.

**115.89 (b):** CoreCivic makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at <http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

**115.89 (c):** Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

**115.89 (d):** According to the *CoreCivic Retention Schedule* (1-15-B), the entire PREA packet including aggregated sexual abuse data is retained for 10 years. This information was confirmed in interview with the PREA Coordinator.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note:*

The response here is purely informational. A "no" response does not impact overall compliance with this standard.)  Yes  No

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.401 (a):** Based on policy 14-2, page 32, section U-2-a, CoreCivic ensures that an external audit of all of its facilities is conducted every three years to ensure compliance with the

agency's policy, the PREA National Standards and federal law and regulations. The FSC Quality Assurance Department in conjunction with the PREA Coordinator ensures that a DOJ Certified PREA Auditor conducts the external audit.

**115.401 (b):** According to the agency's PREA Coordinator, during the three-year period beginning on August 20, 2013, CoreCivic ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. The initial PREA audit of this facility was in 2017.

**115.401 (f):** I received and reviewed all relevant agency-wide policies for the Trowsdale Turner Correctional Center.

**115.401 (g):** I reviewed a sampling of relevant documents and other records and information for the most recent one-year period.

**115.401 (h):** During the audit, I was allowed access to all areas of the facility.

**115.401 (i):** I was permitted to request and receive copies of any relevant documentation, including information that was stored electronically.

**115.401 (j):** I have retained all documentation relied upon to make audit determinations. The documentation will be provided to the Department of Justice upon request.

**115.401 (k):** I interviewed a representative sample of inmates and staff, supervisors and administrators.

**115.401 (l):** I reviewed camera monitors and electronically stored data.

**115.401 (m):** I was permitted to conduct private interviews with inmates and staff ensuring confidentiality to our conversation.

**115.401 (n):** Inmates were notified 60 days before the audit on posted facility notices in both English and Spanish that they could send confidential correspondence to me and were given my name and mailing address. I received correspondence from two inmates of the Trowsdale Turner Correctional Center.

**115.401 (o):** During the On-Site Audit Phase, I contacted the Victim Advocate/SART Coordinator/PREA Advocate of the Sexual Assault Center to confirm and review the terms of the MOU the facility has with the Sexual Assault Center.

## **Standard 115.403: Audit contents and findings**

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

#### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

**115.403 (a):** Based on policy 14.2 page 32, section 2-b, each audit includes a certification by the auditor that no conflict of interest exists with respect to his/her ability to conduct a CoreCivic audit. No audit may be conducted by an auditor who has received financial compensation from CoreCivic within the three years prior to CoreCivic retaining the auditor. CoreCivic will not employ with or otherwise financially compensate the auditor for three years subsequent to CoreCivic's retention of the auditor, with the exception of contracting for subsequent PREA audits. I certify by my signature in the *Auditor's Certification* section of this report that no conflict of interest exists with my ability to conduct this audit.

**115.403 (b):** Audit reports shall state whether company-wide policies and procedures comply with relevant PREA National Standards. In thorough review of CoreCivic's *Sexual Abuse Prevention, Response policy (14-2)*, the policy was found to be well written and comprehensive complying with the PREA National Standards.

**115.403 (c):** For each standard, I made a determination of a finding of Exceeds Standard, Meets Standard, or Does Not Meet Standard. See page 20 for a summary of my findings for each of the PREA standards.

**115.403 (d):** This report describes the methodology, sampling sizes and basis for my conclusions as required.

**115.403 (e):** I have redacted any personal identifiable inmate or employee information, but I can provide such information to CoreCivic or the Department of Justice upon request.

**115.403 (f):** Per agency policy and standard requirements, CoreCivic ensures that this final report will be published on their website at <http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.



## AUDITOR CERTIFICATION

I certify that:

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

Barbara Jo Denison

**Auditor Signature**

August 11, 2021

**Date**