

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

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

If no Interim Audit Report, select N/A

Date of Final Audit Report: 8/26/2020

Auditor Information

Name: Noelda Martinez **Email:** martinezauditingervices@yahoo.com

Company Name: Martinez Auditing Services, LLC

Mailing Address: P.O. Box 372 **City, State, Zip:** Beeville, TX 78102

Telephone: (210) 790-7402 **Date of Facility Visit:** June 2-4, 2020

Agency Information

Name of Agency: CoreCivic

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Physical Address: 5501 Virginia Way, Suite 110 **City, State, Zip:** Brentwood, Tennessee 37027

Mailing Address: - **City, State, Zip:** -

The Agency Is: ☐ Military ☒ Private for Profit ☐ Private not for Profit

☐ Municipal ☐ County ☐ State ☐ Federal

Agency Website with PREA Information: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

Agency Chief Executive Officer

Name: Damon. T. Hininger, President and Chief Executive Officer

Email: Damon.Hininger@corecivic.com **Telephone:** (615) 263-3000

Agency-Wide PREA Coordinator

Name: Eric S. Pierson, Senior Director, PREA Compliance and Programs

Email: eric.pierson@corecivic.com **Telephone:** (615) 263-6915

PREA Coordinator Reports to: Steven Conry, Vice President, Operations Administration
Number of Compliance Managers who report to the PREA Coordinator: 65 (indirect)

Facility Information

Name of Facility: Hardeman County Correctional Facility

Physical Address: 2520 Union Springs Rd.

City, State, Zip: Whiteville, TN 38075

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

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/the-prison-rape-elimination-act-of-2003-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:
QA Audit, TDOC Annual Audit

Warden/Jail Administrator/Sheriff/Director

Name: Hilton Hall

Email: Hilton.HallJr@corecivic.com

Telephone: (731) 254-6001

Facility PREA Compliance Manager

Name: Nechol Owens

Email: Nechol.Owens@corecivic.com

Telephone: (731) 254-6008

Facility Health Service Administrator ☐ N/A

Name: John Borden

Email: John.Borden@corecivic.com

Telephone: (731) 254-6009

Facility Characteristics		
Designated Facility Capacity:	2016	
Current Population of Facility:	1849	
Average daily population for the past 12 months:	1974	
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 and older	
Average length of stay or time under supervision:	7.60 years	
Facility security levels/inmate custody levels:	Medium & Minimum	
Number of inmates admitted to facility during the past 12 months:	2044	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2044	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	2044	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	418	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	255	

Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	11
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	11
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	32
Physical Plant	
Number of buildings: 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.	1
Number of inmate housing units: 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.	39
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	8
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	80
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

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

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:	1
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.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" 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: (TDOC, OIC)) <input type="checkbox"/> N/A

Administrative Investigations

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?	1
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	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input checked="" 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: (TDOC, OIC)) <input type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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

The Prison Rape Elimination Act (PREA) re-certification audit for the Hardeman County Correctional Facility (HCCF) CoreCivic in Whiteville, Tennessee was conducted on June 2-4, 2020, to determine the compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Noelda Martinez (single auditor), United States Department of Justice Prison Rape Elimination Act Certified Auditor. The agency contract was secured through Martinez Auditing Services, LLC directly by the auditor. The contract describes the specific work requirements according to the Department of Justice (DOJ) standards and PREA audit handbook to include the following:

Pre-Audit

1. Post Notice of Audit
2. Communication with Community Based or Victim Advocates
3. Agency/Facility Questionnaire
4. Instructions for completing
5. Agency facility information
6. Information requested by standard
7. Initial Auditor Review and discussions with PREA Compliance Manager
8. Audit Compliance Tool

Onsite Audit

1. Facility Site Review
2. Instructions/guidance for conducting tour
3. Additional document review
4. Staff interviews
5. Inmate interviews
6. Surveillance review
7. Observations
8. Informal interviews

Post-Audit

1. Auditor compliance tool
2. Response Review
3. Auditor Report
4. Corrective Action Plan
5. Final Report
6. Agency Appeal

The contract was signed by the auditor and clearly describes the lead auditors' responsibilities. The first PREA audit HCCF conducted by PREA auditor Rodney P. Bivens on March 27-29, 2017. The previous auditor determined the HCCF exceeded six standards, met 34 standards and the other three were not-applicable. Hardeman County Correctional Facility is owned by the Hardeman County Correctional Facilities Corporation, which contracts with CoreCivic for management of the prison. TDOC contracts for 1,976 medium security beds at this prison. Hardeman County Correctional Facility Customer base is Tennessee Department of Corrections and Hardeman County. The Facility type is Medium-Security, Managed since 1997.

Offenders participate in academic and vocational programs, mental health programs, and various work programs much as they do at TDOC owned and operated prisons. Two TDOC staff members are located on-site to monitor contract compliance and provide for those functions not delegated to private entities under state law.

The HCCF was provided with the pre-audit questionnaire and process map six to eight weeks prior to the audit. The facility was prepared and forwarded the information through a secure website to the auditor on 3/12/2020. The agency included an email with instructions on retrieving the confidential information. The information received included the pre-audit questionnaire, supporting documentation and master folders. The PAQ and additional audit information was expedited in a timely manner allowing follow-up questions & additional documentation as needed.

Posting Notice of the Audit

The facility posted the notice of audit with the auditor information weeks prior to the audit in both English and Spanish for offenders to send confidential information or correspondence to the auditor. Inmates were provided with the opportunity to write the auditor in a confidential manner. The notices were posted throughout the facility to include visitation, housing areas, inmate work areas, and offices. The auditor observed the notice of audit posted on 2/22/2020 and 4/7/2020 during the site review and through random inmate interviews identifying the notice in both English and Spanish. The auditor conducted random inmate interviews during the site review and inmates were able to point out and identify the notice of audit.

Correspondence

The inmates at the facility were given the opportunity to write the auditor in a confidential manner marked as legal mail, if needed. The auditor did receive inmate correspondence from the facility and were interviewed during the site review to address all issues and concerns. During the random inmate interviews, the auditor asked the inmates if they were aware of the Audit Notice with the auditor's information, and the random responses were "yes". During the site review, the auditor randomly asked inmates if they could point out the auditors posted information to ensure it was made available. The information was posted for the inmate population in the housing areas. The auditor did not encounter any difficulties while completing any portion of the audit. The facility provided the auditor with unfettered access to areas requested by the auditor to include chemical, electrical and janitor closets. There was no pressure during the audit or prohibited access by the facility administrator during the site review. The facility administration was transparent with policies, procedures, inmate, and staff interviews. Good communication was established and maintained throughout the duration of the audit.

Audit Methodology (Pre-Onsite Audit Phase):

The auditor utilized the U.S Department of Justice's PREA Standards for Adult Prisons and Jails which included the following instruments. The pre-audit questionnaire, auditor compliance tool, instructions for PREA audit tour, interview protocols: Agency head or designee, Facility director or designee, PREA coordinator, specialized staff, random staff, and inmates; the auditor report template, process map and checklist of documentation. The facility provided the following documentation to the auditor: inmate roster (youthful if any), inmates with disabilities, LEP inmates, LGBTI inmates, inmates who reported sexual abuse, inmates who reported sexual victimization during risk screening, staff roster, specialized staff, all contractors/volunteers who may have contact with inmates, grievances made in the past 12 months, all allegations of sexual abuse/sexual harassment 12 months preceding the audit, all hotline calls made during the 12 months preceding the audit, and community-based or victim advocacy information. The auditor also used the PREA auditor handbook for continued guidance and reference throughout the audit. The auditor and warden maintained constant communication throughout the duration of the audit. The auditor established a positive working relationship with the facility administration and key facility staff engaging in a productive working atmosphere.

The warden was receptive and eager to engage in dialogue and discussions regarding the standards. It was explained to the warden and key staff about the importance to have unfettered access to all areas of the facility, file review of staff, contractors, volunteers, and inmates to include a variety of sensitive and confidential documentation and information referencing standard 115.401 (PREA Auditor Handbook pg. 32 & 37). The auditor explained the 30-day interim report if corrective action was required and the 180-day corrective action timeframe, if needed.

The auditor explained to the warden the time frame for the submission of the final PREA report. The auditor also notified the warden and staff of the responsibilities and expectations as an auditor and the agencies right to report any violation of the auditor's code of conduct to the PREA Resource Center. The warden and auditor discussed information regarding the 90-day appeal process.

Litigation/Internet Search:

The Warden was interviewed and stated that the facility was not under any litigation, DOJ involvement, and or federal consent decree. The auditor conducted an internet search regarding the HCCF with the following website links and information. <https://wreg.com/news/inmate-dies-at-hardeman-county-correctional-facility> <https://www.jacksonsun.com/story/news/local/2019/...https://www.msn.com/en-us/news/crime/more-than...>

Point of Contact:

A point of contact (POC) was established with the Assistant Warden prior to the audit and constant communication was maintained. Staff and inmate interviews were conducted in an office setting with plenty of room and privacy for one on one interviews. During the audit planning and logistics phase, the auditor remained engaged with the Assistant Warden/PREA manager regarding the audit process, expectations, and coordinated the logistics of the onsite portion of the audit. The auditor focused on multiple sources of information during the audit process applying audit planning & logistics, posting notice of the audit, reviewing facility policies, procedures, and supporting documentation.

Community Based Victim Services:

The facility had a Memorandum of Understanding between WO/Men's Resource and Rape Assistance Programs (WRAP) and Core Civic of Tennessee, LLC. The auditor conducted a telephonic interview with the WRAP supervisor regarding the victims of sexual abuse in confinement and advocacy and treatment services comparable to those available to victims outside of confinement. The WRAP resource expressed a good working rapport with the facility and explained every service in detail for the inmate population. The facility provides all inmates access to the address and toll-free phone numbers for inmates to use. Services are provided for inmates and confidential access to WRAP emotional support services related to sexual assault by giving inmates the WRAP contact information (PREA National Standards 115.53 a.) The address and phone number were provided to the inmate population: WRAP 512 Roland, Ave, Jackson, TN 38301, and a 24-hour toll-free number: 1-800-273-8712. The facility informs inmates, prior to giving them access to WRAP's Crisis and Support Line and/or mailing address, of the extent to which such communications will be monitored and the extent to which reports of abuse (i.e. prank calls, graphic language, and other uses deem inappropriate) will be forwarded to facility's PREA Compliance Manager in accordance with mandatory reporting laws. Random inmate interviews determined that the information was made available as needed and displayed throughout the facility. The auditor observed the information displayed throughout the facility made available to the inmate population if needed. Random informal inmate interviews determined their knowledge of the contact information made available to the population through multiple forms. The pre-onsite audit preparation included a review of the CoreCivic PREA policies, procedures, training curriculums, pre-audit questionnaire and support PREA-related documentation.

Video Surveillance/Security Mirrors:

The Hardeman County Correctional Facility had 272 surveillance cameras in the following locations: M-Northwest (3), Maintenance Hall 2, I Hall, M-Northwest, Library 17 (6), JE Dayroom 2, JF Dayroom 1, M-Hall, Front 27, G C/D Sally Port, FD Dayroom 2, MB Dayroom 1, Medical Pharmacy, Gym Baseball SW PTZ, Medical Exam Hall 22, G A/B Sally Port, HD Dayroom 2, Gym Baseball NW PTZ, Large Visit 2, Outside Rec Basketball 1, HA Dayroom 1, M D/E/F Sally port, IA Dayroom 2, Gym 3, C139 Milestone, JB Dayroom 1, Vocational Hall, K Gate, LA Dayroom 2, GC Dayroom 2, Seg Dayroom 1, G Southwest ABC, Chow Hall Exit 29, G Southwest ABC, H North a/b/c, G Southwest ABC, H North a/b/c, GA Dayroom 2, G Southeast PTZ, Gym 1, Maintenance Roof Ladder, MC Dayroom 2, Admin South-C, H North a/b/c, Gym Northwest ABC, Chow Hall Side Entrance, Gym Northwest ABC, FC Dayroom 1, Gym Northwest ABC, Maintenance Tool, MD Dayroom 2, LA dayroom 1, JC Dayroom 2, Large Visit 1, KC Dayroom 2, Chapel Hall (1), JA Dayroom 2, LD Dayroom 2, MA Dayroom 2 (2), IC Dayroom 1, KE Dayroom 1, Chow Entrance, LB Dayroom 1, FC Dayroom 2, M-Northwest 1 a/b/c (3), Central Control, IA Dayroom 1, Outside Rec Basketball 2, HB Dayroom 2, J Gate, Kitchen 3, J Unit Sally port, LD Dayroom 1, MC Dayroom 1, Outside REC Door, MF Dayroom 2, LC Dayroom 1, MB Dayroom 2, Admin Southeast 3 (3), JE Dayroom 1,

M Gate, JD Dayroom 2, K Hall, HD Dayroom 1, KF Dayroom 2, LC Dayroom 2, Gym 2, H Hall, JA Dayroom 1, L South a/b/c (2), Gym Northeast ABC, L South a/b/c, H A/B Sally port, L Gate, Disciplinary Board Room, IB Dayroom 1 (2), F Gate, FB Dayroom 1, JB Dayroom 2, Kitchen Mop Sink, F C/D Sally port, Front Hall, MDF, HA Dayroom 2, M Northeast PTZ, Admin Hall 2, MF Dayroom 1, H Gate Hall, KF Dayroom, K D/E/F Sally port, Seg Dayroom 2, Center Hall, G-3 Gate, Admin Northeast-a, M Southwest a/b/c, Admin Northeast-a (1), M Southwest a/b/c (1), L C/D Sally port, J Northeast-a (3), G Gate, Admin Hall 1, KE Dayroom 2, Commissary 2, JD Dayroom 1, LB Dayroom 2, G Southeast ABC (2), H Crash Gate, G Southeast ABC (2), FA Dayroom 1, FA Dayroom 2, KB Dayroom 1, Chow Hall Scanner, Outer Ped. Gate, Admin South-A, Admin Parking PTZ, Gym Weight Room, J Hall, Seg Rec Cage 2, M A/B Sally port, FB Dayroom 2, F A/B Sally port, Admin South east 2, GD Dayroom 1, Admin Southeast 2 (2), F Southeast ABC (3), Admin South, Kitchen 1, Checkpoint Scanner, KD Dayroom 1, Chow Hall, J A/B/C Sally port, Intake Desk, K A/B/C Sally port, Chow Hall Entrance 28, KD Dayroom 2, Chow Exit, G Northwest ABC (3), I Gate, Admin Southeast 1(3), Inner Gate Sally port, L North PTZ, L Hall, Medical Desk, Dining Corridor, Dry Storage, GA Dayroom 1, L A/B Sally port, ME Dayroom 2, GB Dayroom 1, Small Visit 1, FB Dayroom 1, JF Dayroom 2, MA Dayroom 1, Large Visit 4, GB Dayroom 2, Laundry Back 20, F Unit Fall, I C/D Sally port, Inner Ped. Gate, Medical Waiting Room 18 (4), KB Dayroom 2, M Northwest 2 (4), Outer Gate Sally port, Admin South B, ID Dayroom 2, KA Dayroom 1 (2), G Northwest PTZ, Operations Hall, I A/B Sally port, GD Dayroom 2, Seg Rec Cage 1, Admin West-A, Maintenance Hall 1, Admin West-A (2), Vehicle Sally port (3), ME Dayroom 1, Kitchen 2, F Hall, Admin Baseball NE PTZ, G Hall, HB Dayroom 1, JC Dayroom 1, Admin Back Hall 23, KC Dayroom 1, Inner REC Door, Gym Southeast ABC, Seg Dayroom 3, Gym Southeast ABC, L North a/b/c (3), Gym Southeast ABC, GC Dayroom 1, L West a/b/c (3), Large Visit 3, Commissary 1, Education Hall 2, Main Hall by Checkpoint, Evidence Cage, ID Dayroom 1, Front Lobby, Small Visit, Loading Dock, Admin Slider by Checkpoint, H C/D Sally port, HC Dayroom 1, J-D/E/F Sally port, H South a/b/c (2), Rec Yard 4, and HC Dayroom 2. The auditor reviewed the surveillance cameras in several different areas at different times. The surveillance cameras provided a clear view into the housing areas and different locations reviewed. There were no cameras observed by the auditor in direct view of a shower or toilet area. The cameras are reviewed and maintained by the facility maintenance as needed.

The auditor observed the following security mirrors throughout the facility in the following locations: Medical, Visitation, Administration, Education, Kitchen, Central Control, J-Unit, K-Unit, H-Unit, I-Unit, L-Unit, M-Unit, F-Unit, G-Unit, Laundry, Vocational Hallway, Back slab exit, Commissary, Warehouse, J crash gate, H crash gate, F crash gate, Chapel, Check point, Front hallway, Back hallway, Corner, Big visitation full mirror, Small visitation non-contact, corner hallway, Exit hallway blind spot, Mop sink area, Front hallway, Cut hallway (8), Rear dryers, Corner, Above exit door, Rear wall (2), Front wall (2), Over exit door, Over gate, Searchers desk, Front hallway, Outside chapel door, and Lobby front corner.

On-Site Audit Phase:

The site review was conducted on June 2, 2020 and the introductory meeting was held with the Warden, Assistant Warden and additional staff. The auditor and administration staff discussed the logistics of a workspace to conduct staff/inmate interviews and conduct the file review. The requested files for staff and inmates were made available to the auditor upon request with no hesitation or delay. Following the introductory meeting, the auditor was escorted by the Assistant Warden and additional staff for the site review. The auditor observed the operations at the facility and was given unimpeded access to areas requested by the auditor. The auditor spent three days on the unit to observe and assess the day-to-day practice of the staff's interaction and promotion of the overall safety.

During the site review, the auditor conducted informal interviews in the following areas: administration, restrictive housing, housing units, central control, recreation yards, gyms, chapel, education, kitchen, vocation, maintenance, and medical. Employees interviewed during the site review were able to describe the process in a consistent manner and received training as first responders. The correctional staff carry a first responder card with their duties and responsibilities. The auditor observed the areas for cross-gender announcements in housing units, cross-gender viewing in housing areas, grievance boxes in housing units, PREA zero-tolerance posters/third party reporting, notice of audit, access to reporting entities, housing activity, inmate activity, search areas, restroom and shower procedures, privacy screens, staffing ratios, security mirrors, surveillance cameras, working telephones, and supervision practices.

Site Review/Locations:

The following information describes the areas observed by the auditor during the site review which included: Front entrance, metal detector, search and identification process, Administration offices, conference room, Employee break area, hallways, medical, chapel, education, kitchen/dry storage, chow hall, restrictive housing, maintenance, laundry, training, vocation, recreation yards, gyms, FL unit, F unit, G unit, H unit, I unit, L unit, J unit, K unit, M unit, showers and restrooms, mop closets, electrical closets, parking lot, and informal random interviews regarding the reporting and notification process for sexual abuse and sexual harassment. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the entire facility. The sign were displayed in a large print for all inmates to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The auditor observed the "Opposite Gender must announce upon entry" sign displayed at the entrance door of each housing unit. The following information was painted in every housing unit in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The hallways had the PREA hotline and WRAP information painted in large print for the inmate population. The PREA signs were also displayed in a large frame in both English and Spanish with a phone number.

The Hardeman County Correctional Facility had 272 surveillance cameras and security mirrors positioned in areas for the overall coverage of blind spots in the following locations: M-Northwest (3), Maintenance Hall 2, I Hall, M-Northwest, Library 17 (6), JE Dayroom 2, JF Dayroom 1, M-Hall, Front 27, G C/D Sally Port, FD Dayroom 2, MB Dayroom 1, Medical Pharmacy, Gym Baseball SW PTZ, Medical Exam Hall 22, G A/B Sally Port, HD Dayroom 2, Gym Baseball NW PTZ, Large Visit 2, Outside Rec Basketball 1, HA Dayroom 1, M D/E/F Sally port, IA Dayroom 2, Gym 3, C139 Milestone, JB Dayroom 1, Vocational Hall, K Gate, LA Dayroom 2, GC Dayroom 2, Seg Dayroom 1, G Southwest ABC, Chow Hall Exit 29, G Southwest ABC, H North a/b/c, G Southwest ABC, H North a/b/c, GA Dayroom 2, G Southeast PTZ, Gym 1, Maintenance Roof Ladder, MC Dayroom 2, Admin South-C, H North a/b/c, Gym Northwest ABC, Chow Hall Side Entrance, Gym Northwest ABC, FC Dayroom 1, Gym Northwest ABC, Maintenance Tool, MD Dayroom 2, LA dayroom 1, JC Dayroom 2, Large Visit 1, KC Dayroom 2, Chapel Hall (1), JA Dayroom 2, LD Dayroom 2, MA Dayroom 2 (2), IC Dayroom 1, KE Dayroom 1, Chow Entrance, LB Dayroom 1, FC Dayroom 2, M-Northwest 1 a/b/c (3), Central Control, IA Dayroom 1, Outside Rec Basketball 2, HB Dayroom 2, J Gate, Kitchen 3, J Unit Sally port, LD Dayroom 1, MC Dayroom 1, Outside REC Door, MF Dayroom 2, LC Dayroom 1, MB Dayroom 2, Admin Southeast 3 (3), JE Dayroom 1, M Gate, JD Dayroom 2, K Hall, HD Dayroom 1, KF Dayroom 2, LC Dayroom 2, Gym 2, H Hall, JA Dayroom 1, L South a/b/c (2), Gym Northeast ABC, L South a/b/c, H A/B Sally port, L Gate, Disciplinary Board Room, IB Dayroom 1 (2), F Gate, FB Dayroom 1, JB Dayroom 2, Kitchen Mop Sink, F C/D Sally port, Front Hall, MDF, HA Dayroom 2, M Northeast PTZ, Admin Hall 2, MF Dayroom 1, H Gate Hall, KF Dayroom, K D/E/F Sally port, Seg Dayroom 2, Center Hall, G-3 Gate, Admin Northeast-a, M Southwest a/b/c, Admin Northeast-a (1), M Southwest a/b/c (1), L C/D Sally port, J Northeast-a (3), G Gate, Admin Hall 1, KE Dayroom 2, Commissary 2, JD Dayroom 1, LB Dayroom 2, G Southeast ABC (2), H Crash Gate, G Southeast ABC (2), FA Dayroom 1, FA Dayroom 2, KB Dayroom 1, Chow Hall Scanner, Outer Ped. Gate, Admin South-A, Admin Parking PTZ, Gym Weight Room, J Hall, Seg Rec Cage 2, M A/B Sally port, FB Dayroom 2, F A/B Sally port, Admin South east 2, GD Dayroom 1, Admin Southeast 2 (2), F Southeast ABC (3), Admin South, Kitchen 1, Checkpoint Scanner, KD Dayroom 1, Chow Hall, J A/B/C Sally port, Intake Desk, K A/B/C Sally port, Chow Hall Entrance 28, KD Dayroom 2, Chow Exit, G Northwest ABC (3), I Gate, Admin Southeast 1(3), Inner Gate Sally port, L North PTZ, L Hall, Medical Desk, Dining Corridor, Dry Storage, GA Dayroom 1, L A/B Sally port, ME Dayroom 2, GB Dayroom 1, Small Visit 1, FB Dayroom 1, JF Dayroom 2, MA Dayroom 1, Large Visit 4, GB Dayroom 2, Laundry Back 20, F Unit Fall, I C/D Sally port, Inner Ped. Gate, Medical Waiting Room 18 (4), KB Dayroom 2, M Northwest 2 (4), Outer Gate Sally port, Admin South B, ID Dayroom 2, KA Dayroom 1 (2), G Northwest PTZ, Operations Hall, I A/B Sally port, GD Dayroom 2, Seg Rec Cage 1, Admin West-A, Maintenance Hall 1, Admin West-A (2), Vehicle Sally port (3), ME Dayroom 1, Kitchen 2, F Hall, Admin Baseball NE PTZ, G Hall, HB Dayroom 1, JC Dayroom 1, Admin Back Hall 23, KC Dayroom 1, Inner REC Door, Gym Southeast ABC, Seg Dayroom 3, Gym Southeast ABC, L North a/b/c (3), Gym Southeast ABC, GC Dayroom 1, L West a/b/c (3), Large Visit 3, Commissary 1, Education Hall 2, Main Hall by Checkpoint, Evidence Cage, ID Dayroom 1, Front Lobby, Small Visit, Loading Dock, Admin Slider by Checkpoint, H C/D Sally port, HC Dayroom 1, J-D/E/F Sally port, H South a/b/c (2), Rec Yard 4, and HC Dayroom 2.

The auditor reviewed the surveillance cameras in several different areas at different times. The surveillance cameras provided a clear view into the housing areas and different locations reviewed. There were no cameras observed by the auditor in direct view of a shower or toilet area. The cameras are reviewed and maintained by the facility maintenance as needed.

The auditor observed the following security mirrors throughout the facility in the following locations: Medical, Visitation, Administration, Education, Kitchen, Central Control, J-Unit, K-Unit, H-Unit, I-Unit, L-Unit, M-Unit, F-Unit, G-Unit, Laundry, Vocational Hallway, Back slab exit, Commissary, Warehouse, J crash gate, H crash gate, F crash gate, Chapel, Check point, Front hallway, Back hallway, Corner, Big visitation full mirror, Small visitation non-contact, corner hallway, Exit hallway blind spot, Mop sink area, Front hallway, Cut hallway (8), Rear dryers, Corner, Above exit door, Rear wall (2), Front wall (2), Over exit door, Over gate, Searchers desk, Front hallway, Outside chapel door, and Lobby front corner.

The Hardeman County Correctional Facility site review was conducted by the auditor on 6/2/2020. The Assistant Warden and additional staff escorted the auditor during the site review providing information and unfettered access to the auditor with no hesitation. The auditor observed the parking lot and signs displayed to include the security perimeter, surveillance cameras, security mirrors, working gates and the identification process upon entering the facility. The auditor was required to wear a mask due to the COVID-19 pandemic to include all employees, visitors, and inmate population. The auditor's temperature was checked upon entrance and upon clearance continued through the metal detector, identification process and search process. The auditor was required to sign in, provide identification and a pat-searched was conducted as part of the security operations. The auditor left the ID in exchange for a badge number. The auditor walked through administration building which was composed of the command post/conference room, administration offices, staff restrooms, employee break room with the PREA signs and third-party notices. The notice of audit dated 2/22/2020 was displayed in the hallway in both English and Spanish for all employees and inmates. The auditor observed surveillance cameras and security mirrors in the hallways. The employee restrooms had the PREA signs displayed and the PREA signs were also in the main hallway in both English and Spanish. F114A mechanical room was opened and observed by the auditor clear of clutter and with good lighting. The mechanical room had a surveillance camera with restricted access. The main hallway had a metal detector for use during mass movement of the inmate population. F111 was the staff restroom in the hallway and was labeled with the sign that read knock prior to entering and secured at all times.

Housing Unit F had pods A, B, C, & D with a 64-man pod capacity. The auditor observed the Notice of audit dated 4/7/2020 in both English and Spanish with the auditor's information in the sally port. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the entire facility. The signs were displayed in a large print for all inmates to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-****. The auditor observed the "Opposite Gender must announce upon entry" sign displayed at the entrance door of each housing unit. The following information was painted in every housing unit in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The hallways had the PREA hotline and WRAP information painted in large print for the inmate population. The PREA signs were also displayed in a large frame in both English and Spanish with a phone number. The auditor observed the grievance boxes and mailboxes labeled in each unit for the inmate population. Prior to entering the housing unit, the correctional staff verbalized the opposite gender announcement in a loud and consistent tone to notify the inmate population and was announced several times. The utility closet was observed, the PREA signs in both English and Spanish were displayed to include the PREA phone numbers right by the phones in both English and Spanish. The auditor randomly/informally asked staff for their PREA cards and staff provided the cards onsite. The auditor observed the shower stalls, shower curtains and privacy during the site review. The showers were divided by individual shower stalls for privacy and a large wall was in place directly in front of the showers for the prevention of cross-gender viewing. The pods offer complete privacy from cross-gender viewing allowing inmates to change with privacy. The shower curtains were in place; however, the auditor noticed that the curtain was hanging lower from the regulated requirement to provide coverage for inmates included transgender/intersex. The auditor explained the process to the Assistant Warden and additional staff of the required privacy. The facility administration immediately initiated the implementation and correction of standard 115.15. The auditor observed surveillance cameras and security mirrors throughout the facility.

Housing Unit G had A, B, C, & D pod with a 64-man capacity. The auditor observed the Notice of audit dated 2/22/2020 in both English and Spanish with the auditor's information. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population in the sally port. The signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The auditor observed the "Opposite Gender must announce upon entry" sign displayed on the entrance door of each housing pod. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The restrictive housing cells had a red and yellow designator for identification. The pods had the PREA hotline and WRAP information painted in large print for the inmate population.

The auditor observed the grievance boxes and mailboxes labeled in each unit for the inmate population. Prior to entering the housing unit, the correctional staff verbalized the opposite gender announcement in a loud and consistent tone to notify the inmate population and was announced several times. The utility closet was observed, the PREA signs in both English and Spanish were displayed to include the PREA phone numbers right by the phones in both English and Spanish. The auditor randomly/informally asked staff for their PREA cards and staff provided the cards onsite. The auditor observed the shower stalls, shower curtains and privacy during the site review. The showers were divided by individual shower stalls for privacy and a large wall was in place directly in front of the showers for the prevention of cross-gender viewing. The pods offer complete privacy from cross-gender viewing allowing inmates to change with privacy. The cells were facilitated with doors for privacy, sinks and toilets in the housing area. The dayroom was facilitated with a television, microwave, tables, and seats to include the mailbox and inmate grievance. The auditor observed surveillance cameras and security mirrors throughout the facility.

Housing Unit G-A pod (64 man) was observed by the auditor and staff verbalized the opposite gender announcement prior to entering and repeated the announcement several times for the inmate population. The pods were clean and free of clutter with good working lights and inmate phones. The auditor observed the shower area noticed shower #2 and 3 did not have the shower curtains placed on the shower rods. Shower number 6 and 8 did not have curtains and a work order was completed and forwarded to the auditor upon completion. The auditor observed the handicap shower facilitated with privacy for the inmate population. The cells were facilitated with doors for privacy, sinks and toilets in the housing area. The dayroom was facilitated with a television, microwave, tables, and seats to include the mailbox and inmate grievance. The auditor observed surveillance cameras and security mirrors throughout the facility.

Housing Unit H had A, B, C, & D pod with a 64-man capacity. The auditor observed the Notice of audit dated 2/22/2020 in both English and Spanish with the auditor's information. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population in the sally port. The signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The auditor observed the "Opposite Gender must announce upon entry" sign displayed on the entrance door of each housing pod. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The restrictive housing cells had a red and yellow designator for identification. The pods had the PREA hotline and WRAP information painted in large print for the inmate population.

The auditor observed the grievance boxes and mailboxes labeled in each unit for the inmate population. Prior to entering the housing unit, the correctional staff verbalized the opposite gender announcement in a loud and consistent tone to notify the inmate population and was announced several times. The utility closet was observed, the PREA signs in both English and Spanish were displayed to include the PREA phone numbers right by the phones in both English and Spanish. The auditor randomly/informally asked staff for their PREA cards and staff provided the cards onsite. The auditor observed the shower stalls, shower curtains and privacy during the site review. The showers were divided by individual shower stalls for privacy and a large wall was in place directly in front of the showers for the prevention of cross-gender viewing. The pods offer complete privacy from cross-gender viewing allowing inmates to change with privacy. The cells were facilitated with doors for privacy, sinks and toilets in the housing area.

The dayroom was facilitated with a television, microwave, tables, and seats to include the mailbox and inmate grievance. The auditor observed surveillance cameras and security mirrors throughout the facility. The inmate population proceeded with normal daily activity.

Housing Unit I had A, B, C, & D pod with a 56-man capacity. The auditor observed the Notice of audit dated 4/7/2020 in both English and Spanish with the auditor's information. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population in the sally port. The signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The auditor observed the "Opposite Gender must announce upon entry" sign displayed on the entrance door of each housing pod. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The restrictive housing cells had a red and yellow designator for identification. The pods had the PREA hotline and WRAP information painted in large print for the inmate population.

The auditor observed the grievance boxes and mailboxes labeled in each unit for the inmate population. Prior to entering the housing unit, the correctional staff verbalized the opposite gender announcement in a loud and consistent tone to notify the inmate population and was announced several times. The utility closet was observed, the PREA signs in both English and Spanish were displayed to include the PREA phone numbers right by the phones in both English and Spanish. The auditor randomly/informally asked staff for their PREA cards and staff provided the cards onsite. The auditor observed the shower stalls, shower curtains and privacy during the site review. The showers were divided by individual shower stalls for privacy and a large wall was in place directly in front of the showers for the prevention of cross-gender viewing. The pods offer complete privacy from cross-gender viewing allowing inmates to change with privacy. The auditor observed surveillance cameras and security mirrors throughout the facility. The cells were facilitated with doors for privacy, sinks and toilets in the housing area. The dayroom was facilitated with a television, microwave, tables, and seats to include the mailbox and inmate grievance. The auditor observed surveillance cameras and security mirrors throughout the facility. The correctional officer were observed making their rounds and conducting security checks. The inmate population proceeded with normal daily activity. The De-escalation team was randomly interviewed during the site review regarding the proper procedures for conducting pat-searches and strip searches of the inmate population during cell extractions.

Housing Unit L had A, B, C, & D pod with a 64-man capacity. The auditor observed the Notice of audit dated 4/7/2020 in both English and Spanish with the auditor's information. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population in the sally port. The signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The auditor observed the "Opposite Gender must announce upon entry" sign displayed on the entrance door of each housing pod. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The restrictive housing cells had a red and yellow designator for identification. The pods had the PREA hotline and WRAP information painted in large print for the inmate population.

The auditor observed the grievance boxes and mailboxes labeled in each unit for the inmate population. Prior to entering the housing unit, the correctional staff verbalized the opposite gender announcement in a loud and consistent tone to notify the inmate population and was announced several times. The utility closet was observed, the PREA signs in both English and Spanish were displayed to include the PREA phone numbers right by the phones in both English and Spanish. The auditor randomly/informally asked staff for their PREA cards and staff provided the cards onsite. The auditor observed the shower stalls, shower curtains and privacy during the site review. The showers were divided by individual shower stalls for privacy and a large wall was in place directly in front of the showers for the prevention of cross-gender viewing. The pods offer complete privacy from cross-gender viewing allowing inmates to change with privacy. The auditor observed surveillance cameras and security mirrors throughout the facility. The correctional officer were observed making their rounds and conducting security checks. The inmate population proceeded with normal daily activity. The cells were facilitated with doors for privacy, sinks and toilets in the housing area.

The dayroom was facilitated with a television, microwave, tables, and seats to include the mailbox and inmate grievance. The auditor observed surveillance cameras and security mirrors throughout the facility. Unit L C pod cells from 101 through 116 bottom rows were observed by the auditor with working lights, water, sinks and urinals. Cells 201 through 216 top rows were observed by the auditor with working lights, water, sinks and urinals. The auditor obtained clearance to enter L159 control room and observed the officer conducting normal duties, good lighting, no direct view into the shower area and no cross-gender viewing. The auditor randomly asked questions regarding the first responder reporting process. J114A is a mechanical room that was opened and observed by the auditor.

Housing Unit H had A, B, C, & D pod with a 64-man capacity. The auditor observed the Notice of audit dated 4/7/2020 in both English and Spanish with the auditor's information. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population in the sally port. The signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The auditor observed the "Opposite Gender must announce upon entry" sign displayed on the entrance door of each housing pod. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The restrictive housing cells had a red and yellow designator for identification. The pods had the PREA hotline and WRAP information painted in large print for the inmate population.

The auditor observed the grievance boxes and mailboxes labeled in each unit for the inmate population. Prior to entering the housing unit, the correctional staff verbalized the opposite gender announcement in a loud and consistent tone to notify the inmate population and was announced several times. The utility closet was observed, the PREA signs in both English and Spanish were displayed to include the PREA phone numbers right by the phones in both English and Spanish. The auditor randomly/informally asked staff for their PREA cards and staff provided the cards onsite. The auditor observed the shower stalls, shower curtains and privacy during the site review. The showers were divided by individual shower stalls for privacy and a large wall was in place directly in front of the showers for the prevention of cross-gender viewing. The pods offer complete privacy from cross-gender viewing allowing inmates to change with privacy. The auditor observed surveillance cameras and security mirrors throughout the facility. The correctional officer were observed making their rounds and conducting security checks. The inmate population proceeded with normal daily activity. The cells were facilitated with doors for privacy, sinks and toilets in the housing area. The dayroom was facilitated with a television, microwave, tables, and seats to include the mailbox and inmate grievance.

Housing Unit J had A, B, C, and D, E, F tripods with a 40/48/40-man capacity. The auditor observed the Notice of audit dated 4/7/2020 in both English and Spanish with the auditor's information. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population in the sally port. The signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The auditor observed the "Opposite Gender must announce upon entry" sign displayed on the entrance door of each housing pod. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The restrictive housing cells had a red and yellow designator for identification. The pods had the PREA hotline and WRAP information painted in large print for the inmate population.

The auditor observed the grievance boxes and mailboxes labeled in each unit for the inmate population. Prior to entering the B-pod housing unit, the correctional staff verbalized the opposite gender announcement in a loud and consistent tone to notify the inmate population and was announced several times. The utility closet was observed, the PREA signs in both English and Spanish were displayed to include the PREA phone numbers right by the phones in both English and Spanish. The auditor randomly/informally asked staff for their PREA cards and staff provided the cards onsite. The auditor observed the shower stalls, shower curtains and privacy during the site review. The showers were divided by individual shower stalls for privacy and a large wall was in place directly in front of the showers for the prevention of cross-gender viewing. The pods offer complete privacy from cross-gender viewing allowing inmates to change with privacy. The auditor observed surveillance cameras and security mirrors throughout the facility.

The correctional officer were observed making their rounds and conducting security checks. The inmate population proceeded with normal daily activity. The cells were facilitated with doors for privacy, sinks and toilets in the housing area. The dayroom was facilitated with a television, microwave, phones, tables, and seats to include the mailbox and inmate grievance. The auditor tested the phone lines and noticed that one phone was not working. This was reported to the AW immediately and a work order was submitted for repair. The auditor randomly selected an inmate in the dorm and asked if he could test the line for audit and to ensure that the numbers are available to the inmate population. The inmate tested the phone, which was in good working order however, the phone number dialed was not connecting to the required source. The auditor asked another inmate in the pod to test the line and the call did not connect. The Assistant Warden was immediately notified and contact with the phone contractor.

Housing Unit M had A, B, C and D, E, F tripods with a 40/48/40-man capacity. The auditor observed the Notice of audit dated 4/7/2020 in both English and Spanish with the auditor's information. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population in the sally port. The signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The auditor observed the "Opposite Gender must announce upon entry" sign displayed on the entrance door of each housing pod. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The restrictive housing cells had a red and yellow designator for identification. The pods had the PREA hotline and WRAP information painted in large print for the inmate population.

The auditor observed the grievance boxes and mailboxes labeled in each unit for the inmate population. Prior to entering the E-pod housing unit, the correctional staff verbalized the opposite gender announcement in a loud and consistent tone to notify the inmate population and was announced several times. The utility closet was observed, the PREA signs in both English and Spanish were displayed to include the PREA phone numbers right by the phones in both English and Spanish. The auditor randomly/informally asked staff for their PREA cards and staff provided the cards onsite. The auditor observed the shower stalls, shower curtains and privacy during the site review. The showers were divided by individual shower stalls for privacy and a large wall was in place directly in front of the showers for the prevention of cross-gender viewing. The pods offer complete privacy from cross-gender viewing allowing inmates to change with privacy. The auditor observed surveillance cameras and security mirrors throughout the facility. The correctional officer were observed making their rounds and conducting security checks. The inmate population proceeded with normal daily activity. The auditor observed the following cells: E 107- E112 and E201-E213. The cells were facilitated with doors for privacy, sinks and toilets in the housing area. The dayroom was facilitated with a television, microwave, phones, tables, and seats to include the mailbox and inmate grievance. The auditor randomly selected an inmate to test the PREA hotlines provided to the inmate population. There was a discrepancy and the tested line stated that it was not on the call list. The AW was notified, and the lines had been tested prior to the audit and all in working conditions. The AW notified the contracted phone carrier to resolve the issue.

The auditor observed M unit F-pod and the Notice of Audit dated 4/7/2020 in both English and Spanish with the auditor's information. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population in the sally port. The signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The auditor observed the "Opposite Gender must announce upon entry" sign displayed on the entrance door of each housing pod. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The restrictive housing cells had a red and yellow designator for identification. The pods had the PREA hotline and WRAP information painted in large print for the inmate population. The auditor observed the grievance boxes and mailboxes labeled in each unit for the inmate population. Prior to entering the E-pod housing unit, the correctional staff verbalized the opposite gender announcement in a loud and consistent tone to notify the inmate population and was announced several times. The utility closet was observed, the PREA signs in both English and Spanish were displayed to include the PREA phone numbers right by the phones in both English and Spanish. The auditor randomly/informally asked staff for their PREA cards and staff provided the cards onsite.

The auditor observed the shower stalls, shower curtains and privacy during the site review. The showers were divided by individual shower stalls for privacy and a large wall was in place directly in front of the showers for the prevention of cross-gender viewing. The pods offer complete privacy from cross-gender viewing allowing inmates to change with privacy. The auditor observed surveillance cameras and security mirrors throughout the facility. The correctional officer were observed making their rounds and conducting security checks. The inmate population proceeded with normal daily activity. The auditor observed the following cells: F101 through F110 and F 201 through F210. The cells were facilitated with doors for privacy, sinks and toilets in the housing area. The dayroom was facilitated with a television, microwave, phones, tables, and seats to include the mailbox and inmate grievance.

The Administration building female staff restroom had a large sign which provided information on how to report a sexual abuse allegation with the phone number 866-757-4448. The auditor tested the phone number and spoke to a representative and asked questions regarding the reporting process. The auditor also had a random employee test the phone number on 6/2/2020 at 12:22 p.m.

The Medical area was observed by the auditor with one security mirror with a capacity of six inmates due to Covid-19 and social distancing. The signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The restrictive housing cells had a red and yellow designator for identification. The medical exam rooms were facilitated with full doors for privacy and no cross-gender viewing from people entering or exiting the area. The facilitate provides a Mental Health providers and Nurse Practitioner all week Monday through Thursday. The facility provides a doctor onsite Monday through Thursday, observed a dental office, X-ray room, five isolation cells and the inmate restroom with a full door labeled knock before entry. The auditor observed cameras in all corners located in the medical department. The auditor observed the staff break area, medical records room, Health Services Administration, and closet.

The Education department had a capacity of 40 inmates per class. The education department facilitates Adult Education, Reading, and Math with no surveillance cameras in the classroom. The PREA signs displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The auditor randomly selected and interviewed a teacher regarding the PREA and the reporting process. The auditor observed the several different classrooms and observed PREA signs in both English and Spanish for the inmate population. The education building had one assigned officer and a surveillance camera in the hallway. The library was observed with PREA signs displayed in a large print to facilitate inmates with disabilities or limited reading skills.

The information included to report PREA violations, call: 866-757-4448. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The inmate restroom was labeled, and the closet was observed. The Chapel room B124 had a capacity of 35 inmates and had the PREA signs displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The Notice of Audit was displayed in both English and Spanish dated 4/7/2020. The training room had the PREA signs displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #.

The Warehouse (C128) was observed by the auditor and with security mirrors in the area. The facility items were stored and stacked in the area. The auditor walked around behind the boxes and noticed a red line which marked the height in which the boxes are stacked.

The boxes will not be stacked any higher than the red line for safety reasons. The auditor suggested that one of the security mirrors be repositioned for better coverage and visibility. The Kitchen area had the staff and inmate restrooms labeled and located at the entrance of the department.

The site review observed a surveillance camera in the wash area, four surveillance cameras in the dish area, and the PREA signs displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. B147 was the tool room and chemical area. The kitchen employees twenty-five inmates and five contracted Trinity employees.

The cooler had good lighting and was clean, the second cooler had good lighting, the freezer was organized and clean, the dry storage area had one surveillance camera and one security mirror. The dry storage area also had the red line for stacking safety. The auditor observed five coolers and one hot box, and the chow hall had a capacity of 550 inmates. Pat-searches were conducted by same gender staff entering and exiting the area. The wood shop had one teacher and no surveillance cameras in the area. The PREA signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #.

The Recreation area had a capacity of 277 and a supervisor and recreation coordinator. The inmates are pat searched entering or exiting the area. The strip searches are conducted in a location with privacy and by same gender staff. The auditor observed surveillance cameras and working telephones with PREA information. The PREA signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The Notice of Audit was displayed in both English and Spanish dated 4/7/2020. The inmate restroom had two urinals, two toilets, and a half wall for privacy.

The Laundry department had the PREA signs displayed in both English and Spanish with large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The auditor observed six dryers and six washers with one surveillance camera. The inmate restroom was labeled for easy access and visibility.

The commissary area had the PREA signs displayed in English and Spanish with large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The Commissary area had two security mirrors and a surveillance camera. The commissary area had a red line painted on the wall to ensure boxes are not stacked too high. The commissary area had the PREA signs displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #.

The Maintenance department (C137) was observed by the auditor with nine employees and twenty inmates with four inmates per crew. The PREA signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The maintenance department had a security mirror and surveillance cameras. The Intake property (C107) had the PREA signs displayed in a large print to facilitate inmates with disabilities or limited reading skills.

The information included to report PREA violations, call: 866-757-4448. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The area had two holding cells and surveillance cameras. The department was observed with one supervisor, three correctional staff and two inmates.

The Restrictive Housing Unit (D136A) was observed to have the Notice of Audit dated 4/7/2020 in both English and Spanish with the auditor's information. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population. The signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included to report PREA violations, call: 866-757-4448. The auditor observed the "Opposite Gender must announce upon entry" sign displayed on the entrance door of each housing pod. The following information was painted in each pod in large print in both English and Spanish: PREA Hotline (731) 254-**** Linea Directa, WRAP outside help line 800-773-8712 Linea de ayuda, and PREA pin #. The restrictive housing cells had a red and yellow designator for identification.

The pods had the PREA hotline and WRAP information painted in large print for the inmate population. The auditor observed the grievance boxes and mailboxes labeled in each unit for the inmate population. Prior to entering the restrictive housing unit, the correctional staff verbalized the opposite gender announcement in a loud and consistent tone to notify the inmate population and was announced several times. The recreation area for segregation had a working phone with the WRAP number painted on the wall by the phones for the inmate population. The auditor observed surveillance cameras outside in the restrictive housing recreation area. The shower area were facilitated with privacy and the individual cells were facilitated with a full door, a sink and toilet for use.

The Control room was facilitated with two correctional staff and prior to entering staff must obtain approval by the shift supervisor. The auditor received clearance and provided identification prior to entering the area. The surveillance camera monitors are located in central control and viewed by employees assigned to the area. The control room itself had a surveillance camera to observe assigned staff. The surveillance cameras had a 30-day retention and serviced by Milestone. The auditor reviewed and observed four different food service cameras, administrative parking lot, hallways, front entrance, F-hall, G-gate, C/D sally port, D, E, F, sally port, F unit C/D sally port, K unit E pod dayroom, K unit A pod, Chapel, K-unit C pod, K Unit C1 and C2.

The Hardeman County Correctional Facility designated capacity was 2016 with an onsite inmate population of 1849 on June 2, 2020. The auditor walked through the main entrance where all staff were required to present identification. A workspace was provided for the auditor to conduct staff and inmate interviews to include the file reviews. The requested files for staff and inmates were made available to the auditor upon request with no hesitation or delay.

Employee Files: The auditor reviewed a total of 16 PREA Audit-Adult Prisons & Jails Documentation Review-Employee Files/Records for standards: 115.17, 115.31, 115.32, 115.34, and 115.35 for the onsite portion of the audit.

Inmate Files: The auditor reviewed a total of 23 PREA Audit-Adult Prisons & Jails Documentation Review-Inmate Files/Records for standards 115.33, 115.41, and 115.81 for the onsite portion of the audit with a population of 1849 on June 2, 2020.

Investigation Review: The facility had a total of 35 criminal and or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months. The auditor reviewed the investigations for the following standards 115.71, 115.72, 115.73, and 115.86. The investigations reviewed provided a description, status and type of investigation completed.

Description	Status	Type
1. Employee/Inmate Sexual Abuse	Substantiated	Officer in Charge/Criminal Case pending review
2. Inmate/Inmate Sexual Abuse	Unsubstantiated	Administrative/Internal Investigator-referred
3. Employee/Inmate Sexual Harassment	Unfounded	Administrative/Internal Investigator

4. Inmate/Inmate Sexual Harassment	Unsubstantiated	Administrative/Internal Investigator-referred
5. Employee/Inmate SA/V/SH	Unfounded	Administrative/Internal Investigator
6. Inmate/Inmate Sexual Abuse	Unsubstantiated	Administrative/Internal Investigator-referred
7. Inmate/Inmate Sexual Abuse	Unsubstantiated	Administrative/Internal Investigator-referred

The information provided to the auditor included the following: PREA audit questionnaire, Auditor compliance tool, Instructions for PREA site review, Investigations, Sexual abuse screening tool, Hardeman County Correctional Facility PREA policy, Educational materials, Training curriculums, Organizational charts, Posters, Brochures, Reports, Inmate population, Agreements, Community based contact information, Facility layout, and PREA files to demonstrate compliance with the Prison Rape Elimination Act standards.

Staff/Inmate Interviews:

The auditor conducted the staff and inmate interviews on June 2-4, 2020, in a private setting on an individual basis with no distractions or delays.

Staff Category	Interviews
Specialized Staff Total	25
Random Staff Total	21
Total Staff Interviews	46
Agency Head or Designee	1
Warden or Designee	1
PREA Compliance Manager/Coordinator	1
Agency contract administrator	1
Intermediate or higher-level facility staff	4
Line staff who supervise youthful inmates; if any	0 adult male facility
Education and program staff who work with youthful inmates, if any;	0 adult male facility
Medical and mental health staff	2
Administrative (human resources) staff	1
Volunteers and Contractors who have contact with inmates	5
Investigative staff	2
Staff who perform screening for risk of victimization and abusiveness;	1
Staff who supervise inmates in segregated housing	1
Staff on the incident review team	1

Designated staff member charged with monitoring retaliation	1
First responders, both security and non-security staff	2
Intake staff	1
Random Staff Interviews	21
Mailroom	1
Library staff	1
Chaplain	1
Classification coordinator	1
Grievance	1
Laundry	1
Food Service Trinity	1
Commissary	1
Correctional staff/D card night shift	2
Correctional staff/A card day shift	4
Correctional staff/C card night shift	5
Correctional staff	2

Inmate Interviews:

The auditor conducted the inmate interviews on June 2-4, 2020. The auditor selected a geographically diverse sample of male inmates from different housing units and pods and inmates who met the criteria for the targeted interviews to ensure a fair overall selection. The Hardeman County Correctional Facility was 1849 on the first day of the onsite audit.

Inmate Category	Interviews
Number of Random Inmates Interviews	22
Number of Targeted Inmate Interviews	21
Total number of inmate Interviews	43
Targeted Inmate Interviews	21
Youthful inmates	0 HCCF houses adult male inmates
Inmates with a physical disability	1
Inmates who are	
• Blind	0
• Deaf	0
• Hard of Hearing	0
Inmates who are LEP	0
Inmates with a cognitive disability	0
Inmates who identify as	
• Lesbian	0
• Gay	0
• Bisexual	0
Inmates who identify as	
• Transgender	2
• Intersex	0
Inmates in segregated housing for high risk of sexual victimization	0

Inmates who reported sexual abuse	11
Inmates who reported sexual victimization during risk screening	6
Random inmate interview	1
Random Inmate Interviews	22
Random Inmate- F, G, H I J, K, M, L, I, and Restrictive housing unit,	22

The inmate interviews were conducted in an office setting on an individual basis with privacy and enough time. The inmates were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment. The inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment. An exit meeting was held on 6/4/2020 with the HCCF Administration to discuss the overall audit process. The auditor discussed the review of the pre-audit process to include the post notice of upcoming audit, communication with the community-based victim advocates, and auditor review of submitted agency facility questionnaire, policies, and procedures. The facility was prepared with primary documentation to include resources supporting each PREA standard. The on-site audit consisted of the site review, additional document review, to include staff and inmate interviews. The post audit included the auditor compliance tool, review of policies/procedures, review of documentation and data. The auditor noted that this audit was the recertification for the facility.

The previous PREA Audit was conducted by Rodney P. Bivens on March 27-29, 2017. The previous auditor conducted the audit at Hardeman County Correctional Facility with six exceed standards, 34 met standards and 3 not applicable. During the re-certification audit conducted on June 2-4, 2020 by Noelda Martinez, and the auditor determined the facility was 100% compliant with the Prison Rape Elimination Act standards for this relevant review period after the required corrective action for standards 115.41 (f) and 115.86 (b). The auditor noted observations for standards 115.15 (d), 115.42 (a)(f), 115.53/115.33 (b), and 115.73 (a). 115.405 Audit appeals. (a) An agency may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination. The Agency's Right to Appeal Standard 115.405 provides agencies with the option to appeal any findings of an audit that they believe are incorrect. The auditor who issued the findings under appeal has no role in the appeal process other than to provide documentation of his or her work or answer questions upon request by DOJ.

Facility Characteristics

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

The Hardeman County Correctional Facility (HCCF) is privately owned and operated by CoreCivic, located at 2520 Union Springs Road, Whiteville, TN 38075 in Whiteville, TN 38075. The customer base is Tennessee Department of Correction and Hardeman County managed since 1997 facilitating medium security. The designed facility capacity is 2016 beds for housing of adult male population consisting of Tennessee Department of Corrections. Hardeman County Correctional Facility is owned by the Hardeman County Correctional Facilities Corporation, which contracts with CoreCivic for management of the prison. TDOC contracts for 1,976 medium security beds at this prison. Offenders participate in academic and vocational programs, mental health programs, and various work programs much as they do at TDOC owned and operated prisons. Two TDOC staff members are located on-site to monitor contract compliance and provide for those functions not delegated to private entities under state law.

The current inmate population was 1849 for the onsite visit on June 2, 2020. The average daily population for the past 12 months was 1960 housing male population in the age range of 18 and older. The average length of stay or time under supervision was seven years. The facility security levels/inmate custody levels were medium and minimum. The facility does not house female or youthful inmates at the facility. The number of staff currently employed by the facility who may have contact with inmates: 418. The HCCC contains one large building divided into three management units broken into 39 pods and tripods housing areas including restrictive housing. The main building is composed of Administrative offices, Chapel, Education, Kitchen, Chow hall, Vocation, Laundry, Maintenance, Intake, Training, Medical and Restrictive Housing. The housing descriptions are F unit A, B, C, D pods, G unit A, B, C, D bipods, H unit A, B, C, D, I Unit A, B, C, D, L unit A, B, C, D, J unit tripods A, B, C, D, E, F, K unit tripods A, B, C, D, E, F, M unit tripods A, B, C, D, E, F.

Facility Awards

HCCF received honors from Quinco Community Health Center as "Volunteer of the Year 1999;" 2000 Blue Ribbon Hall of Fame, Whiteville Elementary School; Tennessee Volunteer Commendation Award (2000), Don Sundquist, Governor; Tennessee Forest Festival Participation Award, 1999; Hardeman County Leadership Award, 1999; Volunteer of the Year 1998-1999, Quinco Mental Health Center, Helping Hands Drop-in Center American Cancer Society: Most Money Raised by a Team, 1999 & 2000; Best Team Spirit, 1999 & 2000; Bronze Sponsor, 1998; Silver Sponsor, 1999; Platinum Sponsor, 2000; Team Excellence, 1998, 1999 & 2000; Most Original Campsite, 2000; On-site Fundraising Award, 2000; Best Team Participation, 2000 Mid-South Division Team Excellence, 1999 & 2000 Annual Christmas Parades: Best of Show 1997, Hardeman County; Best Overall 1998, Hardeman County; Best Overall 1999, Hardeman County, 2nd place Jackson Christmas Parade, 1999, 1st Place Selmer Christmas Parade, 1999; Best Overall 2000, Hardeman County.

The Hardeman County Correctional Facility information is displayed on the following website:
<https://www.corecivic.com/facilities/Hardeman-County-Correctional-Facility>

The Hardeman County Correctional Facility address is displayed on the website which includes:
2520 Union Springs Road
P.O. Box 549 Whiteville, Tennessee 38075
Hardeman County)
(731) 254-6000

Facility PREA Information <https://www.corecivic.com/facilities/Hardeman-County-Correctional-Facility>
The following information is provided in accordance with PREA (Prison Rape Elimination Act of 2003).

Compliance Manager: Nechol Owens, Assistant Warden

Third Party Reporting Method(s):

- TDOC Commissioner's Office <https://www.tn.gov/correction/contact.html>
- Headquarters (Facility Support Center)

Warden's Office:

2520 Union Springs Road

Whiteville, TN 38075

Phone: 731-254-6000

*Wo/Men's Resource and Rape Assistance Program (W.R.A.P.): 60 Directors Row, Jackson, TN 38305 |
Phone: 1-800-273-8712*

Facility PREA Policy (14-2): Download

Summary of Audit Findings

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

During the re-certification audit conducted on June 2-4, 2020 by Noelda Martinez, and the auditor determined the facility was 100% compliant with the Prison Rape Elimination Act standards for this relevant review period after the required corrective action for standards 115.41 (f) and 115.86 (b). The auditor noted observations for standards 115.15 (d), 115.42 (a)(f), 115.53/115.33 (b), and 115.73 (a). 115.405 Audit appeals. (a) An agency may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination. The Agency's Right to Appeal Standard 115.405 provides agencies with the option to appeal any findings of an audit that they believe are incorrect. The auditor who issued the findings under appeal has no role in the appeal process other than to provide documentation of his or her work or answer questions upon request by DOJ.

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

Standards Exceeded

Number of Standards Exceeded: 5

List of Standards Exceeded: §115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator, §115.17 – Hiring and Promotion Decisions, §115.51 – Inmate Reporting, §115.53 – Inmate Access to Outside Confidential Support Services, §115.54 – Third-Party Reporting

Standards Met

Number of Standards Met: Number of Standards Met: 38

§115.12 - Contracting with other entities for the confinement of inmates
§115.13 – Supervision and Monitoring
§115.14 – Youthful Inmates
§115.15 – Limits to Cross-Gender Viewing and Searches (Observation-Training)
§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient
§115.18 – Upgrades to Facilities and Technology
§115.21 – Evidence Protocol and Forensic Medical Examinations
§115.22 – Policies to Ensure Referrals of Allegations for Inv
§115.31 – Employee Training
§115.32 – Volunteer and Contractor Training
§115.33 – Inmate Education
§115.34 – Specialized Training: Investigations
§115.35 – Specialized training: Medical and mental health care
§115.41 – Screening for Risk of Victimization and Abusiveness
§115.42 – Use of Screening Information
§115.43 – Protective Custody
§115.52 – Exhaustion of Administrative Remedies
§115.61 – Staff and Agency Reporting Duties
§115.62 – Agency Protection Duties
§115.63 – Reporting to Other Confinement Facilities
§115.64 – Staff First Responder Duties
§115.65 – Coordinated Response
§115.66 – Preservation of ability to protect inmates from contact with abusers
§115.67 - Agency Protection Against Retaliation
§115.68 – Post-Allegation Protective Custody

§115.71 – Criminal and Administrative Agency Investigations
§115.72 – Evidentiary Standard for Administrative Investigations
§115.73 – Reporting to Inmate (Observations-Training)
§115.76 – Disciplinary sanctions for staff
§115.77 – Corrective action for contractors and volunteers
§115.78 – Disciplinary sanctions for inmates
§115.81 – Medical and mental health screenings; the history of sexual abuse
§115.82 – Access to emergency medical and mental health services
§115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
§115.86 – Sexual abuse incident reviews (Corrective Action)
§115.87 – Data Collection
§115.88 – Data Review for Corrective Action
§115.89 – Data Storage, Publication, and Destruction
§115.401 – Frequency & Scope of Audits
§115.403-Audit contents and findings

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 0

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

- FSC designating a position of a Senior Director, PREA Programs & Compliance
- Memorandum designated the Facility PREA Manager
- Facility Organization Chart-showing PREA Manager

Interviews:

- PREA Coordinator/PREA Compliance Manager

Site Review Observations:

- PREA information displayed in both English/Spanish throughout the facility
- Opposite Gender announcement sign observed in all the housing doors prior to entering
- Privacy screens/barriers: showers/toilet areas in housing units, gyms, recreation yard
- PREA hotline information numbers/WRAP outside help line in both English/Spanish
- Assistant Warden assigned as the facility PREA Manager

Findings:

115.11 (a) CoreCivic and HCCF had a mandated zero-tolerance policy towards all forms of sexual abuse and sexual harassment. Such conduct is prohibited by this policy and will not be tolerated; to include inmate-on-inmate/detainee sexual abuse or harassment and employee-on-inmate sexual abuse or harassment.

115.11 (b) The HCCF had a designated PREA manager with sufficient time to complete all PREA duties and responsibilities.

115.11 (c) The Agency PREA Coordinator appointment: the designated Senior Director PREA Audit and Compliance in the Correctional Programs department implements and oversees company policies and procedures in complying with the standards of the Prisons Rape Elimination Act (PREA).

Corrective Action: The auditor recommends no corrective action.

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

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on

or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Findings:

115.12 (a) CoreCivic is a private provider and does not contract with other agencies for the confinement of those in their care.

115.12 (b) CoreCivic is a private provider and does not contract with other agencies for the confinement of those in their care.

Corrective Action: The auditor recommends no corrective action.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- Core Civic Form 14-21 Annual PREA Staffing Plan Assessment

Secondary:

- Core Civic Form 14-21 Annual Staffing Plan Assessment
- Unit Logbook showing unannounced PREA rounds
- Shift Roster showing ADO roster audit

Interviews:

- Warden or Designee
- PREA Compliance Manager
- Intermediate or Higher-Level Facility staff

Site Review Observations:

1. Unit Logbook showing unannounced PREA rounds
2. Shift Roster showing ADO roster audit

Findings:

115.13 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 9 of 35. Core Civic requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. Since August 20, 2012, or last PREA audit, whichever is later:

- The average daily number of inmates: 1960
- The average daily number of inmates on which the staffing plan was predicated: 2016

D.2 Staffing. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration:

- (1) Generally accepted detention and correctional practices.
- (2) Any judicial findings of inadequacy.
- (3) Any findings of inadequacy from Federal investigative agencies.
- (4) Any findings of inadequacy from internal or external oversight bodies.
- (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated).
- (6) The composition of the inmate population.
- (7) The number and placement of supervisory staff.
- (8) Institution programs occurring on a particular shift.
- (9) Any applicable State or local laws, regulations, or standards.
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

The auditor conducted interviews with Warden or designee and PREA compliance manager during the site review.

115.13 (b) The facility shall make its best efforts to comply on a regular basis, with the approved PREA staffing plan and shall document and justify all deviations. There were no deviations to the staffing plan in the past 12 months. The auditor conducted an interview with the Warden or Designee during the site review.

115.13 (c). The staffing plan was reviewed for a 12-month period with no required deviations. The facility was at 100% staffing. The Chief of Security is responsible for reviewing the PREA staffing plan in conjunction with the daily shift roster. The PREA compliance manager shall notify the FSC PREA Coordinator of the deviation within seven calendar days; to include a description of any corrective actions that were taken to resolve the deviation.

Interviews with the PREA manager/Assistant Warden determined the annual PREA staffing plan assessment whenever necessary, but no less frequently than once each year, for each CoreCivic facility, an annual PREA staffing plan will be completed.

The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 10 of 35, Section b. In consultation with the respective Business Unit Vice President, Operations, the FSC PREA Compliance Coordinator shall assess, determine, and document whether adjustments are needed to the staffing plan established pursuant to this section; the facility's deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan.

The auditor conducted an interview with the PREA Coordinator during the site review. An interview was conducted with the PREA Manager/Assistant Warden. The auditor observed the staffing plans and the PREA manager stated that she was part of the Annual PREA staffing plan assessment once a year or as needed including the facility custody levels and population, patterns, video monitoring, supervision, locations, shifts, staff, all sexual abuse reports etc. These reviews are signed by the PCM, Facility Administrator, PREA Compliance Director, and Vice President of Facility Operations.

115.13 (d). The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 10 of 35, Section E. The auditor observed a random selection for the past 12 months on the HCCF Administrative Staff logbook which requires higher-level staff responsible for the unannounced PREA rounds to sign the log of visits including date, location, and different shifts. Supervisors shall conduct unannounced facility rounds to identify and deter employee sexual abuse and sexual harassment.

Staff is prohibited from alerting other staff of unannounced rounds. There were no disciplinary sanctions for this behavior from the facility. The facility has a restrictive housing sign-log where unannounced are signed for each specific day and department. The Hardeman County Correctional Facility had 272 surveillance cameras and several security mirrors throughout the facility. The staffing levels are monitored the administration staff. The facility has a plan in place to ensure deviations are directed through the facility Warden prior to changes. There have been no deviations from the staffing plan in the past 12 months. The auditor conducted interviews with intermediate or higher-level facility staff during the onsite audit. The auditor randomly reviewed video footage and observed the unannounced rounds during the audit process.

Corrective Action: The auditor recommends no corrective action.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Findings:

115.14 (a) Hardeman County Correctional Facility does not house youthful inmates per contract with the Tennessee Department of Corrections.

115.14 (b) Hardeman County Correctional Facility does not house youthful inmates per contract with the Tennessee Department of Corrections.

115.14 (c) Hardeman County Correctional Facility does not house youthful inmates per contract with the Tennessee Department of Corrections.

Corrective Action: The auditor recommends no corrective action.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

- Budget staffing pattern showing rated capacity of inmates
- Contraband and Searches practical lesson plan
- Safety and Security issues part 2 lesson plan

Interviews:

- Random Sample of Staff
- Random Sample of Inmates (adult male facility)
- Transgender/Intersex Inmate

Site Review Observations:

- Opposite Gender verbal announcements
- Privacy doors, shower curtains
- Walls for privacy
- Zero-Tolerance signs in English and Spanish

Findings:

115.15 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 17 of 35. Cross-gender inmate strip searches shall not be conducted except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when performed by medical practitioners. In the past 12 months: The number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0. The number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: 0.

115.15 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 17 of 35 section b. Cross-gender inmate frisk/pat searches of female inmate by male employees is prohibited except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order).

In the past 12 months: The number of pat-down searches of female inmates conducted by male staff: 0. The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s): 0. The facility does not house female or youthful inmates and only houses male inmates per the TDOC contract. The auditor interviewed a Random Sample of Staff and a Random Sample of Inmates during the onsite portion of the audit.

115.15 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 17 of 35 section c. Whenever a cross-gender pat search of a female inmate or cross-gender strip search of any inmate does occur, the search shall be documented on the 5-1B Notice of Administration (NTA) (refer to CoreCivic Policy 5-1 Incident Reporting). The facility does not house female or youthful inmates and only houses male inmates per the TDOC contract.

115.15 (d) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 17 of 35 Section K-5. Inmates may shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when such viewing is incidental to routine cell/living quarter checks. Employees of the opposite gender must announce their presence when entering an inmate housing unit. The auditor conducted onsite interviews with a Random Sample of Inmates and a Random Sample of Staff. The auditor observed the employees of the opposite gender verbally announce their presence prior to entering the dorm several times in a loud and consistent manner.

Observation:

115.15 (d) The facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

The auditor entered F unit A pod and observed the shower area, the shower curtains provided partial privacy, however, did not provide the adequate privacy for transgender or intersex inmates if housed in the area. The shower curtains had a sheer (see through) material with visibility from the chest up and vinyl (non-sheer) material from the chest down. The shower curtains provided partial privacy; the top portion of the body would be visible. The auditor and Administrative staff discussed the standard and have discussed several different options to correct the observation.

M Unit E pod: The shower area was observed for transgender/intersex shower privacy and adequacy. The shower curtains are fabricated the same throughout the facility with the see-through sheer material up top and vinyl plastic on the bottom.

Facility Requirement:

- (1) The facility will need to provide the auditor with a plan of action as discussed during the onsite portion of the audit.
- (2) Provide invoice of new items ordered, photos of completion, and Memorandum of Understanding, Standard Operating Procedure or Notification Communication for all employees on the facility of the updates etc.

Facility update and completion:

The facility immediately discussed the issue and submitted a purchase order #655618 on 7/7/2020 for 200 shower curtains meeting the element of the requirement. The facility received and updated the shower curtains throughout the facility with the privacy required for inmates to include transgender and intersex inmates. The facility had a full wall in front of the shower area for additional privacy from cross-gender viewing. The facility provided the invoice, photos of completion, notification to staff of the updates. The facility provided adequate privacy for transgender and intersex inmates to shower without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. No further action is required from the facility for this particular standard.

Observation:

115.15 (d) G Unit D pod: showers 1, 2 6 and 8 did not have shower curtains during the site review on 6/2/2020. All showers utilized by the facility are required to have privacy.

Facility Requirement:

Shower curtains must be replaced. Once replaced, forward an updated photo of the shower curtain in this specific area to the auditor for verification.

Facility update and completion:

The facility immediately discussed the issue and submitted a purchase order #655618 on 7/7/2020 for 200 shower curtains meeting the element of the requirement. The facility received and updated the shower curtains throughout the facility with the privacy required for inmates to include transgender and intersex inmates. The facility had a full wall in front of the shower area for additional privacy from cross-gender viewing. The facility provided the invoice, photos of completion, notification to staff of the updates. The facility provided adequate privacy for transgender and intersex inmates to shower without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. No further action is required from the facility for this particular standard.

115.15 (e) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 17 of 35 Section K-2. Searches or physical examination of a transgender or intersex inmate 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 medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. The auditor conducted interviews with a Random Sample of Staff and Transgender Inmates during the onsite portion of the audit. There were no intersex inmates assigned to the facility for interviews during the onsite portion of the audit.

115.15 (f) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 7 of 35 Section b-i. In addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a manner that is professional, respectful and the least intrusive possible while being consistent with security needs. The auditor reviewed employee files for the required training, facility training curriculums, and course objectives. The auditor interviewed a Random Sample of Staff and staff was knowledgeable regarding the search procedures. The employees carry a PREA card with them as part of the uniform.

Corrective Action: The auditor recommends no corrective action.

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

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

115.16 (a)

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

and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- 14-2AA Educational Brochures (English and Spanish)
- Language Line Contract
- Photo of TDD phone

Secondary:

- Limited English Proficiency Plan Memo

Interviews:

- Agency Head
- Inmates (with disabilities or who are limited English proficient)

Site Review Observations:

- Preventing Sexual Abuse brochures in English/Spanish
- Language Line Services
- Signs displayed in large print in both English and Spanish

Findings:

115.16 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 15 of 35 section 2. Inmates will be provided education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The auditor conducted interviews with the Agency Head and Inmates (with disabilities or who are limited English proficient). The facility has contracts for the following: Language Line Interpreter, Contract Usage of Language Line Services and the TDD Machine for Hearing Impaired & Inmate Telephone. The language Identification Guide had the following languages: Europe, Pacific Islands, North America, South America, and Caribbean, India, Pakistan, and Southwest Asia Africa - continued Middle East Asia, and Africa.

115.16 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 15 of 35 section 2 a. In the event an inmate has difficulty understanding provided information and/or procedures outlined in this policy, employees must ensure that such information is effectively communicated orally to such inmates on an individual basis.

The auditor conducted interviews with Inmates (with disabilities or who are limited English proficient) during the onsite portion of the audit. Auxiliary aids that are reasonable, effective, and appropriate to the needs of the inmate shall be provided when simple written or oral communication is not effective.

115.16 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 16 of 35, Section c. Inmates will not be relied upon to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate safety, the performance of first responders duties, or the investigation of the inmates allegations. In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.64, or the investigation of the resident's allegations: 0. The auditor conducted interviews with a Random Sample of Staff and Inmates (with disabilities or who are limited English proficient).

Corrective Action: The auditor recommends no corrective action.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- Core Civic Form 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment
- TDOC Policy 301.04 Job Requirements

Secondary:

- Completed form 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form with Criminal History request for:
 - a. Applicant
 - b. Employee
 - c. Employee promotion
 - d. Unescorted Contractor

Interviews:

- Administrative (Human Resources) Staff

Site Review Observations:

Employee Files/Records

Findings:

115.17 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 5 of 35 section B-c.

The policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the 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); Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Employee Files: The auditor reviewed a total of 16 PREA Audit-Adult Prisons & Jails Documentation Review-Employee Files/Records for standards: 115.17, 115.31, 115.32, 115.34, and 115.35 for the onsite portion of the audit.

115.17 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 5 of 35 section B. Any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with inmates. The auditor reviewed contractor files during the audit process. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit.

115.17 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 5 of 35 section b. The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form shall be completed by current employees on annual basis to serve as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy, and as outlined above in B. 1. A-c.

The completed 14-2H form shall be retained in each employees file. The auditor reviewed a total of 16 PREA Audit-Adult Prisons & Jails Documentation Review-Employee Files/Records for standards: 115.17, 115.31, 115.32, 115.34, and 115.35 for the onsite portion of the audit. In the past 12 months: The number of persons hired who may have contact with inmates who have had criminal background record checks: 255. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit.

115.17 (d) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 6 of 35 section b. CoreCivic shall also perform a criminal background records check before enlisting the services of any unescorted contractor who may have contact with inmates.

In the past 12 months: The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 11. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit. The auditor reviewed records of background checks of contractors who might have contact with inmates.

115.17 (e) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 6 of 35. CoreCivic shall conduct criminal background checks at least every five years of current employees and unescorted contractors who may have contact with inmates or have in place a system for otherwise capturing such information. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit. Documentation of background records checks of current employees and contractors at five-year intervals when applicable. Annual Background checks of current employees will be required to submit to an annual background check. The check is to be completed by the end of the month during which the employee's birth date occurs. The Human Resources offices of each TDOC work location will be responsible for compiling monthly list of employees who have birthdays within each month.

Once the list is developed, the information is to be forwarded to the appropriate NCIC operator as indicated in VI. (D) above the 25th of the month preceding the birth month in which the checks are to be completed. Additionally, Self-Declaration of PREA Sexual Abuse/Sexual Harassment, CR-3819, shall be completed as part of the annual background check. The background checks are conducted annual exceeding the five-year intervals. The facility conducts background checks on all contractors and volunteers annually.

The auditor reviewed the background investigation disclosure and authorization form, self-declaration of sexual abuse/sexual harassment for applicants, employees, unescorted contractors, and volunteers/civilians. The auditor reviewed the criminal history results which included random employees, contractors, and volunteers.

115.17 (f) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 5 of 35 section. All applicants and employees who may have direct contact with inmates shall be asked about previous misconduct, as outlined in written applications or interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. The auditor conducted an interview with the Administrative (human resources) staff.

115.17 (g) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 5 of 35. All applicants and employees who may have direct contact with inmates shall be asked about previous misconduct, as outlined above, in written applications or interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees.

115.17 (h) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 5 of 35. To the extent permitted by law, CoreCivic may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The auditor conducted an interview with the Administrative (human resources) staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- Policy/Post Order change notice (PCN) 7-1 Records drawing and altercations/additions
- 7-1B PREA physical plant considerations form

Secondary:

- Copy of completed CoreCivic form 7-1B PREA physical plan considerations

Interviews:

- Agency Head
- Warden or Designee

Site Review Observations:

Surveillance Cameras

Findings:

115.18 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 34 of 35 V. Upgrades to facilities and technologies section 1. 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 on the company's ability to protect inmates from sexual abuse. Such considerations shall be documented on form 7-1B PREA physical plan considerations. Interviews with the Agency Head and Warden or Designee determined that the facility did not acquire any new facilities or made any substantial expansions or modifications of existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

115.18 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 34 of 35. 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. Such considerations shall be documented on form 7-1B PREA physical plan considerations. The facility has 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 which was determined through a video camera report and interviews with the Agency Head and Warden or Designee.

The Hardeman County Correctional Facility had 272 surveillance cameras and security mirrors positioned in areas for the overall coverage of blind spots in the following locations: M-Northwest (3), Maintenance Hall 2, I Hall, M-Northwest, Library 17 (6), JE Dayroom 2, JF Dayroom 1, M-Hall, Front 27, G C/D Sally Port, FD Dayroom 2, MB Dayroom 1, Medical Pharmacy, Gym Baseball SW PTZ, Medical Exam Hall 22, G A/B Sally Port, HD Dayroom 2, Gym Baseball NW PTZ, Large Visit 2, Outside Rec Basketball 1, HA Dayroom 1, M D/E/F Sally port, IA Dayroom 2, Gym 3, C139 Milestone, JB Dayroom 1, Vocational Hall, K Gate, LA Dayroom 2, GC Dayroom 2, Seg Dayroom 1, G Southwest ABC, Chow Hall Exit 29, G Southwest ABC, H North a/b/c, G Southwest ABC, H North a/b/c, GA Dayroom 2, G Southeast PTZ, Gym 1, Maintenance Roof Ladder, MC Dayroom 2, Admin South-C, H North a/b/c, Gym Northwest ABC, Chow Hall Side Entrance, Gym Northwest ABC, FC Dayroom 1, Gym Northwest ABC, Maintenance Tool, MD Dayroom 2, LA dayroom 1, JC Dayroom 2, Large Visit 1, KC Dayroom 2, Chapel Hall (1), JA Dayroom 2, LD Dayroom 2, MA Dayroom 2 (2), IC Dayroom 1, KE Dayroom 1, Chow Entrance, LB Dayroom 1, FC Dayroom 2, M-Northwest 1 a/b/c (3), Central Control, IA Dayroom 1, Outside Rec Basketball 2, HB Dayroom 2, J Gate, Kitchen 3, J Unit Sally port, LD Dayroom 1, MC Dayroom 1, Outside REC Door, MF Dayroom 2, LC Dayroom 1, MB Dayroom 2, Admin Southeast 3 (3), JE Dayroom 1, M Gate, JD Dayroom 2, K Hall, HD Dayroom 1, KF Dayroom 2, LC Dayroom 2, Gym 2, H Hall, JA Dayroom 1, L South a/b/c (2), Gym Northeast ABC, L South a/b/c, H A/B Sally port, L Gate, Disciplinary Board Room, IB Dayroom 1 (2), F Gate, FB Dayroom 1, JB Dayroom 2, Kitchen Mop Sink, F C/D Sally port, Front Hall, MDF, HA Dayroom 2, M Northeast PTZ, Admin Hall 2, MF Dayroom 1, H Gate Hall, KF Dayroom, K D/E/F Sally port, Seg Dayroom 2, Center Hall, G-3 Gate, Admin Northeast-a, M Southwest a/b/c, Admin Northeast-a (1), M Southwest a/b/c (1), L C/D Sally port, J Northeast-a (3), G Gate, Admin Hall 1, KE Dayroom 2, Commissary 2, JD Dayroom 1, LB Dayroom 2, G Southeast ABC (2), H Crash Gate, G Southeast ABC (2), FA Dayroom 1, FA Dayroom 2, KB Dayroom 1, Chow Hall Scanner, Outer Ped. Gate, Admin South-A, Admin Parking PTZ, Gym Weight Room, J Hall, Seg Rec Cage 2, M A/B Sally port, FB Dayroom 2, F A/B Sally port, Admin South east 2, GD Dayroom 1, Admin Southeast 2 (2), F Southeast ABC (3), Admin South, Kitchen 1, Checkpoint Scanner, KD Dayroom 1, Chow Hall, J A/B/C Sally port, Intake Desk, K A/B/C Sally port, Chow Hall Entrance 28, KD Dayroom 2, Chow Exit, G Northwest ABC (3), I Gate, Admin Southeast 1(3), Inner Gate Sally port, L North PTZ, L Hall, Medical Desk, Dining Corridor, Dry Storage, GA Dayroom 1, L A/B Sally port, ME Dayroom 2, GB Dayroom 1, Small Visit 1, FB Dayroom 1, JF Dayroom 2, MA Dayroom 1, Large Visit 4, GB Dayroom 2, Laundry Back 20, F Unit Fall, I C/D Sally port, Inner Ped. Gate, Medical Waiting Room 18 (4), KB Dayroom 2, M Northwest 2 (4), Outer Gate Sally port, Admin South B, ID Dayroom 2, KA Dayroom 1 (2), G Northwest PTZ, Operations Hall, I A/B Sally port, GD Dayroom 2, Seg Rec Cage 1, Admin West-A, Maintenance Hall 1, Admin West-A (2), Vehicle Sally port (3), ME Dayroom 1, Kitchen 2, F Hall, Admin Baseball NE PTZ, G Hall, HB Dayroom 1, JC Dayroom 1, Admin Back Hall 23, KC Dayroom 1, Inner REC Door, Gym Southeast ABC, Seg Dayroom 3, Gym Southeast ABC, L North a/b/c (3), Gym Southeast ABC, GC Dayroom 1, L West a/b/c (3), Large Visit 3,

Commissary 1, Education Hall 2, Main Hall by Checkpoint, Evidence Cage, ID Dayroom 1, Front Lobby, Small Visit, Loading Dock, Admin Slider by Checkpoint, H C/D Sally port, HC Dayroom 1, J-D/E/F Sally port, H South a/b/c (2), Rec Yard 4, and HC Dayroom 2.

The auditor reviewed the surveillance cameras in several different areas at different times. The surveillance cameras provided a clear view into the housing areas and different locations reviewed. There were no cameras observed by the auditor in direct view of a shower or toilet area. The cameras are reviewed and maintained by the facility maintenance as needed.

The auditor observed the following security mirrors throughout the facility in the following locations: Medical, Visitation, Administration, Education, Kitchen, Central Control, J-Unit, K-Unit, H-Unit, I-Unit, L-Unit, M-Unit, F-Unit, G-Unit, Laundry, Vocational Hallway, Back slab exit, Commissary, Warehouse, J crash gate, H crash gate, F crash gate, Chapel, Check point, Front hallway, Back hallway, Corner, Big visitation full mirror, Small visitation non-contact, corner hallway, Exit hallway blind spot, Mop sink area, Front hallway, Cut hallway (8), Rear dryers, Corner, Above exit door, Rear wall (2), Front wall (2), Over exit door, Over gate, Searchers desk, Front hallway, Outside chapel door, and Lobby front corner.

Corrective Action: The auditor recommends no corrective action.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness

to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- Core Civic Form 14-2C Sexual Abuse Incident Check Sheet

Secondary:

- Completed 5-1 Packet with 14-2C Sexual Abuse Incident Check Sheet
- Completed 4-2A PREA Investigator Specialized Training
- Memorandum of Understanding between WRAP-WO/Men's Resource and Rape Assistance Program and Core Civic of Tennessee
- Memorandum of Understanding between Whiteville Policy Department and Core Civic of Tennessee

Interviews:

- Random Sample of Staff
- PREA Compliance Manager
- Inmates who Reported a Sexual Abuse

Site Review Observations:

Investigations

Findings:

115.21 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 26 of 35. The investigating entity shall follow a uniform evidence protocol for administrative proceedings and criminal prosecutions.

The facility is responsible for conducting administrative investigations only. If another agency has responsibility for conducting either administrative or criminal sexual abuse investigations, the name of the agency that has responsibility: TDOC-OIC. The auditor conducted interviews with a Random Sample of Staff during the onsite portion of the audit.

115.21 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 26 of 35. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. HCCF does not house youthful offenders per contract with TDOC.

115.21 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 26 of 35. The investigating agency shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside source (Jackson General Hospital). The facility offers Forensic medical examinations without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The number of forensic medical exams conducted during the past 12 months: 4. The number of exams performed by SANEs/SAFEs during the past 12 months: 4. The auditor reviewed several sexual abuse/sexual harassment investigations and conducted an interview with the WRAP supervisor during the onsite portion of the audit. The auditor reviewed the Memorandum of understanding between WRAP WO/Men's resource and rape assistance program and the memorandum of understanding for sexual abuse investigations with the Whiteville Police Department.

115.21 (d) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 26 of 35. The investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center. The investigating entity may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a non-governmental entity that provides similar victim services. The auditor reviewed several sexual abuse/sexual harassment investigations and conducted an interview with the WRAP supervisor during the onsite portion of the audit. The auditor reviewed the Memorandum of understanding between WRAP WO/Men's resource and rape assistance program. The auditor conducted interviews with the PREA Compliance Manager and Inmates who Reported a Sexual Abuse.

115.21 (e) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 27 of 35. As requested by the victim, either the victim advocate, a qualified investigating entity staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The auditor reviewed several sexual abuse/sexual harassment investigations and conducted an interview with the WRAP supervisor during the onsite portion of the audit. The auditor reviewed the Memorandum of understanding between WRAP WO/Men's resource and rape assistance program. The auditor conducted interviews with the PREA Compliance Manager and Inmates who Reported a Sexual Abuse.

115.21 (f) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 26 of 35. If the facility is not responsible for investigating such allegations, the facility shall request that the responsible outside agency or entity comply with these requirements. The auditor reviewed several sexual abuse/sexual harassment investigations and conducted an interview with the WRAP supervisor during the onsite portion of the audit. The auditor reviewed the Memorandum of understanding between WRAP WO/Men's resource and rape assistance program and the memorandum of understanding for sexual abuse investigations with the Whiteville Police Department. The auditor reviewed the documentation of the memorandum and responsibilities of the investigating agency.

115.21 (g) N/A

115.21 (h) N/A

Corrective Action: The auditor recommends no corrective action.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 5-1 Incident Reporting
- Core Civic Form 5-1E Prison Rape Elimination Act (PREA) Reporting
- Core Civic Form 5-1G Incident Investigation Report
- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- TDOC Policy 107.02 Investigations Unit Operational Procedures

Secondary:

- Completed Core Civic 5-1E Prison Rape Elimination Act (PREA) reporting
- Completed Core Civic 5-1G Incident Investigation Report
- Completed Core Civic 14-2C Sexual Abuse Incident Check Sheet
- Memorandum of Understanding between Whiteville Police Department and Core Civic of Tennessee

Interviews:

- a. Agency Head
- b. Investigative Staff

Site Review Observations:

Memorandum of Understanding
Investigations
Website

Findings:

115.22 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 7 of 19 section d. 5-1E Prison Rape Elimination Act (PREA) Reporting i. when an allegation that a priority PREA incident has occurred, a 5-1E Prison Rape Elimination Act (PREA) Reporting form will be initiated. Upon completion of the investigation, the 5-1E will be used to document the act as substantiated, unsubstantiated, or unfounded. li. In the event the act is substantiated, any sanctions must be documented on the 5-1E. iii. Completed 5-1E forms will be maintained with the 5-1 packet. A 5-1G Incident Investigation report must be completed for all priority PREA and I incidents by a supervisory level employee, to be determined by the ADO, not involved in the incident. A 5-1G will be completed for priority II and priority III incidents as determined by the Warden/Administrator or ADO. In the past 12 months: The number of allegations of sexual abuse and sexual harassment that were received: 35. The number of allegations resulting in an administrative investigation: 35. The number of allegations referred for criminal investigation: 2. Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed. Yes. The Agency Head was interviewed during the onsite portion of the audit. The auditor reviewed reports of sexual abuse and harassment and documentation of investigations, including full investigative reports with findings.

115.22 (b) The auditor reviewed the following website <https://www.corecivic.com/facilities/Hardeman-County-Correctional-Facility> with the policy made available publicly. The auditor reviewed documentation of referrals of allegations of sexual abuse/sexual harassment. The auditor conducted interviews with the investigative staff during the onsite portion of the audit.

115.22 (c) The auditor reviewed the following website <https://www.corecivic.com/facilities/Hardeman-County-Correctional-Facility> with the policy made available publicly. The auditor reviewed documentation of referrals of allegations of sexual abuse/sexual harassment. The auditor conducted interviews with the investigative staff during the onsite portion of the audit.

115.22 (d) N/A

115.22 (e) N/A

Corrective Action: The auditor recommends no corrective action.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- Core Civic Form Training Acknowledgement
- Orientation PREA: Sexual Abuse, Prevention and Response course objective list (lesson plan located in the learning and development department)
- In-service PREA: Sexual Abuse, Prevention and Response course objective list (lesson plan located in the learning and development department)

Secondary:

- Orientation: Completed Training Acknowledgement form 4-2A Training Roster
- In-service: Completed Training Acknowledgement form with 4-2A Training Roster

Interviews:

- a. Random Sample of Staff

Site Review Observations:

Employee Files/Records
PREA Cards

Findings:

115.31 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 6 of 35. All Core Civic facility employees shall receive training on Core Civics zero-tolerance policy for sexual abuse and sexual harassment. Such training shall be tailored to the gender of the inmates at the facility. At a minimum, all employees shall receive pre-service and annual in-service training on the following. The auditor conducted a random sample of staff interviews and reviewed as sample of staff training records and determined that the reviewed employee files had the required documentation.

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment.
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- (3) Inmates' rights to be free from sexual abuse and sexual harassment.
- (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- (5) The dynamics of sexual abuse and sexual harassment in confinement.
- (6) The common reactions of sexual abuse and sexual harassment victims.
- (7) How to detect and respond to signs of threatened and actual sexual abuse.
- (8) How to avoid inappropriate relationships with inmates.
- (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

115.31 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 6 of 35. Such training shall be tailored to the gender of the inmates at the facility. At a minimum, all employees shall receive pre-service and annual in-service training on the following. The auditor conducted a random sample of staff interviews and reviewed a sample of staff training records and determined that the reviewed employee files had the required documentation. Employees transferring to a facility that houses a population whose gender is different from their previously assigned facility shall receive additional training specific to the population of the newly assigned facility. The auditor conducted interviews with a Random Sample of Staff and reviewed a sample of training records.

115.31 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 6 of 35. The number of staff employed by the facility, who may have contact with inmates, who were trained or retrained on the PREA requirements enumerated above: 418. The frequency with which employees who may have contact with inmates receive refresher training on PREA requirements: annually. The auditor reviewed a sample of training records during the onsite portion of audit.

115.31 (d) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 8 of 35. Employees shall be required to confirm, by either electronic or manual signature, their understanding of the received training via the 14-2A PREA policy and training acknowledgement form. Signed documentation will be maintained in the employees training file. The auditor reviewed several 14-24 Core Civic PREA Policy Acknowledgement and/or training acknowledgement form for Employee, Civilian/Volunteer or Contractor. The auditor reviewed the training/activity attendance roster for employees, volunteers, and contractors.

Corrective Action: The auditor recommends no corrective action.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- Core Civic Form 14-2A Policy Acknowledgment
- Prison Rape Elimination Act Volunteer Training Lesson
- Orientation Lesson Plan for Contractors

Secondary:

- Completed form with 4-2A Policy Acknowledgment

Interviews:

- a. Volunteer(s) or Contractor(s) who have Contact with Inmates

Findings:

115.32 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 8 of 35. All civilians/volunteers/contractors who have contact with

inmates on a recurring basis shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting, and response as outlined in the policy. The number of volunteers and individual contractors, who have contact with inmates, who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 27. The auditor conducted interviews with Volunteer(s) or Contractor(s) who have Contact with Inmates during the onsite portion of the audit. The auditor reviewed a Sample of training records of volunteers and contractors who have contact with inmates.

115.32 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 8 of 35. The level and type of training provided to civilians/volunteers/contractors shall be based on the services they provide and level of contact they have with inmates. All civilians/volunteers/contractors who have contact with inmates shall be notified of Core Civics zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The auditor reviewed a Sample of training records of volunteers and contractors who have contact with inmates. The auditor conducted interviews with Volunteer(s) or Contractor(s) who have Contact with Inmates during the onsite portion of the audit.

115.32 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 8 of 35. Civilians/volunteers/contractors shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the civilian/volunteer or contractors file. The auditor reviewed a sample of training acknowledgements for volunteers and contractors during the onsite audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- Core Civic Brochure 14-2AA Preventing Sexual Abuse and Misconduct (English/Spanish)
- Memo: Limited English and Spanish proficiency plan

Secondary:

- Inmate Handbook for General Population Inmates (English/Spanish)
- Arrival/Departure Screen showing inmates arrival
- Inmate Orientation Acknowledgement form CR-2110

Interviews:

- Intake Staff
- Random Sample of Inmates

Site Review Observations:

Handbooks

PREA signs displayed throughout facility

Findings:

115.33 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 15 of 35. Upon arrival at the facility, all inmates shall be provided written information regarding sexual abuse prevention and reporting (inmate handbook, 14-2AA Preventing Sexual Abuse brochure). Of inmates admitted during the past 12 months: The number who were given this information at intake: 2044. The auditor conducted interviews intake staff and a random sample of inmates during the onsite audit. The auditor reviewed intake records of inmates entering the facility in the past 12 months. The auditor reviewed the PREA brochure provided to the inmate in both English and Spanish, procedures for inmates who are limited English proficient, hearing/vision impairment, language line services, inmate handbook, Orientation acknowledgement form and the eTomis system with the arrival and departure date of the inmate

115.33 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 15 of 35. Core Civics effort to aggressively refer sexual abusers for prosecution. Of inmates admitted during the past 12 months whose length of stay in the facility was for 30 days or more: 2044. The auditor interviewed the intake staff and a random sample of inmates for the onsite audit.

Training Required for the following standards:

§115.33 (b) Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and

procedures for responding to such incidents. Log or other record corroborating that those inmates received comprehensive PREA education within 30 days of intake (e.g., inmate signatures).

Observation:

The auditor reviewed 25 inmate files and verified the Orientation Acknowledgement Form CR-2110. The form had the Institution, Offender name and TDOC #, initialized that the offender received the PREA Information, Institutional rules and regulations, and viewed the Video PREA information provided during orientation and additional video PREA information at receiving institution (signatures of offender, representative, counselor and AW). The auditor was unfamiliar with the forms and interviewed the Chief Coordinator and two other counselors regarding the forms and the process referencing standard 115.41.

The auditor was unable to verify the 30 day comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The auditor interviewed a random sample of inmates and some could vaguely remember the orientation and intake process. The auditor verified that the process was in place, however, was unable to verify the logs or other records corroborating that those inmates received comprehensive PREA education within 30-days of intake through an inmate signature. Training with staff responsible for inmate education was required and forward training and signature log to the auditor upon completion. Facility Administration will monitor for a duration of 30-days.

Facility update and completion

The Assistant Warden provided the required documentation to include the training activity enrollment/attendance roster, Memorandum, and monitoring with no further action required.

115.33 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 15 of 35. During the orientation, which is to occur within thirty days of intake either in person or through video, inmates shall receive comprehensive educational information about the following topics related to the policy. The auditor interviewed the intake staff during the onsite audit.

115.33 (d) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 15 of 35. Inmates will be provided education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmate who have limited reading skills. The auditor reviewed inmate education and staff responsible for conducting the interviews. The facility had the language line available, TDD for deaf inmates and other methods for disabled and LEP inmates.

115.33 (e) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 16 of 35. The facility shall maintain documentation of inmate participation sessions pertaining to sexual abuse and sexual harassment. The auditor reviewed a sample of Inmate Orientation Acknowledgement forms during the onsite audit.

115.33 (f) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 16 of 35. In addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. The auditor observed the PREA signs in both English and Spanish, PREA signs largely displayed for the inmate population, inmate handbooks and other PREA brochures.

Corrective Action: The auditor recommends no corrective action.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

- Investigator Training Curriculum
- 4-2A Training Activity Enrollment/Attendance Roster for PREA Investigator Training
- Training Certificates

Interviews:

- a. Investigative Staff

Site Review Observations:

Investigations

Findings:

115.34 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 7 of 35. Specialized training: in addition to the general training provided to all employees and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The auditor conducted interviews with Investigative staff and reviewed training records on file. The auditor reviewed sexual abuse/sexual harassment investigations during the onsite portion of the audit.

115.34 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 7 of 35. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

115.34 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 7 of 35. Documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with CoreCivic policies 1-15 Record Retention and 4-2 Maintenance of

Training Records. The auditor reviewed the training curriculum from the National PREA Resource Center NCCD for specialized training for investigations to include the training certificates, and training activity enrollment/attendance roster.

115.34 (d) N/A

Corrective Action: The auditor recommends no corrective action.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

- Summary of Medical PREA Specialty Training
- 4-2A Training Activity Enrollment/Attendance Roster for PREA Specialty Training for Medical and Mental Health Staff

Interviews:

- a. Medical and Mental Health Staff

Findings:

115.35 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 8 of 35. The facility ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment.
 - (2) How to preserve physical evidence of sexual abuse.
 - (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
 - (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
- The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 100 %. The auditor conducted interviews with the Medical and Mental Health Staff and reviewed Training records and personnel records.

115.35 (b) Core Civic staff does not conduct forensic examinations. Interviews with the Medical and Mental Health Staff determined that forensic examinations were not conducted by the facility staff.

115.35 (c) The auditor reviewed the following documentation for the medical and mental health staff: The specialized training curriculum and the training activity enrollment/attendance roster.

115.35 (d) The auditor reviewed the training logs of medical and mental health care practitioners to ensure they received the training for employees and contractors/volunteers (depending on their status) in the referenced standards.

Corrective Action: The auditor recommends no corrective action.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

115.41 (e)

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

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- TDOC Policy 502.06.1 Prison Rape Elimination Act (PREA) Screening, Classification, Education and Monitoring
- TDOC Policy 113.82 Mental Health Referral Triage Process

Secondary:

- TDOC Arrival/Departure Screening arrival to HCCF
- TDOC PREA Screening-TDOC PREA Allegation TDOC system-30 day
- CR-3431 TDOC Institutional Mental Health Services Referral with CR-3763 Individual Psychiatry progress report

Interviews:

- Staff Responsible for Risk Screening
- Random Sample of Inmates
- PREA Coordinator
- PREA Compliance Manager

Findings:

115.41 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 13 of 35 section c. Screenings will be completed and documented using the 14-2B, Sexual Abuse Screening tool, with referrals to Classification Unit staff and the Health Services department for further evaluation and screening as necessary. All inmates shall be screened, using the PREA Screening application, upon arrival at a facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. This screening shall ordinarily take place within 72 hours of arrival at the facility. The auditor reviewed the eTOMis system which allows the tracking and arrival of all inmates. The auditor interviewed the Staff Responsible for Risk Screening and a Random Sample of Inmates during the onsite portion of the audit.

115.41 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 13 of 35. Inmates shall be screened, within 24-hours of arrival at the facility. The number of inmates entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: 2044. The auditor reviewed a random sample of inmate PREA screening and interviewed Staff Responsible for Risk Screening and a Random Sample of Inmates.

115.41 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 13 of 35. The auditor reviewed a sample of the PREA screening tool and verified compliance.

115.41 (d) The PREA screening tool uses the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability.

(2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes. The auditor conducted an interview with Staff Responsible for Risk Screening.

115.41 (e) The auditor reviewed a random sample of the initial risk screening and determined that the required information is considered on the screening tool. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The auditor conducted an interview with the Staff Responsible for Risk Screening.

115.41 (f) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 14 of 35. The reassessment of the inmate's risk level of victimization or abusiveness will be conducted by the appropriate Case Manager or a staff member designated by the Warden/Facility Administrator. The reassessment shall occur within thirty-days of the inmate's arrival at the facility. The reassessment will include any additional relevant information received by the facility since the initial intake screening. The number of inmates entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 30 days or more) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 2044. The auditor conducted interviews with Staff Responsible for Risk Screening and a Random Sample of Inmates. The auditor reviewed a random sample of initial assessment and reassessments for risk of sexual victimization and abusiveness.

Finding:

115.41 (f) Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The auditor conducted a Documentation Review-Inmate Files/Records for PREA Standard 115.33, 115.41, and 115.81. 10 of 25 inmate files did not have the reassessment conducted within 30-days of the inmate's arrival. The facility explained part of the corrective action plan and created a spreadsheet to track the PREA risk assessments and reassessments within the 30-day timeframe.

115.41 (g) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 14 of 35. When warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the inmates' risk of victimization or abusiveness. The auditor conducted interviews with Staff Responsible for Risk Screening and a Random Sample of Inmates during the onsite portion of the audit.

115.41 (h) The auditor conducted an interview with the Staff Responsible for Risk Screening and determined that inmates may not be 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.

115.41 (i) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 5 of 35. Appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked pursuant to screening of risk of victimization and abusiveness in order to ensure that sensitive information is not exploited by employees or other inmates. The auditor conducted interviews with the PREA Compliance Manager and Staff Responsible for Risk Screening during the onsite portion of the audit.

Corrective Action: The auditor recommends corrective action. The auditor required for the facility to provide the following: The auditor conducted a Documentation Review-Inmate Files/Records for PREA Standard 115.33, 115.41, and 115.81. 10 of 25 inmate files did not have the reassessment conducted within 30-days of the inmate's arrival. The facility explained part of the corrective action plan and created a spreadsheet to track the PREA risk assessments and reassessments within the 30-day timeframe.

- Plan of Action
- Procedures the facility has in place
- Designated individuals responsible for the assessments
- Training conducted with responsible individuals
- Signature logs
- Sample of Reassessments conducted within the 30-day required time frame

The facility will provide the following information to the auditor upon completion. The auditor requested for the Facility Administrator to monitor the process for a 30-day duration. The corrective action was completed, and no further action is required for this specific 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- TDOC Policy 502.06.1 Prison Rape Elimination Act (PREA) Screening, Classification, Education and Monitoring

Secondary:

- Aggressor LIMC Screen Housing Assignment LIBB Screen showing PREA monitoring; LJET Screen showing job/program assignments
- Transgender initial screening and reassessment with shower memo

Interviews:

- PREA Compliance Manager
- Staff Responsible for Risk Screening
- Transgender/Intersex Inmates
- PREA Coordinator
- Transgender/Intersex/Gay/Lesbian Inmates

Findings:

115.42 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility uses information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The auditor conducted interviews with the PREA Compliance Manager and Staff Responsible for Risk Screening.

The auditor reviewed inmate files for the documentation of risk-based housing decisions.

Observation/Training

115.42 (a) The agency shall use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Sexual Abuse Prevention and Response policy 14-2 pg. 16 of 35 J. Housing and Program Assignments 1.a determines Transgender/Intersex inmates own views will be taken into consideration with respect to his/her own safety and shall consider (115.42 e) on a case-by-case basis whether such a placement would ensure the inmates health and safety. Consideration should also be given as to whether the placement would present management or security problems. Agencies must use intake screening information (see § 115.41) to make individualized determinations for all inmates regarding housing, bed, work, education, and program assignments. These determinations are intended to maintain separation between inmates at risk of being sexually victimized and inmates likely to commit sexual abuse.

Transgender and intersex inmates:

§ 115.42 (c)-(g) require additional protections for transgender and intersex inmates in recognition of the heightened risks this population faces during incarceration. (Allen J. Beck, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12, Supplemental Tables: Prevalence of Sexual Victimizations Among Transgender Adult Inmates (Dec. 2014)).

Housing and programming decisions for transgender and intersex inmates cannot be based solely on genital status.

The facility has an obligation to protect transgender and intersex inmates according to PREA standard 115.42 and in recognition of a self-identified Transgender or Intersex. The transgender or intersex inmate is not required to go through a committee or process to decide of sexual orientation to receive individual determinations about how to ensure the safety of each inmate. The facility shall provide screening for risk of sexual victimization and abusiveness 115.42 (a), (b), (c), (d), (e), (f) and (g).

If the inmate (self) identifies as Transgender and Intersex, the facility will shall use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

b) shall make individualized determinations about how to ensure the safety of each inmate.

c) In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

d) Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

e) A transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration.

f) Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

g) shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates.

The auditor requested for a training to be conducted with staff responsible for the Inmate Education.

Forward training and signature log to the auditor upon completion. Facility Administration will monitor for a duration of 30-days. The facility completed the training and provided all documentation to the auditor with no further action required.

115.42 (b) The auditor conducted an interview with Staff Responsible for Risk Screening and determined that the facility makes individualized determinations about how to ensure the safety of each inmate.

115.42 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 16 of 35. The facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. The auditor conducted interviews with the PREA Compliance Manager and interviewed Transgender Inmates. There were no intersex inmates assigned to the facility during the onsite portion of the audit.

115.42 (d) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 16 of 35. Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review whether any threats to safety were experienced by the inmate. The auditor conducted interviews with the PREA Compliance Manager and Staff Responsible for Risk Screening.

115.42 (e) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 16 of 35. In deciding whether to house a transgender or intersex inmates in a male housing or female housing unit or when making other housing and programming assignments for such inmates, the facility shall consider the transgender or intersex inmates own views with respect to his or her own safety and shall consider on a case-by-case basis whether such a placement would ensure the inmates health and safety. The auditor conducted interviews with the transgender population and determined that the facility does a good job and meeting all the transgender criteria. The auditor conducted interviews with the PREA Compliance Manager and Staff Responsible for Risk Screening. There were no intersex inmates assigned to the facility.

115.42 (f) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 18 of 35. Transgender and Intersex inmates shall be given the opportunity to shower separately from other inmates. The auditor conducted interviews with the transgender population and determined that they were given the opportunity to shower separately with plenty of privacy. The auditor conducted interviews with the PREA Compliance Manager and Staff Responsible for Risk Screening. The auditor conducted a site review to all areas on the facility observing the inmate shower areas and transgender/intersex access to shower separately from other inmates.

115.42 (g) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 16 of 35. The establishment of a unit or pod solely dedicated to the housing of LGBTI and/or gender non-conforming inmates is strictly prohibited unless required by consent decree, court order or other comparable legal authority. The auditor observed the facility and determined that the facility does not house inmates solely on the basis of identification. The auditor conducted interviews with the PREA Compliance Manager and Transgender/Intersex/Gay/Lesbian Inmates.

Corrective Action: The auditor recommends no corrective action.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

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

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response

Interviews:

- Warden or Designee
- Staff who Supervise Inmates in Segregated Housing
- Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse)

Findings:

115.43 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 16 of 35. Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0. The auditor conducted an interview with the Warden or Designee during the onsite portion of the audit.

115.43 (b) Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations. The auditor conducted interviews with staff who Supervise Inmates in Segregated Housing. There were no Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) during the onsite portion of the audit for interviews.

115.43 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 16 of 35. In the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0. The auditor conducted interviews with the Warden or Designee and Staff who Supervise Inmates in Segregated Housing. There were no Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) for interviews. The number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0.

115.43 (d) From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0.

115.43 (e) If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The auditor conducted an interview with staff who supervise inmates in segregated housing. There were no inmates in this category for interviews during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- Core Civic Policy 3-3 Code of Conduct
- Core Civic Appendix 3-3BB Facility Employee Supplement
- Core Civic Code of Conduct -Ethics and Compliance Helpline

Secondary:

- PREA Orientation and In-service lesson plans
- Inmate Handbook
- WO/Men's Resource and Assistance program flyer
- 5-1 Report

Interviews:

Random Sample of Staff

Random Sample of Inmates

Findings:

115.51 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 18 of 35 L Reporting Sexual Abuse and/or Sexual Harassment. The auditor conducted interviews with a random sample of staff and a random sample of inmates during the onsite portion of the audit. Staff are required to carry a PREA card as part of uniform.

115.51 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 18 of 35 Inmate Reporting. The facility provides at least one way for inmates to report sexual abuse or harassment to a public or private entity or office that is not part of the agency. The auditor conducted interviews with the PREA Compliance Manager and a Random Sample of staff. The Hardeman County Correctional Facility information is displayed on the following website: <https://www.corecivic.com/facilities/Hardeman-County-Correctional-Facility>

The Hardeman County Correctional Facility address is displayed on the website which includes:

2520 Union Springs Road

P.O. Box 549 Whiteville, Tennessee 38075

Hardeman County)

(731) 254-6000

Facility PREA Information <https://www.corecivic.com/facilities/Hardeman-County-Correctional-Facility>
The following information is provided in accordance with PREA (Prison Rape Elimination Act of 2003).

Compliance Manager: Nechol Owens, Assistant Warden

Third Party Reporting Method(s):

- TDOC Commissioner's Office <https://www.tn.gov/correction/contact.html>
- Headquarters (Facility Support Center)

Warden's Office:

2520 Union Springs Road

Whiteville, TN 38075

Phone: 731-254-6000

115.51 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 19 of 35 Inmate Reporting. Employees must take all allegations of sexual abuse seriously, including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. Interviews with a Random Sample of Staff determined that employees take all inmate allegations seriously and reports were made immediately. The staff interviewed express the importance of the reporting process and understood the PREA laws and their responsibility to report.

115.51 (d) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 19 of 35 Inmate Reporting. Interviews with a Random Sample of Staff determined that employees may privately report sexual abuse and sexual harassment of inmates by forwarding a letter, sealed, and marked "confidential", to the Warden or Administrator.

Corrective Action: The auditor recommends no corrective action.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- TDOC Inmate Grievance Procedures Handbook

Secondary:

- 5-1 Incident Packet
- Grievances

Interviews:

Inmates who Reported a Sexual Abuse

Site Review Observations:

Grievances

Incident Report

PERA Investigation

Findings:

115.52 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 19 of 35. Unless otherwise mandated by contract, alleged PREA incidents will not be processed through the facility's inmate grievance process. Should a report be submitted and received as an inmate grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility Investigator or Administrative Duty officer. The PCM interviewed determined that inmates are allowed to submit a sexual abuse grievance, however, upon receiving the grievance of a sexual nature it is immediately categorized a priority and forwarded to the facility investigator for immediate action.

115.52 (b) Hardeman County Correctional Facility policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. TDOC Inmate Grievance Procedures indicate that an inmate may submit a grievance regarding an allegation of sexual abuse at any time. Applicable time limits shall apply to any portion of a grievance that does not allege an incident of sexual abuse.

115.52 (c) The HCCF policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. HCCF policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. The information is displayed in the inmate handbook.

115.52 (d) The HCCF will notify the grievant either verbally or in writing, when a grievance has been sent to another level of review, or when a grievance is determined not to be an emergency grievance and is to be processed normally. In the past 12 months, the number of grievances filed that alleged sexual abuse: 0. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0. The auditor conducted interviews with Inmates who Reported a Sexual Abuse during the onsite portion of the audit. The PCM interviewed determined that inmates are allowed to submit a sexual abuse grievance, however, upon receiving the grievance of a sexual nature it is immediately categorized a priority and forwarded to the facility investigator for immediate action.

115.52 (e) TDOC Inmate Grievance Procedures indicates that third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline: 0.

115.52 (f) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 19 of 35. Unless otherwise mandated by contract, alleged PREA incidents will not be processed through the facility's inmate grievance process. Should a report be submitted and received as an inmate grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility Investigator or Administrative Duty officer.

The PCM interviewed determined that inmates are allowed to submit a sexual abuse grievance, however, upon receiving the grievance of a sexual nature it is immediately categorized a priority and forwarded to the facility investigator for immediate action. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0. The number of those grievances in 115.52 (e) – 3 that had an initial response within 48 hours: 0.

115.52 (g) The HCCF has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith: 0.

Corrective Action: The auditor recommends no corrective action.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- Inmate Handbook

Secondary:

- Memorandum of Understanding between WO/Men's Resource and Rape Assistance Program (WRAP) and Core Civic of Tennessee, LLC with WRAP Flyer
- Memorandum of Understanding between Whiteville Police Department and Hardeman County Correctional Facility.

Interviews:

- a. Random Sample of Inmates
- b. Inmates who Reported a Sexual Abuse

Site Review Observations:

WRAP information and signs displayed

Findings:

115.53 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 11 of 35. The HCCF had a Memorandum of Understanding between WO/Men's Resource and Rape Assistance Program (WRAP) and Core Civic of Tennessee, LLC with WRAP Flyer which provides 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) for local, state, or national victim advocacy or rape crisis organizations. • Giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes. • Enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.

115.53 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 11 of 35. The HCCF informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The auditor had inmates test the lines and tested the line as well to ensure the notice of monitoring was in use. The auditor conducted interviews with a Random Sample of Inmates and Inmates who Reported a Sexual Abuse. The inmate population interviewed were able to articulate the process and understood that they could call the number painted on the wall in the housing units by the phones at any time free of charge. The WRAP information was displayed in many different forms throughout the facility for the inmate population to make contact if needed. The facility made the information easy and accessible to the inmate population to include LEP and inmates with disabilities.

115.53 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 11 of 35. Core Civic shall maintain or attempt to enter into Memorandum of Understanding (MOU) or other agreements with community service providers that are able to provide inmate with confidential emotional support services related to sexual abuse. The auditor reviewed the Memorandum of Understanding between WO/Men's Resource and Rape Assistance Program (WRAP) and Core Civic of Tennessee, LLC with WRAP Flyer. The auditor conducted an interview with the WRAP representative regarding the MOU and services provided the facility and inmate population. The auditor conducted a site review and observed the WRAP signs with the information required in both English and Spanish throughout the facility visible to the inmate population to include disabled and LEP inmates. The auditor conducted a Random Sample of Inmates and Inmates who Reported a Sexual Abuse during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

- WO/men's Resource and Rape Assistance Program/Flyer
- Third Party Reporting

Findings:

115.54 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 20 of 35. Third party reporting: each facility shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall post this information on the facility PREA link. The Hardeman County Correctional Facility information is displayed on the following website: <https://www.corecivic.com/facilities/Hardeman-County-Correctional-Facility>.

The Hardeman County Correctional Facility address is displayed on the website which includes:
2520 Union Springs Road
P.O. Box 549 Whiteville, Tennessee 38075
(Hardeman County) (731) 254-6000

Facility PREA Information <https://www.corecivic.com/facilities/Hardeman-County-Correctional-Facility>

The following information is provided in accordance with PREA (Prison Rape Elimination Act of 2003).
Compliance Manager: Nechol Owens, Assistant Warden
Third Party Reporting Method(s):

- TDOC Commissioner's Office <https://www.tn.gov/correction/contact.html>
- Headquarters (Facility Support Center)

Warden's Office:
2520 Union Springs Road
Whiteville, TN 38075
Phone: 731-254-6000

Wo/Men's Resource and Rape Assistance Program (W.R.A.P.): 60 Directors Row, Jackson, TN 38305 |
Phone: 1-800-273-8712
Facility PREA Policy (14-2): Download

Corrective Action: The auditor recommends no corrective action.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

- 5-1 Incident Report showing where staff reported a PREA allegation
- Staff at Hardeman County Correctional Facility has not reported any retaliation against inmates or employees who have reported such an incident.
- Hardeman County Correctional Facility does not house inmates under the age of 18
- Hardeman County Correctional Facility has not received any third-party or anonymous reporting to the facility.
- PREA First Responder Card

Interviews:

- Random sample of staff
- Warden or Designee
- PREA Compliance Manager
- Medical/Mental Health staff

Findings:

115.61 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 19 of 35. All employees are required to immediately report all allegations of sexual abuse or sexual harassment. All employees neglect or violation of responsibilities that may have contributed to an incident or retaliation. The auditor conducted interviews with a Random sample of staff during the onsite portion of the audit. The staff interviewed was knowledgeable of the PREA reporting process and carried the PREA first responder cards at all times.

115.61 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 19 of 35. Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other

security and management decisions. A Random sample of staff were interviewed and determined that they understand the importance of confidentiality when reporting sexual abuse.

115.61 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 19 of 35. Unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The auditor conducted interviews with medical and mental health staff during the onsite portion of the audit.

115.61 (d) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 20 of 35. The HCCF does not house youthful inmates per the TDOC contact. The auditor conducted interviews with the Warden and PREA manager during the onsite portion of the audit.

115.61 (e) The HCCF shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The auditor reviewed investigations, investigator training and files to include interviews with the Warden or Designee.

Corrective Action: The auditor recommends no corrective action.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**The following evidence was analyzed in making compliance determination:
Documentation Reviewed:**

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

- 5-1 Incident Report with 14-C2 Sexual Abuse Incident check sheet
- PREA Lesson Plan

Interviews:

Agency Head
Warden or Designee
Random Sample of Staff

Findings:

115.62 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 1 of 35. When HCCF learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay) The auditor conducted interviews with the Agency Head, Warden or Designee and a Random Sample of Staff during the onsite portion of the audit. The auditor reviewed a random sample of investigations for immediate action to protect inmates.

Corrective Action: The auditor recommends no corrective action.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- Core Civic Policy 15-1 Incident Reporting
- Core Civic Form 5-1B Notification to Administration

Interviews:

- Agency head
- Warden or designee

Findings:

115.63 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 22 of 35. HCCF policy requires that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The auditor randomly reviewed investigations during the onsite portion of the audit. In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0.

115.63 (b) HCCF policy requires the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

115.63 (c) HCCF shall document that it has provided such notification within 72 hours of receiving the allegation. Hardeman County Correctional Facility has not received any allegations that an inmate was sexually abused while confined at another facility.

115.63 (d) HCCF policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0. The auditor conducted interviews with the Warden during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- Core Civic form 14-2C Sexual Abuse Incident check sheet
- Core Civic Policy 5-1 Incident Reporting, Core Civic forms 5-1A Incident Report, Core Civic form 5-1E Prison Rape Elimination Act (PREA), Reporting and Core Civic form 5-1G Incident investigation report.

Secondary:

- 14-2 Sexual Abuse Incident Check sheet
- 5-1 Incident Report
- 5-1E Prison Rape Elimination Act Reporting
- 5-1G Incident Investigation Report
- First Responder Duties Card

Interviews:

- a. Security Staff and Non-Security Staff First Responders
- b. Inmates who Reported a Sexual Abuse
- c. Random Sample of Staff

Findings:

115.64 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 20 of 35. Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. In the past 12 months, the number of allegations that an inmate was sexually abused: 35. Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 35. In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence. 35. Of these allegations, the number of times the first security staff member to respond to the report:

- (1) Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence:
- (2) Requested 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:
- (3) Ensured 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: 1. Interviews were conducted with Security Staff and Non-Security Staff First Responders (different shifts) and Inmates who Reported a Sexual Abuse.

115.64 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 21 of 35. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Interviews were conducted with Security Staff and Non-Security Staff First Responders (different shifts) and Inmates who Reported a Sexual Abuse.

Corrective Action: The auditor recommends no corrective action.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response

Interviews:

- a. Warden or Designee

Findings:

115.65 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg.11 of 35.

HCCF had a developed written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The auditor conducted an interview with the Warden during the onsite audit.

Corrective Action: The auditor recommends no corrective action.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Finding:

115.66 (a) The auditor conducted an interview with the Warden or Designee a determined that HCCF has not entered into a collective bargaining agreement.

115.66 (b) N/A

Corrective Action: The auditor recommends no corrective 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- Core Civic form 14-2D PREA Retaliation Monitoring Report

Secondary:

- Memo: Designation of staff member for monitoring of retaliation
- Completed 14-2D PREA Retaliation Monitoring Report

Interviews:

Agency Head

Warden or Designee

Designated Staff Member Charged with Monitoring Retaliation (or Warden if not available)

Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse)

Inmates who Reported a Sexual Abuse

Findings:

115.67 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 12 of 35. HCCF had 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. The Mental Health Coordinator serves as the designated staff person conducting the 30/60/90-day monitoring.

115.67 (b) HCCF employs multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The auditor conducted interviews with the Agency Head, Warden or Designee, Designated Staff Member Charged with Monitoring Retaliation. There were no Inmates in this category of Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) for interviews. The auditor conducted interviews with Inmates who Reported a Sexual Abuse.

115.67 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 12 of 35. Ensure prompt actions are taken to remedy any identified retaliation. The auditor conducted interviews with the Warden or Designee and the Designated Staff Member Charged with Monitoring Retaliation during the onsite portion of the audit.

115.67 (d) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 12 of 35. Ensure that 30/60/90-day monitoring is conducted by designated staff following a report of sexual abuse to protect against potential retaliation against inmates or employees. This shall include periodic status checks of inmates and review of relevant documentation. The Mental Health Coordinator serves as the designated staff person conducting the 30/60/90-day monitoring.

115.67 (e) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 12 of 35. Ensure any other individual who cooperates with an investigation and expresses fear of retaliation is protected from retaliation. The auditor conducted an interview with the Warden and reviewed sexual abuse investigations.

115.67 (f) N/A

Corrective Action: The auditor recommends no corrective action.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response

Interviews:

Warden or Designee

Staff who Supervise Inmates in Segregated Housing

Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse)

Findings:

115.68 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 16 of 35. Hardeman County Correctional Facility did not use segregation to house inmates who alleged to have suffered sexual abuse. The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0. The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0.

Interviews were conducted with the Warden, Staff who Supervise Inmates in Segregated Housing and no Inmates were interviewed in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse).

Corrective Action: The auditor recommends no corrective action.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- Core Civic Policy 1-15 Retention Records
- Core Civic 1-15B Record Retention Schedule
- TDOC Policy 107.01 Investigation Unit Authority Responsibility/Personnel Selection & Training

Secondary:

- Memorandum of Understanding with Whiteville Police Department
- 4-24A Completed PREA Investigators-Specialized Training /Annual In-service Training
- Completed 5-1 Packet

Interviews:

- Investigative Staff
- Inmates who Reported a Sexual Abuse
- Warden or Designee
- PREA Coordinator
- PREA Compliance Manager

Findings:

115.71 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 25 of 35. HCCF had a policy related to criminal and administrative investigations. The auditor conducted interviews with Investigative Staff and determined that the facility is responsible for administrative and criminal investigations are referred to Whiteville Police Department. The HCCF had an MOU with the Whiteville Police Department. The auditor reviewed a Sample of investigative records/reports for allegations of sexual abuse or sexual harassment.

115.71 (b) The auditor reviewed the specialized training for investigators by a review of the curriculum and verified training. The auditor conducted interviews with Investigative staff during the onsite portion of the audit.

115.71 (c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The auditor conducted interviews with Investigative staff and reviewed reports, and record retention schedule during the onsite portion of the audit.

115.71 (d) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The auditor conducted interviews with Investigative staff and reviewed Sample of investigation reports during the onsite portion of the audit.

115.71 (e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The auditor conducted interviews with Investigative staff and reviewed Sample of investigation reports during the onsite portion of the audit.

115.71 (f) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 25 of 35. The administrative investigation shall include effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations shall be documented on the 5-1G Incident Investigation Report via the IRD and shall detail the following components. The auditor conducted interviews with Investigative Staff and reviewed a Sample of administrative investigation reports. The auditor reviewed a Sample of cases involving substantiated allegations to ensure that they were referred.

115.71 (g) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The auditor conducted interviews with Investigative staff and reviewed Sample of investigation reports during the onsite portion of the audit.

115.71 (h) HCCF had an MOU with the Whiteville Police department and Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 4. The auditor conducted interviews with Investigative staff and reviewed Sample of investigation reports during the onsite portion of the audit.

115.71 (i) HCCF retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The auditor conducted interviews with Investigative staff and reviewed Sample of investigation reports during the onsite portion of the audit.

115.71 (j) The departure of the alleged abuser or victim from the employment or control

of the facility or agency shall not provide a basis for terminating an investigation. The interviews with Investigative Staff determined that investigations are completed thoroughly.

115.71 (k) N/A

115.71 (l) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 25 of 35. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Interviews were conducted with the Warden, PREA Compliance Manager and Investigative Staff.

Corrective Action: The auditor recommends no corrective action.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- Core Civic Policy 5-1 Incident Reporting and Core Civic form 5-1G Incident Investigation Report

Secondary:

- Completed 5-1G Incident Investigation Report

Interviews:

- a. Investigative Staff

Findings:

115.72 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 27 of 35. In any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has been taken place. The auditor reviewed a sample of incident investigation reports during the onsite audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response

- Core Civic Form 14-2E Inmate PREA Allegations Status Notification

Secondary:

- 5-1A Incident Report with 14-2C Sexual Abuse Incident Check sheet
- Completed 14-2E Inmate PREA Allegation Status Notification

Interviews:

Warden or Designee
Investigative Staff
Inmates who Reported a Sexual Abuse

Findings:

115.73 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 28 of 35. HCCF had a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months: 35. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 34. The auditor conducted interviews with the Warden or Designee, Investigative Staff and Inmates who Reported a Sexual Abuse. The auditor reviewed a sample of alleged sexual abuse investigations completed by HCCF.

Observation:

115.73 (a) Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The auditor reviewed 15 investigations for the documentation review-Investigation standards 115.71, 115.72, 115.73 and 115.86. 5 out of 15 investigations reviewed had the notification to the inmate documented in the inmate file. The investigation notifications should be provided to the inmate following the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The facility had a process in place and the notifications were being issued, however, the process in place was not accurate according to the standard and the inmates were being notified 30 days or more of the outcome of the investigation.

Facility Requirement:

1. Provide training to the staff responsible for conducting the 30-day Notifications (Victim notice on whether allegation was substantiated, unsubstantiated, unfounded). 2. Provide the auditor with the completion of the training referencing standard 115.73 and the signature log. 3. Please have the Facility Administrator monitor the process for a duration of 30-days.

Update and completion:

The facility provided the auditor with training, completion of training, and monitored for 30-days. No further action is required for this particular standard.

115.73 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 28 of 35. HCCF is responsible for conducting administrative investigations and the facility has an MOU with Whiteville Police Department for the criminal investigations and referrals. The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months: 2.

Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 1. The auditor reviewed a sample of alleged sexual abuse investigations completed by the facility.

115.73 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 28 of 35. Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The auditor conducted interviews with Inmates who Reported a Sexual Abuse and reviewed a sample of investigations substantiated, unsubstantiated and unfounded.

115.73 (d) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 28 of 35. Following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: • The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The auditor conducted interviews with Inmates who Reported a Sexual Abuse during the onsite portion of the audit. The auditor reviewed a sample of investigations.

115.73 (e) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 28 of 35. All inmate notifications or attempted notifications shall be documented on the 14-2E Inmate Allegations Status Notification. The inmate shall sign the 14-2E Inmate Allegation Status Notification, verifying that such notification has been received. The signed 14-2E Inmate Allegation Status Notification shall be filed in the inmates institutional file. In the past 12 months, the number of notifications to inmates that were provided pursuant to this standard: 0. Of those notifications made in the past 12 months, the number that were documented: 0.

115.73 (f) N/A

Corrective Action: The auditor recommends no corrective action.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- Core Civic Policy 5-1 Incident Reporting
- Core Civic form 5-1E Prison Rape Elimination Act Reporting
- Core Civic form 5-1G Incident Investigation Report

Secondary:

- 5-1A Incident Report with 5-1E Prison Rape Elimination Act Reporting and 5-1G Incident Investigation Report

Findings:

115.76 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 29 of 35. Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

115.76 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 29 of 35. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 1. The auditor reviewed a sample of employee files during the onsite portion of the unit.

115.76 (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0. The auditor reviewed a sample of employee files during the onsite portion of the unit.

115.76 (d) 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 1.

Corrective Action: The auditor recommends no corrective action.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response

Interviews:

- a. Warden

Findings:

115.77 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 30 of 35. Any civilian or contractor who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates: 0. The auditor reviewed additional employee files with no reports in the past 12 months.

115.77 (b) The facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The auditor conducted an interview with the Warden and determined that the facility did not receive any reports in the past 12 months.

Corrective Action: The auditor recommends no corrective action.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- Core Civic Policy 5-1 Incident Reporting, Core Civic Form 5-1E PREA reporting and Core Civic form 5-1G Incident Investigation Report
- Handbook

Secondary:

- 5-1 Incident Report
- 5-1E PREA Reporting
- TDOC Disciplinary/Incident Report

Interviews:

- a. Warden
- b. Medical and Mental Health Staff

Findings:

115.78 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 1 of 35. Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 1. In the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 1.

115.78 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 29 of 35. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The auditor interviewed the Warden during the onsite portion of the audit. The auditor reviewed reports and documentation during the onsite portion of the audit.

115.78 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 29 of 35. The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The auditor reviewed reports and documentation during the onsite portion of the audit.

115.78 (d) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 29 of 35. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The auditor conducted interviews with Medical and Mental Health Staff during the onsite portion of the audit.

115.78 (e) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 29 of 35. The inmate may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.78 (f) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 29 of 35. The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 29 of 35. HCCF may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Corrective Action: The auditor recommends no corrective action.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- TDOC Policy 502.06.1 PREA Screening, Classification, Education and Monitoring

- TDOC Policy 113.82 Mental Health Referral Triage Process

Secondary:

- TDOC PREA Screening Information: TDOC Arrival/Departure Screen, TDOC form CR-34321 Institutional Mental Health Services Referral: and TDOC form CR-3763 Individual Psychiatry Session-Progress Report

Interviews:

Inmates who Disclose Sexual Victimization at Risk Screening
Staff Responsible for Risk Screening

Findings:

115.81 (a/c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 10 of 35. Inmates identified during the intake screening as high risk with a history of sexually assaultive behavior, whether it occurred in an institutional setting or in the community, shall be offered a follow-up meeting with a medical or mental health or other qualified professional within 14 days of the intake. In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 0. The auditor conducted interviews with Inmates who Disclose Sexual Victimization at Risk Screening and Staff Responsible for Risk Screening.

115.81 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 10 of 35. Inmates identified during the intake screening as high risk with a history of sexually assaultive behavior, whether it occurred in an institutional setting or in the community, shall be offered a follow-up meeting with a medical or mental health or other qualified professional within 14 days of the intake. The auditor conducted interviews with Inmates who Disclose Sexual Victimization at Risk Screening and Staff Responsible for Risk Screening.

115.81 (d) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 5 of 35. Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. The information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law

115.81 (e) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 19 of 35. 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. The auditor conducted interviews with Medical and Mental Health Staff.

Corrective Action: The auditor recommends no corrective action.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination: Documentation Reviewed:

Primary:

- TDOC Policy 502.06.03 Medical, Mental Health, Victim Advocacy and Community Support Services for PREA Victims
- Core Civic Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

- Completed 14-2C Sexual Abuse Incident Check Sheet and 14-2G Incident Investigation Report
-

Interviews:

Medical and Mental Health Staff
Inmates who Reported a Sexual Abuse
Security staff and Non-security staff first responders

Findings:

115.82 (a) The TDOC Administrative Policies and procedures describes on pg. 4 of 36. Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health provides according to their professional judgement. The auditor conducted interviews with Medical and Mental Health Staff and Inmates who Reported a Sexual Abuse.

115.82 (b) The TDOC Administrative Policies and procedures describes on pg. 4 of 36. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. The auditor conducted interviews with Security staff and Non-security staff first responders during the onsite portion of the audit.

115.82 (c) Inmate victims of sexual abuse while incarcerated shall be 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. The auditor conducted interviews with Medical and Mental Health Staff to include Inmates who Reported a Sexual Abuse.

115.82 (d) The TDOC Administrative Policies and procedures describes on pg. 5 of 36. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Corrective Action: The auditor recommends no corrective action.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- TDOC Policy 502.06.3 Medical, Mental Health, Victim Advocacy and Community Support Services for PREA Victims

Secondary:

- TDCO PREA Screening information: TDOC Arrival/Departure Screen, PREA Screening Results, Orientation Acknowledgement, TDOC form CR-3431 Institutional Mental Health Services Referral and TDOC Form CR-3763 Individual Psychiatry Session-progress report

Interviews:

Medical and Mental Health Staff
Inmates who Reported a Sexual Abuse

Findings:

115.83 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 10 of 35. HCCF offers 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.

115.83 (b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The auditor conducted interviews with Medical and Mental Health Staff and Inmates who Reported a Sexual Abuse. The auditor reviewed the following: TDCO PREA Screening information: TDOC Arrival/Departure Screen, PREA Screening Results, Orientation Acknowledgement, TDOC form CR-3431 Institutional Mental Health Services Referral and TDOC Form CR-3763 Individual Psychiatry Session-progress report.

115.83 (c) The facility shall provide such victims with medical and mental health services consistent with the community level of care. The auditor conducted interviews with Medical and Mental Health staff during the audit. The auditor reviewed the following: TDCO PREA Screening information: TDOC Arrival/Departure Screen, PREA Screening Results, Orientation Acknowledgement, TDOC form CR-

3431 Institutional Mental Health Services Referral and TDOC Form CR-3763 Individual Psychiatry Session-progress report.

115.83 (d) The facility does not house female inmates.

115.83 (e) The facility does not house female Inmates.

115.83 (f) A review of medical records and additional documentation to include interviews with inmates who reported sexual abuse determined that Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

115.83 (g) A review of medical records and additional documentation to include interviews with inmates who reported sexual abuse determined that Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.83 (h) HCCF it attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The auditor conducted interviews with Medical and Mental Staff to include a review of medical records and additional documentation.

Corrective Action: The auditor recommends no corrective action.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- Core Civic Form 14-2F Sexual Abuse Incident Review Report

Secondary:

- Completed 5-1G Incident Investigation Report

- Completed 14-2F Sexual Abuse Incident Review Report

Interviews:

- Warden
- PREA Compliance Manager
- Incident Review Team

Findings:

115.86 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 24 of 35. HCCF conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 33. The auditor reviewed a random sample of criminal and administrative investigations.

115.86 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 24 of 35. HCCF ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 33. Required Corrective Action:

115.86 (b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The auditor reviewed documentation review-Investigations for PREA Standards 115.71, 115.72, 115.73, and 115.86. 3 of 15 investigations had the Sexual Abuse Incident Review which was completed and exceeded the 30-day time frame.

The Sexual Abuse Incident Review shall be completed within 30 days of the completion of the investigation. The auditor required the facility to provide:

- Plan of Action
- Procedures the facility has in place
- Designated individuals responsible for the Sexual Abuse Incident Review
- Training conducted with responsible individuals
- Signature logs
- Monitor the process for 30-days

The facility will provide the following information to the auditor upon completion. The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The auditor requested for the Facility Administrator to monitor the process for a 30-day duration.

115.86 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 24 of 35. The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The auditor conducted an interview with the Warden during the onsite audit.

115.86 (d) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 25 of 35. HCCF prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. Interviews were conducted with the Warden, PREA Compliance Manager and Incident Review Team.

115.86 (e) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 24 of 35. HCCF implements the recommendations for improvement or documents its reasons for not doing so.

Corrective Action: The auditor recommends corrective action. 115.86 (b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The auditor reviewed documentation- Investigations for PREA Standards 115.71, 115.72, 115.73, and 115.86. 3 of 15 investigations had the Sexual Abuse Incident Review which was completed and exceeded the 30-day time frame. The Sexual Abuse Incident Review shall be completed within 30 days of the completion of the investigation. The auditor required the facility to provide:

1. Plan of Action
2. Procedures the facility has in place
3. Designated individuals responsible for the Sexual Abuse Incident Review
4. Training conducted with responsible individuals
5. Signature logs
6. Monitor the process for 30-days

The facility will provide the following information to the auditor upon completion. The auditor requested for the Facility Administrator to monitor the process for a 30-day duration. The HCCF Administration and auditor maintained effective communication and worked together to accomplish the Plan of action set forth, procedures in place, designated individuals responsible for the SAIR, training was completed to include signature logs and 30-day monitoring was completed with no further action required.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- Core Civic 14-2BB PREA 5-1 IRD Incident Reporting Definitions
- Core Civic Policy 5-1 Incident Reporting

Secondary:

- Core Civic PREA Policy Annual Reports

Findings:

115.87 (a/c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 32 of 35. HCCF collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

115.87 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 32 of 35. HCCF shall aggregate the incident-based sexual abuse data at least annually. The auditor reviewed a sample of aggregated data.

115.87 (d) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 32 of 35. HCCF maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (e) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 32 of 35. The does not contract for the confinement of its inmates.

115.87 (f) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 32 of 35. Upon request, CoreCivic shall provide all data as outlined above from previous calendar year to the Department of Justice no later than June 30.

Corrective Action: The auditor recommends no corrective action.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

- Core Civic PREA Annual Reports

Interviews:

Agency Head
PREA Coordinator
PREA Compliance Manager

Findings:

115.88 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 31 of 35. The agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The auditor conducted interviews with the Agency Head and PREA Compliance Manager during the onsite portion of the audit.

115.88 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 31 of 35. The annual report includes a comparison of the current year's data and corrective actions with those from prior years.

115.88 (c) HCCF makes its annual report readily available to the public at least annually through its website: <https://www.corecivic.com/facilities/Hardeman-County-Correctional-Facility>. The auditor conducted an interview with the Agency Head.

115.88 (d) HCCF may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. The auditor conducted an interview with the PREA Coordinator.

Corrective Action: The auditor recommends no corrective action.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- Core Civic Policy 14-2 Sexual Abuse Prevention and Response
- 1-15 Retention of Records
- 1-15B Core Civic Record Retention Schedule

Secondary:

- Core Civic Web page
- Core Civic PREA Annual Report

Interviews:

PREA Coordinator

Findings:

115.89 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 31 of 35. The auditor conducted an interview with the PREA Coordinator.

115.89 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Hardeman County Correctional Facility describes on pg. 31 of 35. HCCF shall 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. HCCF makes its annual report readily available to the public at least annually through its website: <https://www.corecivic.com/facilities/Hardeman-County-Correctional-Facility>.

115.89 (c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The auditor reviewed a sample of publicly available sexual abuse data.

115.89 (d) HCCF shall 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.

Corrective Action: The auditor recommends no corrective action.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CoreCivic Hardeman County Correctional Facility demonstrated compliance with the standard. The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for the facility. The audits were reviewed, at a minimum, a sampling of relevant documents and other records and information for the recertification period. The auditor had access to all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview PREA Audit Report relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request. The auditor interviewed a representative sample of offenders, staff, supervisors, and administrators. The auditor reviewed a sampling of available surveillance cameras and other electronically available data that may be relevant to the provisions being audited. The auditor was permitted to conduct private interviews with inmates. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor was able to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CoreCivic Hardeman County Correctional Facility publishes reports on their agency website and has otherwise made publicly available all Final PREA Audit Reports within 90 days of issuance by auditor. The agency website is: <https://www.corecivic.com/facilities/Hardeman-County-Correctional-Facility>
The facility is compliant with the reporting process and standard for this recertification review period.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Noelda Martinez

8/26/2020

Auditor Signature

Date

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

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