

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

Interim     Final

Date of Report    February 17, 2020

## Auditor Information

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Telephone:    484-999-4167	Date of Facility Visit:    June 24-27, 2019

## Agency Information

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

## Agency Chief Executive Officer

Name:    Damon Hininger	
Email: <a href="mailto:damon.Hininger@corecivic.com">damon.Hininger@corecivic.com</a>	Telephone:    615-263-3301

## Agency-Wide PREA Coordinator

Name:    Eric Pierson	
Email: <a href="mailto:eric.Pierson@corecivic.com">eric.Pierson@corecivic.com</a>	Telephone:    615-263-6915

<b>PREA Coordinator Reports to:</b>  Steve Conry, Vice-President, Operations Administration	<b>Number of Compliance Managers who report to the PREA Coordinator</b>  63
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## Facility Information

**Name of Facility:** South Central Correctional Center

**Physical Address:** 555 Forrest Avenue

**City, State, Zip:** Clifton, Tennessee 38425

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

**City, State, Zip:** SAA

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:**

**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:**

Annual TNDOC and annual CoreCivic Audits

### Warden/Jail Administrator/Sheriff/Director

**Name:** Grady Perry

**Email:** [grady.Perry@corecivic.com](mailto:grady.Perry@corecivic.com)

**Telephone:** 931-676-5346 ext. 2201

### Facility PREA Compliance Manager

**Name:** Danny Dodd

**Email:** [danny.Dodd@corecivic.com](mailto:danny.Dodd@corecivic.com)

**Telephone:** 931-676-5346 ext. 2203

### Facility Health Service Administrator N/A

**Name:** Jammie Garner

**Email:** [jammie.Garner@corecivic.com](mailto:jammie.Garner@corecivic.com)

**Telephone:** 931-676-5346 ext 2231



Facility Characteristics	
Designated Facility Capacity:	1712
Current Population of Facility:	1678
Average daily population for the past 12 months:	1642
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:	18-86
Average length of stay or time under supervision:	10 years
Facility security levels/inmate custody levels:	Medium and Minimum
Number of inmates admitted to facility during the past 12 months:	1290
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1290
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1290
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)	<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 lock-up or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	357

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	316
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	6
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	22
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	55
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	16
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	15
Number of single cell housing units:	3
Number of multiple occupancy cell housing units:	12
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	120
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.)?	X <input 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?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	X <input 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 type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center X <input type="checkbox"/> Other (please name or describe: Jackson-Madison County Hospital SAFE/SANE
<b>Investigations</b>	
<b>Criminal Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
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 type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators X <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)	X <input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component X <input type="checkbox"/> Other (please name or describe: TND OC Office of Investigations and Compliance Investigators) <input type="checkbox"/> N/A
<b>Administrative Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1 plus a back-up
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	X <input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity

<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<p> <input type="checkbox"/> Local police department  <input type="checkbox"/> Local sheriff's department  <input type="checkbox"/> State police  <input type="checkbox"/> A U.S. Department of Justice component  <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a>)  <input checked="" type="checkbox"/> N/A </p>
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## Audit Findings

### Audit Narrative

The Prison Rape Elimination Act (PREA) on-site audit of the South Central Correctional Center (SCCC) was conducted June 24-27, 2019, by K. E. Arnold from Castle Rock, CO, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities. Pre-audit preparation included review of all materials and self reports uploaded to a secure electronic program.

The documentation review included, but was not limited to, agency and facility policies, staff training slides, completed forms regarding both staff and inmate training, MOUs, organizational chart(s), Core Civic (CC) PREA brochures, inmate education materials, photographs of PREA related materials (e.g. posters, etc.), executed Human Resources documents associated with relevant PREA standard(s), staff training certifications, and Victimization/Aggressor screenings. This review prompted several questions and informational needs that were addressed with the SCCC PREA Compliance Manager (PCM). The majority of informational needs were addressed pursuant to this process.

Following conclusion of the on-site audit, the auditor spoke with a victim advocate at the Avalon Center Domestic Violence and Sexual Assault Program. When questioned as to the frequency of interaction with inmates from SCCC and/or staff requests, on behalf of SCCC inmates, for Avalon Center services related to a sexual abuse incident originating at SCCC, she responded that during the last 12 months, she is not aware of any such interaction.

The auditor met with the Warden, Core Civic PREA Coordinator (CCPC), out-going Assistant Warden/ PREA Compliance Manager (PCM), newly assigned PCM, and Compliance Manager at 8:00AM on Monday, June 24, 2019. The auditor provided an overview of the audit process and advised all attendees the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised attendees of the tentative schedule(s) for the conduct of the audit. Between 8:30AM and 1:30PM, the auditor toured the entire facility with the officials mentioned above and various unit managers/unit staff, lieutenants, captains in attendance at various stages of the tour.

It is noted the rated capacity of SCCC is 1712 inmates and the institutional count on June 24, 2019 was 1678 inmates.

During the on-site audit, the auditor was provided a conference room from which to review documents and facilitate confidential interviews with staff. Inmate interviews were facilitated in a conference room located inside the compound. The auditor randomly selected (from an inmate roster provided by the SCCC PCM) and interviewed 41 inmates on-site pursuant to the Random Inmate Interview Questionnaire. At least one inmate (representative of the total sample of inmate interviewees) was interviewed from each living pod throughout the facility.

Thirteen of the 41 random inmate interviewees were also interviewed pursuant to specialty interviewee questionnaires. Accordingly, 28 interviewees are counted as random inmate interviewees only.



The auditor interviewed six inmates who assert they had either been sexually abused or harassed at SCCC. One of the interviewees had mailed a large packet of materials regarding an alleged sexual abuse that occurred at another facility. While the auditor interviewed the inmate at SCCC, he advised this was specifically an audit of SCCC.

The auditor interviewed one inmate with low hearing, one inmate with physical disabilities, one inmate with mental health concerns, one Limited English Proficient (LEP) inmate, three transgender inmates (also reported sexual abuse/harassment), three inmates who reported sexual abuse/harassment, two inmates who reported as gay, and one inmate who reported prior sexual victimization during screening.

The PCM advised there were no inmate(s) confined within the facility during the on-site audit who were placed in Segregation for high risk of sexual victimization nor were there any youthful offenders.

It is noted the 28 random inmate interviewees were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to inmates for reporting sexual abuse and sexual harassment. Overall, random interviewees presented reasonable knowledge of PREA policies and practices. Of note, the auditor inquired as to the basis for their knowledge and several random inmates advised they had received training by SCCC staff.

Of note, 30 of 31 interviewees assert they feel safe at SCCC. The auditor referred the name of the inmate who felt unsafe at SCCC to the PCM for follow-up. The interviewee did not articulate to the auditor any specific incidents of personal sexual abuse/harassment incurred by her at SCCC but rather, general feelings of uneasiness.

Twelve random staff selected by the auditor from a staff roster provided by the PCM, were interviewed. The Random Sample of Staff Interview Questionnaire was administered to this sample group of interviewees. Interviewees were questioned regarding PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to inmates and staff, the response protocols when an inmate alleges abuse, and First Responder duties.

The following specialty staff questionnaires were utilized during this review including:

- Agency Head
- Warden or Designee
- PREA Coordinator (1), SCCC PCM (1)
- Designated Staff Charged with Monitoring Retaliation (1)
- Incident Review Team (1)
- Human Resources (1)
- Investigator (1)
- Intermediate or Higher Level Facility Staff (1)
- Medical Staff (1)
- Mental Health Staff (1)
- SAFE/SANE Staff- (1)
- Intake (1)
- Staff Who Perform Screening for Risk of Victimization and Abusiveness (2)
- Security and Non-Security Staff Who Have Acted as First Responders (3- two security and one non-security)
- Staff Who Supervise Inmates in Segregated Housing (1)
- Non-medical Staff Involved in Cross-Gender Strip or Visual Searches (1)
- Contractors Who Have Contact With Inmates (2)

The auditor notes the PCM was also interviewed pursuant to the Incident Review Team questionnaire and one victimization/aggressor screener was also interviewed pursuant to the Intake questionnaire.

The Contract Administrator interview was not conducted as SCCC does not employ staff in that capacity.

It is noted CC is the umbrella company for SCCC.

The auditor reviewed 14 Staff Training records, 16 inmate files, 12 staff/contractor HR files, eight PREA investigative files, and other records reflected throughout the following narrative prior to the audit, during the audit, and subsequent to completion of the same.

On June 24, 2019, the auditor was processed into the facility at the facility Front Entrance. Standard security processing was employed.

During the facility tour, the auditor noted Ethics Liaison posters (staff private reporting mechanism) were posted in Staff Assembly Area(s). PREA Audit Notices were prevalent throughout the facility, inclusive of the housing units, pods, program areas, etc.

During the facility tour, the auditor observed, among other features, the facility configuration, location of cameras, staff supervision of inmates, unit layout (inclusive of shower/toilet areas), placement of PREA posters and informational resources, security monitoring, and inmate programming.

There are 12 housing units (pods) (comprised of cells) at SCCC. Additionally, there are three single cell pods and segregation cell space in the amount of 120 cells. Supervision is addressed in the narrative for 115.13. With officers positioned in control centers located above the pod floors, additional supervision is afforded pursuant to observation into each pod.

A 108 bed High Security Annex is also included in the facility schematic. Five housing units provide double-bunked rooms with the unit management team offices within the housing units. A 300 bed Minimum Security Annex and the maintenance/warehouse complex is located directly outside the perimeter. The two housing units within the annex supply single and double-bunk rooms in which the inmates maintain their own keys.

Throughout the tour, the auditor observed numerous PREA posters in housing units, program areas, and staff offices/gathering places. Clearly, inmates have access to continual education regarding PREA processes. Additionally, PREA Audit Notices were generously posted throughout the facility.

The auditor noted ample camera surveillance in all areas, inclusive of most programs and operations areas. It is also noted cameras are mounted in key areas outside buildings and recreation areas. Cameras are reportedly monitored by Administrative Duty Officers (ADOs), Unit Managers (UMs), captains and above.

The auditor observed the Central Control, particularly focusing on camera placements and the degree of inmate exposure in their cells and shower areas. The Central Control Center COs provided the auditor several different views of housing unit/pod/program/operational area cameras and he found no evidence of inmate exposure in violation of PREA standards and expectations. There are no cameras in housing unit inmate cells and toilet/shower areas.

During the tour, the auditor did note properly shielded (shower curtains) shower areas. Additionally, toilet areas are properly shielded by doors. Of note, there windows in each cell. Staff offices likewise have windows in the door.

## Facility Characteristics

SCCC operates pursuant to contract with the Tennessee Department of Corrections (TNDOC) and daily security/programmatic and PREA operations are focused on TNDOC/CC policies, procedures, and

practices. Convicted and committed TNDOC inmates are housed at SCCC. The auditor notes CC does not own the SCCC facility rather, CC manages the same.

The Core Civic- South Central Correctional Center, located at 555 Forrest Avenue in Clifton, Tennessee, was opened in 1992 and received its first inmates in February of that year. The facility is located near the Tennessee River in the Town of Clifton, Wayne County, Tennessee, approximately 100 miles southeast of Nashville.

SCCC promotes the Unit Management Philosophy. Unit Management provides a decentralized management structure allowing specific unit teams to collectively make decisions that are best for the inmates. Unit Management provides for consistency in direct supervision, inmates with similar needs or risk factors are housed together.

The CC Mission Statement reads as follows.

We help government better the public good through:

Core Civic Safety - We operate safe, secure facilities that provide high quality services and effective re-entry programs that enhance public safety.

Core Civic Community - We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society, and keep communities safe.

Core Civic Properties - We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

## Summary of Audit Findings

### Standards Exceeded

**Number of Standards Exceeded:** 2  
**List of Standards Exceeded:** 115.31, 115.88

### Standards Met

**Number of Standards Met:** 41

### Standards Not Met

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

# 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*)

Pursuant to the Pre-Audit Questionnaire (PAQ), the Warden self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse/harassment in facilities it operates directly or under contract. According to the Warden, the policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse/sexual harassment and the policy includes definitions of prohibited behaviors regarding sexual abuse/harassment/sanctions for those found to have participated in prohibited behaviors. Finally, a description of agency strategies/responses to reduce and prevent sexual abuse/harassment of inmates, is included in this policy.

The Zero Tolerance policy is clearly articulated in CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 1, section 14-2.1. The remainder of PREA required information is provided in pages 2-33 of the same policy. State of Tennessee Department of Corrections (TNDoc) Administrative Policies and Procedures (APP) Index 502.06 entitled Prison Rape Elimination Act (PREA) Implementation, Education, and Compliance, page 3, section V also addresses 115.11(a).

Pursuant to the PAQ, the Warden self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (CCPC) with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. According to the Core Civic Organizational Chart, the agency-wide PC reports to the Executive Vice President/Chief Correctional Officer of the Correctional Programs Division and Vice President, Operations Administration.

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

As Senior Director, he oversees the Director who facilitates reviews of all PREA investigations. The Director tracks any follow-up regarding reviewed PREA investigations. The Director is now working on an enhanced PREA training program for implementation at the facilities.

The CCPC's primary focus is audit preparation. Specifically, he reviews each Pre-Audit Questionnaire (PAQ) for sufficiency and comprehensiveness prior to forwarding the same to PREA auditors. The CC Quality Assurance Department (QA) currently facilitates mock audits of each facility. The CCPC reviews each mock audit report and coordinates corrective action with Wardens and facility PCMs. He posts common audit deficiencies on a shared website so stakeholders can assume a proactive approach, as opposed to, reactive in terms of PREA- related matters. Additionally, the CCPC coordinates all corrective action following each PREA audit.

Finally, the CCPC reviews each facility PREA Staffing Plan and signs the same. Assistance with relevant MOU development is also a primary responsibility, with approval being conferred by the CC Legal Department.

Pursuant to the PAQ, the Warden self reports there is a designated PREA Compliance Manager (PCM) at SCCC. According to the Warden, he does have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The auditor's review of a memorandum authored by the Warden reflects the Assistant Warden Treatment (AWT) is designated as the PREA Compliance Manager at SCCC. According to the SCCC Organizational Chart, the AWT/PCM reports directly to the Warden (CEO).

In view of the above, the auditor finds SCCC substantially compliant with 115.11.

## **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*)

Pursuant to the PAQ, SCCC is a private facility, under contract with no other jurisdictions to house those inmates designated to its care, custody, and control. CC, the parent company, contracts with TNDOC housing TNDOC inmates.

The CCPC asserts no agency staff are specifically assigned as contract administrator and accordingly, the agency contract administrator interview was not conducted.

In view of the fact there is no evidence of deviation from the standard, the auditor finds SCCC substantially compliant with 115.12.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

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

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? X  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? X  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? X  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? X  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? X  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? X  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? X  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.) X  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? X  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? X  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? X  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? X  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts? X  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? X  Yes  No

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports CC requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. The Warden self reports since the last PREA audit, the average daily number of inmates is 1620 and the staffing plan is predicated upon an average daily number of inmates of 1620.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 8 and 9, section D(1 and 2)(a-k) addresses 115.13(a).

The Warden asserts the facility has a staffing plan. There are adequate staffing levels to protect inmates against sexual abuse. Substantial video monitoring augments direct supervision to enhance inmate sexual safety at SCCC. The staffing plan is documented and maintained by the Warden, the two Assistant Wardens (AWs), Quality Assurance Manager (QAM), and Captains.

When assessing adequate staffing levels and the need for video monitoring, the following considerations are factored into staffing plan development:

Generally accepted detention and correctional practices- American Correctional Association (ACA) standards are carefully considered. Additionally, direct supervision practices are considered to ensure effective and practical inmate supervision. For example, if an area is closed, staffing is withdrawn from the area, unless a unique security concern prevails. To ensure effective camera augmentation, cameras are checked daily to ensure functionality and repair, if necessary. There is direct supervision in all housing units during 1st Shift (highest activity level) however, on 2nd Shift, there is not direct supervision in all areas. It is noted the pod control center officers can and do monitor each pod throughout the shift. The auditor observed this practice in operation during the facility tour from the elevated control centers. Of note, incidents drive increased supervision;

Any judicial finding of inadequacy- NA;

Any findings of inadequacy from federal investigative agencies- NA;

Any findings of inadequacy from internal or external oversight bodies- No findings at this point. As findings develop or are identified, action plans are developed and implemented;

All components of the facility's physical plant- Blind spots dictate camera/staffing increases and additional placements;

The composition of the inmate population- There are three large groups of inmates at SCCC. Specifically, chronic care, Security Threat Groups (STG), and mental health cases comprise the predominant inmate groups within the population. The contract dictates staffing and the Warden can request additional staffing from CC through TND0C;

The number and placement of supervisory staff- Staff resources, inclusive of supervisors, are placed where the inmates are located. Unit management staff provide extra coverage. The staffing pattern is reduced during non-regular business hours. Supervisory staffing is adequate with sergeants providing substantial assistance;

Institution programs occurring on a particular shift- All programs and work programs are facilitated during 1st Shift. Direct supervision is employed in all program areas;



Any applicable state or local laws, regulations, or standards- TN Statutes govern the contract, as well as, many TNDOC policies. Operationally, TNDOC policies are followed;  
The prevalence of substantiated and unsubstantiated incidents of sexual abuse- Increases in incidents dictate realignment of resources; and  
Any other relevant factors- None.

When assessing adequate staffing levels and the need for video monitoring, the PCM asserts the following considerations are factored into staffing plan development:

Generally accepted detention and correctional practices- Sexual Assault Response Team (SART) reviews add different perspectives for consideration;  
Any judicial finding of inadequacy- NA;  
Any findings of inadequacy from federal investigative agencies- NA;  
Any findings of inadequacy from internal or external oversight bodies- NA;  
All components of the facility's physical plant- This facet of the incident review is also covered in the SART process. Blind spots dictate camera/staffing increases and additional placements;  
The composition of the inmate population- There are three large groups of inmates at SCCC. Specifically, chronic care, Security Threat Groups (STG), and mental health cases comprise the inmate groups within the population. The contract dictates staffing and the Warden can request additional staffing from CC through TNDOC;  
The number and placement of supervisory staff- Staff resources, inclusive of supervisors, are placed where the inmates are located. Unit management staff provide extra coverage. The staffing pattern is reduced during non-regular business hours. Supervisory staffing is adequate with sergeants providing substantial assistance;  
Institution programs occurring on a particular shift- All programs and work programs are facilitated during 1st Shift. Direct supervision is employed in all program areas;  
Any applicable state or local laws, regulations, or standards- TN Statutes govern the contract, as well as, many TNDOC policies. Operationally, TNDOC policies are followed;  
The prevalence of substantiated and unsubstantiated incidents of sexual abuse- Increases in incidents dictate realignment of resources; and  
Any other relevant factors- None.

Pursuant to the PAQ, the Warden self reports the justification for all deviations from the staffing plan during the last 12 months has been attributable to staffing shortages. A limited follow-up with respect to this provision has revealed there was 10 instances of deviation from the staffing plan during the last 12 months. All instances were properly documented and managed as articulated in the following paragraph.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section (D)(4)(b) addresses the procedure for documentation of non-compliance with the PREA Staffing Plan. The SCCC Chief of Security is responsible for identification of vacated posts and he/she reports the same to the SCCC PCM. He, in turn, reports the specifics of the deviation, inclusive of any corrective action, to the CCPC within seven calendar days of the date of the deviation.

The Warden self reports the facility does document all instances of non-compliance with the staffing plan. An NCA is generated by the Administrative Duty Officer (ADO) in the Incident Review (IRD). The PCM then reports the non-compliance to the CCPC.

Pursuant to the PAQ, the Warden self reports that at least once every year, the facility, in collaboration with the CCPC, reviews the staffing plan to determine whether adjustments are needed to the staffing plan; the deployment of monitoring technology; or the allocation of facility resources to commit to the staffing plan to ensure compliance with the same.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section (D)(5)(b)(i-iii) addresses 115.13(c).

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

The auditor's review of the April 5, 2017 and July 11, 2018 SCCC Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(a) and (c).

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section (E)(1)(a and b) addresses 115.13(d).

The auditor's PAQ review of one Supervisory Shift Report dated March 17 2019, reveals requisite unannounced PREA rounds were completed on the 2nd Shift on that date. Additionally, the auditor's review of Weekly Cover Sheets dated 10/22/18-10/28/18, 02/04/19-02/10/19, and 03/04/19-03/10/19 reveals Unannounced PREA rounds were conducted by designated managers and executive staff on different days during the respective weeks.

The auditor's random review of unit and post log books during the facility tour reveals Unannounced Sexual Safety Rounds were conducted by supervisory correctional staff on nearly every shift throughout several periods. Accordingly, the auditor finds substantial compliance with 115.13(d). It is noted increased emphasis must be added to minimize any failures in this area.

The intermediate or higher level staff interviewee asserts she has conducted unannounced inmate sexual safety rounds and documented the same in log books. Such documentation is made in red ink.

To facilitate such rounds and in an attempt to prevent staff from alerting other staff she is conducting unannounced rounds, the interviewee asserts rounds are made, displaying no patterns. She may start rounds, interrupt conduct of the same by stopping, and subsequently start rounds again minutes up to hours from the initial start. As 1st Shift is extremely busy, it is difficult for staff to detect her entry into the area. She does have to announce her presence in the housing units as she is opposite-gender staff.

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

## 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*)

Pursuant to the PAQ, the Warden self reports youthful inmates are not housed at SCCC in accordance with the contract with TNDOC. Accordingly, the auditor finds 115.14 is not applicable to SCCC.

As there is no evidence of non-compliance with 115.14, the auditor finds SCCC substantially compliant with the same.

## 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*)

Pursuant to the PAQ, the Warden self reports policy authorizes cross-gender strip or cross-gender visual body cavity searches of inmates housed at SCCC. The Warden further self reports no cross-gender strip or cross-gender body cavity searches of inmates were conducted at SCCC during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section (K)(1)(a) addresses 115.15(a).

The non-medical staff (involved in cross-gender strip or visual searches) interviewee asserts a report from a credible source that an inmate has secreted a weapon in his rectum constitutes an exigent circumstance, warranting a cross-gender strip search.

Pursuant to the PAQ, the Warden self reports the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Female inmates are not housed at SCCC.

The Warden further self reports the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. Female inmates are not housed at SCCC. In the past 12 months, 0 pat-down searches of female inmates were conducted by male staff as the Warden reports female inmates are not housed at SCCC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section (K)(1)(b) addresses 115.15(b).

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section (K)(1)(c) addresses 115.15(c).

Pursuant to the PAQ, the Warden self reports policies and procedures have been implemented at SCCC enabling 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 (this includes viewing via video camera). The Warden further relates policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 17 and 18, sections (K)(4) and (5) address 115.15(d).

Pursuant to the auditor's tour of the facility, he observed female staff announce their presence when entering housing units. An announcement of, "Female on floor" was the predominant announcement.

Twenty of 41 random resident interviewees assert female staff announce their presence when entering their housing unit. Forty of 41 interviewees assert they and other inmates are never naked in full view of female staff (not including medical staff such as doctors, nurses) when toileting, showering, or changing clothes.

Twelve of 12 staff assert they or other officers announce their presence when entering a housing unit that houses residents of the opposite gender. Additionally, inmates are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

In view of policy, procedure, random staff statements regarding announcement of gender by opposite gender staff, and the fact nearly 50% of random resident interviewees assert such announcements are made, the auditor finds SCCC substantially compliant with 15.15(d). The auditor believes there is no systemic failure with respect to this provision. He did alert the Warden to the above findings, recommending reinforcement of the expectation and increased monitoring to detect any potential problems/correct the same.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section (K)(2) addresses 115.15(e).

All 12 random staff interviewees assert the facility does prohibit staff from searching or physically examining transgender/intersex inmates for the sole purpose of determining the inmate's genital status and they are aware of this requirement.

All three transgender inmate interviewees assert they have not been placed in a housing area only for transgender/intersex inmates and they have no reason to believe they were strip searched for the sole purpose of determining their genital status.

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

The auditor's review of the CC Search Procedures Facilitator Guide/slides reveals substantial compliance with 115.15(f).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 7, section b(i) addresses 115.15(f). Additionally, CC Policy 9-5 entitled Searches of Inmates, Residents, and Various Locations, page 3, section C addresses 115.15(f).

The auditor's review of 12 randomly selected staff training files reveals staff are provided the requisite training prior to contact with inmates and during annual In-Service training. All files validate this practice.

All 12 random staff interviewees assert the agency has a policy to train staff to conduct cross-gender pat down searches and searches of transgender/intersex inmates in a professional and respectful manner, consistent with security needs. Eleven of 12 interviewees assert they received this training either during Orientation training (prior to assuming duties with inmates) or annual In-Service PREA training.

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

## **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? X  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? X  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? X  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? X  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? X  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)? X  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? X  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? X  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? X  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? X  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? X  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? X  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? X  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 obtain-

ing 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? X  Yes  No

### **Auditor Overall Compliance Determination**

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

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

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section I(2) (a and b) addresses 115.16(a).

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

Two inmate interviewees who presented with mental health disabilities (one also presented with physical disabilities) and one inmate interviewee who presented with a physical disability (low hearing) assert the facility provides information about sexual abuse/harassment they can understand. One limited English proficient inmate asserted the facility did not provide information about sexual abuse/harassment that he was able to understand. Additionally, he asserts he was not provided with someone to help him read, write, speak, or explain things to him if he needed help.

Pursuant to follow-up, the Warden asserts CoreCivic has a contract with Language Line to provide translation services for inmates who are Limited English Proficient (LEP). Braille services are not provided at SCCC. Materials are read to inmates who are blind or have low vision. Services for inmates who are deaf or hard of hearing are provided through the use of a TTY. Staff who are qualified to provide this service may also be utilized, if available.

Inmates who are identified as low functioning, low reading or cognitively impaired will be educated in a one-on-one presentation of PREA material to ensure they understand and are aware of how to report sexual abuse/harassment.

While the SCCC Handbook is only printed in English, the PREA video is provided in both English and Spanish. Staff can be used to translate for Spanish-speaking inmates much in the same manner as the Chaplain translated during the interview of LEP inmates. The auditor validated the PREA video is presented in Spanish and relevant to the afore-mentioned LEP interviewee.

The auditor's review of 11 out of 13 applicable random inmate files (many pertaining to inmates interviewed as random residents) reveals in 11 out of 13 cases, inmates received requisite PREA education in accordance with standard expectations. Files pertaining to inmates received at SCCC prior to 2017 were not considered to be applicable to this audit period.



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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section I(2) (a and b) addresses 115.16(b).

The auditor reviewed the contract between CC and Language Line Interpreter Services for provision of services to non-English speaking inmates. Services for 250-plus languages are provided pursuant to this contract.

In addition to the above, the auditor's review of a memorandum dated January 15, 2019 reveals Language Line and operational provision of translation services across the spectrum of disabilities are addressed in the same.

The auditor's review of the Preventing Sexual Abuse & Misconduct pamphlet (written in English and Spanish) and the Inmate Handbook reveals requisite PREA information is provided to inmates.

Pursuant to the PAQ, the Warden self reports agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants 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 investigation of the inmate's allegations. The Warden further advises the facility documents the limited circumstances in individual cases where inmate interpreters, readers, or other types of assistants are used. Reportedly, there were 0 instances, within the past 12 months, wherein 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, or the investigation of the resident's allegations.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section I(2)(c) address 115.16(c).

Four of 12 random staff interviewees assert inmate interpreters/readers/assistants can be used to assist inmates with disabilities or LEP inmates when making an allegation of sexual abuse/harassment. Three interviewees were able to identify one or more of the reasons for use of such resources, as defined in 115.16(c). The most common reason cited is the avoidance of compromise to the inmate's safety. All 12 interviewees assert to the best of their knowledge, this has not occurred during this audit period.

As policy clearly allows for this practice pursuant to the limited circumstances articulated in 115.16(c) and the same has not been employed at SCCC during the last 12 months, the auditor finds no basis for a non-compliance finding. However, it is apparent that further staff training is necessary. Of note, the auditor did provide interviewees with an interactive scenario to reinforce the mechanics of 115.16(c).

The auditor is requiring SCCC to retrain staff relative to the subject-matter of 115.16(c). Re-training can be facilitated in a classroom setting, at which, the PCM will provide to the auditor a copy of the lesson plan and a roster of attendees. The auditor will then randomly select a sampling of staff and the PCM will provide training certifications reflecting their receipt and understanding of the material presented. Staff participants must sign and date the appropriate documentation, certifying receipt and understanding of the material.

The target date for completion of this training is December 3, 2019.

In view of the above, the auditor finds SCCC substantially compliant with 115.16.

## 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)? X  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? X  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? X  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)? X  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? X  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? X  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? X  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? X  Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? X  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? X  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? X  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? X  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? X  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? X  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? X  Yes  No

#### 115.17 (g)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports agency 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, lock-up, community confinement facility, juvenile facility, or other institution;  
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 the preceding bullet.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(1)(a-c) addresses 115.17(a).

The auditor's review of the Self Declaration of Sexual Abuse/Sexual Harassment form (14-2H) reveals compliance with this provision to the extent the three questions are specifically asked, and staff (inclusive of promotion candidates) and contractors affirmatively respond, in writing, to complete the form.

The auditor's review of Self Declaration of Sexual Abuse/Sexual Harassment forms for an applicant (dated June 28, 2018), an employee (dated March 13, 2018), and a contractor (dated January 8, 2018) reveals compliance with 115.17(a). None of these individuals reported any violation of the three questions, plus existence of sexual harassment, articulated in 115.17(a) and (b). Furthermore, the corresponding criminal background record check reveals no positive findings regarding the three questions.

The auditor's on-site random review of six Human Resources (HR) files relative to staff hired within the last three years, three staff promotions, and two re-contractors during the same time frame, reveals compliance with 115.17(a) in all cases. Both the criminal background record checks and 14-2H documents were completed prior to hiring and promotion.

The HR interviewee asserts the facility performs criminal record background checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, who may have contact with inmates, who are considered for promotions. This applies to contractors who may have contact with inmates, as well. A Questionnaire is forwarded to all previous institutional employers wherein various PREA related questions are addressed.

In addition to the staff files referenced above, the auditor reviewed files related to two contractors, both of whom were originally Corrections Corporation of America (CCA) employees at one time. CCA was subsequently re-branded to CC. Reportedly, when CCA relinquished food service and medical/mental health operations to contracts with private entities, a correctional officer transferred to the contract food service provider (Trinity) and a mental health provider transferred to Well Path, resigned from Well Path, and subsequently re-hired with Well Path. While there was never a break in service with respect to the now Trinity food service employee, the mental health practitioner was re-hired by Well Path in March, 2018.

The auditor's review of a 2014 14-2H Form for the food service contractor reveals substantial compliance with 115.17(a). Additionally, a five-year criminal background records check reveals substantial compliance with 115.17(e).

The auditor's review of both the 14-2H Form and criminal background records check for the mental health re-hire reveals substantial compliance with both 115.17(a) and (d). The auditor notes both processes were completed prior to the contractor commencing work with inmates.

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

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

The auditor's review of the Self Declaration of Sexual Abuse/Sexual Harassment form reveals compliance with this provision to the extent the sexual harassment question is specifically asked, and staff (inclusive of promotion candidates) and contractors affirmatively respond, in writing, to complete the form. As referenced in the preceding paragraph, there is a question regarding sexual harassment on the Self Declaration of Sexual Abuse/Sexual Harassment form however, there is no method for validation of the employee's response as reflected on the same. The addition of a sexual harassment question to the Verification of

Prior Employment form allows prior institutional employers the ability to attest to any incidents that may have occurred during the employee's tenure with the employer. The criminal record background check generally does not address sexual harassment and accordingly, it is difficult to validate the applicant's statement.

Of the HR files reviewed during the on-site audit, two staff advised of previous institutional employment. One employee previously worked for CC and accordingly, response to the question was simplified. The other employee (also a promotion candidate) worked for a County Sheriff and the requisite inquiry was forwarded prior to promotion. The auditor finds no irregularities based on the evidence reviewed.

The Human Resources (HR) interviewee asserts the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates.

Pursuant to the PAQ, the Warden self reports agency policy requires that before new employees who may have contact with inmates are hired, a criminal background record check is conducted and consistent with federal, state, and local law, best efforts are made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The Warden further self reports during the past 12 months, 316 persons who may have contact with inmates have had criminal background record checks completed. This equates to 100% of staff hired during this time frame.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 5 and 6, section B(3)(a)(i and ii) addresses 115.17(c).

The HR interviewee asserts the facility performs criminal record background checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, who are considered for promotions. This also applies to contractors who may have contact with inmates.

The auditor's on-site random review of six applicable staff HR files reveals a criminal background record check was conducted and cleared prior to the date of hiring. Applicable cases are those hired within the last three years.

Criminal record background record checks are completed by TNDOC and were absent any 115.17(a) convictions.

Pursuant to the PAQ, the Warden asserts agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. The Warden further self reports in the past 12 months, there were 26 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates. However, as referenced in the narrative for 115.17(a), criminal record background checks were conducted in individual cases of contractor hires or re-hires.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section B(3)(b) addresses 115.17(d).

The auditor's random review of two contractor files reveals criminal background record checks were conducted in both cases. In one case, TNDOC staff dated the certification of approval letter and the same was conducted prior to selection. In the other case, the TNDOC approving official did not date the approval document.

Pursuant to the PAQ, the Warden self reports agency policy requires either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section B(3)(c) addresses 115.17(e).

The HR interviewee asserts a Background Authorization is executed with staff and contractors prior to initiation of the annual criminal background record check applicable to staff and contractors. Requests for such investigations are coordinated with the state monitor. TNDOC issues a document certifying Pass or Fail with respect to the investigation.

HR utilizes a spread sheet to track due dates for the conduct of the same.

During the on-site audit, the auditor reviewed eight applicable random staff files and found no discrepancies.

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

In regard to 115.17(f), the above policy requires the Form 14-2H is completed annually by all staff. It is the auditor's understanding this process is specifically intended to demonstrate compliance with 115.17(f). Specifically, annual employee certification regarding the three questions, as well as, sexual harassment, provides reasonable assurance staff are appropriate for continued employment (freedom from sexual abuse and harassment).

Pursuant to the auditor's on-site review of nine random staff files, the auditor has determined 14-2H forms are completed on an annual basis. Some 2019 forms had not yet been completed at the time of the on-site audit however, the same were not yet due.

The HR interviewee asserts the facility asks all applicants and employees who may have contact with inmates about previous misconduct described in 115.17(a) in written applications for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The 14-2H Form is completed annually by each employee and the same is broadly used in the hiring, promotion processes and is completed annually.

In addition to the above, the facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct. This requirement is also articulated in the 14-2H form.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(1)(Note) addresses 115.17(g).

The auditor notes the verbiage of 115.17(g) is included in the Self Declaration of Sexual Abuse/Sexual Harassment Form and accordingly, whenever, the employee sign and dates the same, he/she attests to the verbiage of 115.17(g).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section B(3)(e) addresses 115.17(h).

The HR interviewee asserts when a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law.

In view of the above, the auditor finds SCCC substantially compliant with 115.17.

## **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*)

Pursuant to the PAQ, the Warden self reports the facility has not made substantial expansions or modifications to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 33, section V(1) addresses 115.18(a).

According to the Agency Head interviewee, when designing, acquiring, or planning substantial modifications to facilities, CC commences the process through land purchase(s) and then subsequent construction. A design team facilitates most of the preparation and standards compliance work. Architects are well versed in PREA. Lines of sight are assessed to enhance inmate sexual and personal safety and camera surveillance needs to address blind spots. The same protocol is utilized with regard to expansion and renovations. Requests for changes must be approved by the design team. The design team is part of the Real Estate Group.

The Warden asserts there were no expansions or modifications to the physical plant since the last PREA audit.

Pursuant to the PAQ, the Warden self reports the facility has installed or updated video monitoring system(s), electronic surveillance system(s), or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 33, section V(2) addresses 115.18(b).

According to the Agency Head interviewee, cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration to optimal coverage is addressed at the time of these upgrades. Camera placement also takes into consideration the privacy needs for cross gender viewing in areas like restrooms and shower areas. Technology is discussed with facility staff during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the Facility Support Center (FSC) PREA Coordinator.

The Warden asserts all PREA incidents are closely scrutinized (blind spots, places of inmate assembly, etc.) to determine additional camera needs. Those factors addressed by the Agency Head interviewee were also articulated by the Warden.

While the PREA Physical Plant/Video Surveillance Update is not available for the 2017 video upgrade, the auditor finds sufficient evidence PREA factored heavily into the camera surveillance schematic at SCCC. The auditor has reviewed the placement schematic and is clearly satisfied with findings.

In view of the above, the auditor finds SCCC substantially compliant with 115.18(b).

## 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.)  
X  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.) X  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.) X  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? X  Yes  No



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

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? X  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.) X  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers? X  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? X  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? X  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.) X  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*)

Pursuant to the PAQ, the Warden self reports the facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). According to the Warden, the Office of Investigations and Compliance (OIC) (TNDOC) or Clifton Police Department (CPD) facilitates criminal investigations of sexual abuse at SCCC. When conducting administrative investigations, SCCC PREA investigators follow a uniform evidence protocol.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 25, section 4(a) addresses 115.21(a) in totality.

All 12 random staff interviewees assert they are aware of and understand the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. Eight of the 12 interviewees correctly identified all steps of the first responder duties. The same constitutes the primary protocol for obtaining usable physical evidence at SCCC given the fact criminal investigators collect physical evidence.

Seven interviewees assert administrative investigations are facilitated by the SCCC Investigator and criminal investigations are facilitated by TNDOC and/or Clifton Police Department (CPD) investigators.

Pursuant to the PAQ, the Warden self reports youth are not confined at the facility and accordingly, the requirement that the protocol be developmentally appropriate for youth, is not applicable to SCCC. The Warden further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 25, section 4(b) addresses 115.21(b) in totality.

The auditor's review of the MOU between CC and Clifton Police Department (CPD) relative to the conduct of criminal sexual abuse investigations reveals substantial compliance with 115.21(b) and 115.71. Criminal investigations are also addressed in the TNDOC contract with CC.

Pursuant to the PAQ, the Warden self reports all inmates who experience sexual abuse are afforded access to forensic medical examinations at an outside medical facility. Forensic medical examinations are offered without financial cost to the victim.

Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs medical examinations. Efforts to provide SANEs or SAFEs are documented.

In the past 12 months, 0 forensic medical exams were conducted relative to SCCC inmates who were allegedly sexually assaulted.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 25, section 4(c) addresses 115.21(c) in totality.

The auditor's review of the MOU between CCA and Jackson-Madison County SANE/SART addresses the conduct of forensic examinations at no cost to the victim, as well as, the conduct of the forensic examination by a SAFE/SANE Nurse. The auditor finds substantial compliance with 115.21(c).

The SAFE/SANE staff interviewee asserts she is one of five SAFE/SANE Nurses who facilitate forensic examinations at Jackson-Madison County County Hospital in western TN. While SAFE/SANE Nurses are on-call, they are generally available on a 24-hour, seven day per week basis. If not available, forensic examinations are completed by the Emergency Room Nurse Practitioner (NP), Physician Assistant (PA), and/or the Emergency Room Physician. The interviewee is a certified IASN Nurse and others may likewise carry that verification however, minimally, they have received SAFE/SANE training. Forensic examinations are conducted at the hospital.

The interviewee asserts education of patients regarding sexually transmitted infectious diseases and provision of medically acceptable infection prophylaxis is included with the forensic examination. Additionally, laboratory analysis is offered to the victim.

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

The auditor's review of the MOUs between Core Civic/Center of Hope and Core Civic/Avalon Center Domestic Violence and Sexual Assault Program reveals substantial compliance with 115.21(d) regarding provision of Victim Assistance (VA) services.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section 4(d)(i) and (ii) addresses 115.21(d) in totality.

The PCM asserts if requested by the victim, a VA from Avalon Services provides services pursuant to an MOU between CC and Avalon. The VA can accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews, if requested by the victim.

All five of the inmates who reported a sexual abuse interviewees assert the facility did not allow them to contact anyone (VA). The auditor notes the allegation in one of these cases was that of sexual harassment. The auditor also notes another interviewee asserts he did not request any VA assistance. None of the fact patterns represented by interviewees invoked a need for VA services.

Pursuant to the PAQ, the Warden self reports that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 26, section 4(e) addresses 115.21(e).

The PCM asserts a CC contracted mock auditor contacted Avalon Services in March, 2019 and verified VA credentials. The finding was positive in terms of training.

Pursuant to the PAQ, the Warden self reports if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs 115.21(a through e) of the PREA standards.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 25, section 4 addresses 115.21(f).

In view of the above, the auditor finds SCCC substantially compliant with 115.21.

## 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? X  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? X  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? X  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? X  Yes  No
- Does the agency document all such referrals? X  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).) X  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*)
- X  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. According to the Warden, in the last 12 months (June, 2018-June 20, 2019), 33 allegations of sexual abuse were received and all were adminis-

tratively investigated. The Warden further self reports all of these administrative investigations were completed.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section (O) addresses 115.22(a) in totality.

According to the Agency Head interviewee, an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Administrative investigations are completed by a PREA trained investigator and whenever the investigative arm of the partner (as previously mentioned in the narrative for 115.21) is tasked with facilitation of criminal investigations, they are generally PREA trained pursuant to the contract.

In regard to the protocol relative to administrative/criminal sexual abuse or sexual harassment investigations, the Agency Head interviewee asserts the allegation triggers the rest of the investigative process. Medical examination and allegations the victim incurred physical harm may trigger a forensic examination as ordered by Medical professionals. The allegation is generally reported to the COS, Warden, and PCM. Notifications to the facility investigator and/or criminal investigating agency would ensue.

The Agency Head interviewee continued, stating first responders ensure the victim and perpetrator are separated and perpetrator, if known, is isolated. The victim would likewise remain under staff's physical supervision. Generally, physical evidence is collected by the criminal investigator in a criminal matter. If criminal, the criminal investigator determines interview status and whether the facility investigator assists. CC investigative staff would assist the criminal investigator in any way needed, inclusive of research and preservation of camera footage, inmate/staff file reviews, review of reports submitted by staff, review of inmate statements (if applicable), and coordination of investigative activities. Additionally, CC officials would support prosecution efforts of both staff and inmates.

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

The auditor's review of one administrative sexual abuse investigation reveals the same was completed in a timely manner. Criminal investigative agencies were contacted and they declined participation in and facilitation of the investigation as a criminal matter.

The auditor's on-site random review of five additional sexual abuse investigations also reveals timely initiation and completion of the investigations. In four of the five cases, the victim did not report the allegation within a time period allowing for collection of physical evidence. Accordingly, given the proximity of the time of report, the auditor concludes appropriate steps were taken in each case.

Pursuant to the PAQ, the Warden self reports the agency has a policy that requires allegations of sexual abuse and sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The Warden further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of sexual abuse or sexual harassment for criminal investigation. As mentioned in the narrative for 115.22(a), the auditor's review of one inmate-on-inmate allegation and accompanying documentation reveals the matter was properly referred to the appropriate criminal investigative entities and they declined interest. Documentation of the same is reflected in the actual investigative document.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 22 and 23, section M(4)(a) addresses 115.22(b).

The investigative staff interviewee asserts agency policy does require that allegations of sexual abuse/harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Such referrals are made to CPD and TND OC Office of Investigation Compliance (OIC).

The auditor's review of the CC website reveals CC Policy 14-2 is posted on the same. Accordingly, the afore-mentioned verbiage is available on the website.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 25 and 26, section 4(a-e) addresses 115.22(c).

As previously indicated in the narrative for 115.22(b), the auditor's review of the CC website clearly reveals SCCC is substantially compliant with 115.22(c).

In view of the above, the auditor finds SCCC substantially compliant with 115.22.

## 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? X  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? X  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 X  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? X  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? X  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? X  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? X  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? X  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? X  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? X  Yes  No

### 115.31 (b)

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

### 115.31 (c)

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

### 115.31 (d)

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

### Auditor Overall Compliance Determination

- X  **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*)

Pursuant to the PAQ, the Warden self reports the agency trains all employees who may have contact with inmates regarding the ten topics listed in 115.31(a).

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 6 and 7, section C(1)(a)(ii-xv) addresses 115.31(a).

The auditor's limited review of the CC PREA Overview Facilitator Guide reveals the requisite 10 topics are covered with narrative and slides. All requisite training [as applied to 115.31(a)] is provided at SCCC.

Eleven of 12 random staff interviewees assert they have been trained regarding the 10 topics referenced in 115.31(a) either during New Employee Orientation and/or annual PREA In-Service training. One interviewee

asserts he did not participate in three of the 10 classes however, the auditor's review of his training file reveals he did complete all 10 topics during 2016, 2017, and 2018 In-Service training sessions.

The auditor's review of one Employee Orientation Training Acknowledgment and accompanying Training Activity Enrollment forms (dated October 23, 2018) and the same forms dated November 15, 2018 relative to a non-security staff In-Service completion reveals completion of requisite training in accordance with 115.31(a). The signed Core Civic PREA Training Acknowledgments reveal understanding of the subject-matter presented during PREA training.

The auditor's review of 11 other random staff training files reveals substantial compliance with the requirements of 115.31(a).

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 8, section C(c) address 115.31(b).

The PCM self reports during the audit period, 0 staff transferred to SCCC from facilities wherein female inmates are housed.

The auditor finds training to be appropriate for the male gender inmates housed at SCCC. The Warden further self reports employees who are reassigned from facilities housing opposite gender inmates are given additional training.

Pursuant to the PAQ, the Warden self reports that 632 staff employed by the facility, who may have contact with inmates, were either trained or retrained in PREA requirements. This equates to 100% training completion.

All employees have received PREA booklets, cards, and receive refresher training during Department Head Meetings and Quarterly/Monthly PREA Meetings between refresher trainings.

According to the Warden, employees who may have contact with inmates, receive PREA refresher training on an annual basis. As 115.31(c) requires refresher training on a bi-annual basis and given the fact policy, interviews, and auditor review of relevant evidence demonstrates annual PREA training, the auditor finds SCCC exceeds standard requirements with respect to 115.31(c).

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

The requirements of this provision, in terms of actual signatures of understanding, are addressed in the narrative for 115.31(a). Specifically, the auditor's review of PAQ information, as well as, random on-site review of staff files substantiates compliance with 115.31(d).

In view of the above, the auditor finds SCCC exceeds standard expectations with respect to 115.31.

## **Standard 115.32: Volunteer and contractor training**

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

#### **115.32 (a)**



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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports all contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Warden further self reports that 22 volunteers and individual contractors who have contact with inmates, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response and all have been properly trained.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 8, section C(2)(a) addresses 115.32(a).

Both volunteers who have contact with inmates interviewees assert they have been trained relative to their responsibilities regarding sexual abuse/harassment prevention, detection, and response per agency policy and procedure. They received their training during annual PREA refresher training this year. The Warden, PCM, and captain provided the training. The training consisted of reporting methods, survival in a PREA environment, and the SCCC zero tolerance policy regarding sexual abuse/harassment. Training participants completed a PREA scenario based questionnaire. The training was approximately two hours in duration.

The auditor's review of one PAQ volunteer training file reveals he received requisite annual PREA training. The volunteer signed and dated a Training Acknowledgment attesting to his understanding of the requisite PREA training information. Additionally, the auditor's review of documents dated April 9, 2019 corroborate the self reports of the "volunteer" interviewees mentioned above.

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

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

The auditor's limited review of associated PREA lesson plans reveals contractors and volunteers receive very similar PREA training as compared to CC staff.

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

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

The auditor's review of requisite training documents, as described in the narrative for 115.32(a), reveals contractors sign and date the same, confirming they understand the training they received.

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

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (c)

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

#### 115.33 (d)

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

#### 115.33 (e)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Warden further self reports 712 inmates were admitted to SCCC during the last 12 months, of which 100% were provided the requisite information at intake. The PCM confirms this statement.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 15, section I(1) addresses 115.33(a).

The intake staff interviewee asserts inmates are provided a tri-fold PREA pamphlet, inmate handbook, and they later view the PREA video at Orientation. These resources provide information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/harassment. Provision of the above resources to the inmate is documented on a TND OC Orientation form.

Twenty-six of 26 applicable random inmate interviewees assert they received information about the facility's rules against sexual abuse/harassment. Of note, 15 interviewees assert they arrived at SCCC during or before 2016. Some interviewees assert they received the requisite information within one to four weeks of arrival.

The auditor's review of two TND OC Orientation Acknowledgment forms reveals the affected inmates received the Inmate Handbook and PREA brochure upon arrival. Orientation, inclusive of viewing the PREA video, subsequently occurred within two weeks of arrival at SCCC.

The auditor's random review of 10 of 14 applicable random inmate files reveals all of the afore-mentioned PREA resources were provided to the inmates on the date of arrival, inclusive of the PREA video. Applicable cases refers to those who arrived at SCCC within the audit period.

The auditor's limited review of the materials referenced above reveals the content provided therein is commensurate with 115.33(a).

Pursuant to the PAQ, the Warden self reports 712 inmates were admitted to SCCC during the last 12 months whose length of stay was 30 days or more. According to the Warden, all of these inmates received comprehensive PREA education within 30 days of Intake. The PCM also reports the same to be accurate.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 13, section I(1) addresses 115.33(b).

The intake staff interviewee asserts the facility ensures inmates are educated regarding their rights to be free from sexual abuse/harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. This information is conveyed pursuant to the PREA video, and possibly the tri-fold pamphlet. Inmates are generally provided this information within 24 hours of arrival however, weekend days can be problematic.

Twenty-six of 41 applicable interviewees assert they received 115.33(b) information between the day of intake and one month later. The auditor notes this is the same interview group referenced in the narrative for 115.33(a).

The auditor's review of two TND OC Orientation Acknowledgments dated February 1 and 11, 2019 reveals the inmate participant received PREA education, to include viewing the PREA video, within days of arrival. The inmate's name, signature, and date are affixed to the document, as well as, those of other designated staff.

A discussion regarding provision of Orientation, topics discussed, as well as, auditor findings pursuant to review of random inmate files, appears in the narrative for 115.33(a).

Pursuant to the PAQ, the Warden self reports all inmates, received within the last 12 months, have been properly educated. The Warden further self reports agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures for the new facility differ from those of the previous facility.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 15, section I(1)(a-i) addresses 115.33(c).

The auditor notes applicable evidence cited in the narrative for 115.33(a) addresses calendar years 2016 through 2019.

Pursuant to the PAQ, the Warden self reports education is available in accessible formats for all inmates, including those specific groups listed in the verbiage of 115.33(d).

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 15, section I(2)(a) and (b) addresses 115.33(d).

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 15, section I(3) addresses 115.33(e).

With respect to the documentation identified in the narratives for 115.33(a-c), the auditor reviewed the same when reviewing random inmate files. Conclusions are based on the completed documents.

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 16, section I(4) addresses 115.33(f).

The auditor's review of one poster that was included in the PAQ packet reveals the same clearly advises inmates they have a right to be free from sexual abuse/harassment and provides a telephone number for reporting sexual abuse/harassment allegations. The Inmate Handbook and PREA brochures are addressed in the narrative for 115.33(a).

Throughout the facility tour, the auditor noted substantial poster placements in all housing areas, programming areas, and operational areas. Posters convey the relevant information required by 115.33.

In view of the above, the auditor finds SCCC substantially compliant with 115.33.

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

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

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

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) X  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).) X  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).) X  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).) X  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).) X  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).) X  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*)
- X  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 7, section b(i) addresses 115.34(a).

The investigative staff interviewee asserts she received training specific to conducting sexual abuse investigations in confinement settings. The same was an on-line National Institute of Corrections (NIC) course entitled Investigating Sexual Abuse in a Confinement Setting. Additionally, she completed the advanced course.

The auditor's review of the SCCC PREA Investigator training records and a back-up investigator reveals they completed a three hour NIC PREA Investigator specialty training course entitled PREA: Investigating Sexual Abuse in a Confinement Setting. The auditor's review of the lesson plan includes the following:

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 7, section b(i) addresses 115.34(b).

The training curriculum and documentation of completion is addressed in the narrative for 115.34(a).  
The investigative staff interviewee asserts specialty training topics include:

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

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing that investigators have completed the required training. The Warden further self reports SCCC currently employs one PREA Investigator and she has completed the required training.

A discussion regarding credentials appears in the narrative for 115.34(a).

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

## 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.) X  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.) X  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.) X  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.) X  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*)

Pursuant to the PAQ, the Warden self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. According to the Warden, four medical and mental health care practitioners work regularly at the facility and have received the requisite training. Additionally, the auditor confirmed, pursuant to review of training documentation, that a contractor completed requisite specialty training during 2019. Reportedly, this equates to 100% of medical and mental health care practitioners who work regularly at the facility and have received training.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 7, section b(1)(ii) addresses 115.35(a).

The auditor's review of the CC specialty medical/mental health PREA training DVD reveals coverage of all components of 115.35(a).

The medical and mental health staff interviewees assert forensic examinations are not facilitated at SCCC. Both interviewees assert they have received a three hour specialized on-line CC training regarding the following:

How to detect and assess signs of sexual abuse/harassment;



How to preserve physical evidence of sexual abuse;  
How to respond effectively and professionally to victims of sexual abuse/harassment; and  
How and to whom to report allegations or suspicions of sexual abuse/harassment.

The auditor's review of four Employee Education & Training Records for contractors reveals receipt of either Orientation or In-Service PREA training (all four cases), as well as, the requisite specialty training (all four cases). Review of three contractor transcripts reveals they received specialty training as required by 115.35(a). Additionally, documentation confirms one contract physician has completed specialty training.

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 8, sections (e) and 2(a) address 115.35(d).

The auditor's review of relevant documentation in support of 115.35(d) is addressed in the narrative for 115.35(a).

In view of the above, the auditor finds SCCC substantially compliant with 115.35.

## **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? X  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? X  Yes  No

#### **115.41 (b)**

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

#### **115.41 (c)**

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

#### 115.41 (g)

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

#### Auditor Overall Compliance Determination

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

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

Pursuant to the PAQ, the Warden self reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 12, section H(1) addresses 115.41(a).

The staff responsible for risk screening interviewee asserts she does screen inmates upon admission to SCCC or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

Six of 20 applicable random inmate interviewees assert they were asked the following questions upon arrival at SCCC:

Whether they had been in jail or prison before;  
Whether they have ever been sexually abused;  
Whether they identify as lesbian, gay, bisexual; and  
Whether they think they might be in danger of sexual abuse at SCCC.  
Interviewees assert they were asked these questions either at intake or on the following day.

In accordance with the Random Inmate Interview Questionnaire, questions 7 and 8 are asked only if the inmate arrived at SCCC during the last 12 months and accordingly, those inmates constitute applicable cases.

The auditor's review of 14 applicable random resident files reveals timely assessments were conducted upon their arrival at SCCC (within 24 hours of arrival). Applicable files pertain to those inmates who arrived at SCCC during the audit period.

The auditor notes nine random resident files were reviewed with respect to inmate interviewees who had either stated the afore-mentioned questions were not asked or the same were asked within 5 days to four weeks of arrival at SCCC. Seven of these files reflect timely interviews wherein the relevant questions were asked. Accordingly, the auditor finds SCCC substantially compliant with 115.41(a).

The auditor's review of one PREA Screening Information screen reveals the inmate arrived at SCCC on February 15, 2018 and he was screened the same day. A screening reassessment was completed on March 7, 2018, well within 30 days of arrival. Of note, these processes are completed electronically in the Offender Management System (OMS). SCCC screeners complete the process in accordance with TNDOC procedures.

Pursuant to the PAQ, the Warden self reports policy requires inmates be screened for risk of sexual victimization or risk of abusing other inmates within 72 hours of their intake. In the past 12 months, the Warden self reports 712 inmates entered the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates, within 72 hours of entry into the facility. This equates to 100% of those screened pursuant to the criteria specified in the preceding sentence.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 13, section H(1)(a) addresses 115.41(b). This policy stipulates all inmates will be screened within 24 hours of arrival at the facility.

The staff responsible for initial risk screening interviewee asserts she completes initial risk screening for sexual victimization or risk of sexually abusing other inmates, within 72 hours of intake.

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 13, section H(1)(c) addresses 115.41(c).

The auditor's review of the TND OC Screening Information Form reveals the same is based on objective criteria.

The auditor's review of the TND OC Screening Information Form reveals the intake screening considers, 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;
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 non-conforming;
8. Whether the inmate has previously experienced sexual victimization;
9. The inmate's own perception of vulnerability;
10. Whether the inmate is detained solely for civil immigration purposes.

The auditor notes inmates are not detained at SCCC solely for immigration purposes.

The staff responsible for risk screening interviewee asserts the initial risk screening considers the following:

Inmate build;  
History of prior victimization;  
Prior criminal history;  
Is the inmate convicted of a non-violent charge?;  
History of incarceration;  
Does the inmate have a physical/mental health disability?;  
Does the inmate identify or appear to be LGBTI?;  
Inmate's self perception of vulnerability.

In regard to the process for conducting the initial victimization/abusiveness screening, the interviewee asserts the new arrival is brought to Discovery B Unit following medical examination. All new intakes are placed in a room to watch the PREA video. One-by-one, each inmate is escorted to the case manager's office to complete the screening and interview. The office door remains open during screening however, other inmates cannot hear as there is a designated area where they must stand behind a painted "red line". The case manager keys information into the TN Offender Management Information System (TOMIS) while interviewing the inmate.

Auditor's Note: The auditor observed the "red line" and the articulated method of interviewing. He finds the process to be sufficiently confidential.

The case manager also advises she pre-answers questions pursuant to review of source documents and compares her findings against the statements of the inmate. If appropriate, she uses the information gleaned from sources to refresh the inmate's memory.

The auditor's review of the TND OC Screening Information Form reveals the initial screening and reassessment minimally considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. Prior convictions and administrative disciplinary actions are considered.

Pursuant to the PAQ, the Warden self reports the policy requires the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The Warden further self reports 712 inmates who were admitted to the facility during the last 12 months were reassessed for their risk of sexual victimization or of being sexually abusive, within 30 days of admission, based upon any additional, relevant information received since intake. Reportedly, this equates to 100% reassessments of all Intakes during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 13, section H(2)(a) addresses 115.41(f).

The staff responsible for risk screening interviewee asserts reassessment of risk levels is conducted within 30 days of arrival at SCCC.

Four of 20 applicable random inmate interviewees assert they were asked the questions articulated in 115.41(d) again since they have been at SCCC. One of the four interviewees asserts he was asked the questions within 30 days of arrival at SCCC.

The auditor's random review of 13 applicable random inmate files reveals four reassessments were completed within 30 days of arrival at SCCC. Accordingly, from a performance perspective, the auditor finds SCCC non-compliant with 115.41(f) as nine reassessments were completed outside standard expectations.

The auditor is imposing a 180-day corrective action period which must be completed on or before March 3, 2020. To ensure the auditor is reasonably assured this deficiency has been corrected, the PCM will provide a monthly inmate roster of inmates admitted since September 3, 2019. The auditor will randomly select inmates and SCCC staff will forward the initial PREA screening and 30-day reassessment for each inmate, to the auditor for review.

Additionally, the PCM will provide each staff stakeholder who facilitates PREA reassessments, with training regarding process and timeliness. A copy of the training plan will be provided to the auditor, as well as, training documentation for each stakeholder reflecting their understanding of the subject-matter presented. The documents must bear the stakeholder's signature and date.

When the auditor is satisfied the deficiency has been corrected, he will close the finding however, corrective action must be completed on or before March 3, 2020.

#### **February 16, 2020 Update:**

**The auditor's review of a lesson plan regarding the administration of initial sexual vulnerability/ predatory vulnerability assessments reveals substantial compliance with 115.41. The information provided is commensurate with standard, CC and TNDoc policy.**

**Two Training/Activity Attendance Roster reflect the printed names, signatures, and date of training (February 6, 2020) and the "I understand" caveat for 20 unit management staff. Accordingly, the auditor finds corrective action is complete with respect 115.41 staff training issues.**

**The auditor randomly selected 15 inmate names, admitted to SCCC during January, 2020, and reviewed respective files. Both the initial screening and reassessment were completed in a timely manner.**

**The auditor finds SCCC has completed requisite corrective action and compliance has been demonstrated.**

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 13, section H(2)(b) addresses 115.41(g).

The staff responsible for risk screening interviewee asserts she does reassess inmate risk levels as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

The auditor's review of a tracking spreadsheet reveals all investigations completed and the Warden asserts with every one of those incidents, a reassessment is completed when warranted.

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

Whether or not the inmate has a mental, physical, or developmental disability;  
Whether or not the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;  
Whether or not the inmate has previously experienced sexual victimization; and  
The inmate's own perception of vulnerability.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 13, section H(3)(a-d) addresses 115.41(h).

The PCM self reports during the last 24 months, 0 inmates have been disciplined for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the inmate has a mental, physical, or developmental disability;  
Whether or not the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;  
Whether or not the inmate has previously experienced sexual victimization; and  
The inmate's own perception of vulnerability.

The staff responsible for initial risk screening interviewee asserts 0 inmates have been disciplined for refusing to respond to or for not disclosing complete information related to the afore-mentioned issues.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 5, section A(2) addresses 115.41(i). Additionally, TND0C APP 109.04, page 1, section VI(A); page 2, section B(1); and page 3, section B(3) also address 115.41(i).

According to the CCPC, SCCC PCM, and staff who perform screening for risk of victimization and abusiveness interviewees, the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. Such information is shared on a "Need to Know" basis only with SCCC executive staff, both the Chief of Security and Unit Management, unit managers/case managers, captains, investigator, and the count room officer. TND0C staff determine system rights for affected staff.

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

## **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? X  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? X  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? X  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? X  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? X  Yes  No

#### 115.42 (b)

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

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate re-assessed at least twice each year to review any threats to safety experienced by the inmate? X  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*)

Pursuant to the PAQ, the Warden self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 13, section H(1) addresses 115.42(a).

The PCM asserts TOMIS will not allow victims and perpetrators to be housed in the same cell. Placement in the same cell would require a system override and the same is traceable/reportable. This aids to keep inmates from being sexually victimized or being sexually abusive.

According to the staff responsible for risk screening interviewee, TOMIS scores Victims/Aggressors (Vs/As) and classifies as such, Potential Victims/Aggressors (PVs and PAs). Vs/PVs cannot be housed in the same cell with As/PAs. TOMIS disallows such unauthorized placements. The case manager subsequently checks the Count Room Board to guard against any mechanical PREA issues.

The auditor's review of three sets of decision-making documents reveals all requisite information relied upon to make both housing and work assignments. The Initial Intake Screening and PREA Assessment Questionnaire Information are used in this process.

Pursuant to the PAQ, the Warden self reports the facility makes individualized determinations about how to ensure the safety of each inmate.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 13 and 14, section H(1)(c)(6) addresses 115.42(b).

Pursuant to the PAQ, the Warden self reports the facility makes housing and program assignments for transgender and intersex inmates in the facility on a case-by-case basis.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 16, section J(1)(a) addresses 115.42(c).

The PCM asserts transgender and intersex inmate housing is dispersed throughout the facility. Transgender/intersex inmates are not housed with either those designated as A/PA or V/PV. Affected inmate's health and safety, as well as, whether the placement presents management or security issues, are considered.

All three transgender/intersex inmate interviewees assert SCCC staff ask questions about their safety at least twice per year during reclassifications. One of the three interviewees assert he meets with staff on a monthly basis and is asked relevant safety questions on those occasions.

All three interviewees assert they have not been placed in a housing area only for transgender/intersex inmates. Furthermore, they have no reason to believe they were strip-searched for the sole purpose of determining genital status.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 16, section J(1)(b) addresses 115.42(d).

The PCM asserts transgender/intersex placement and programming assignments are reviewed twice per year.

The staff responsible for facilitating follow-up transgender/intersex inmate reassessments asserts the same are completed at least twice each year to review any threats to safety experienced by the inmate.

The Classification Department maintains a list of transgender/intersex inmates and per TNDOC classification policy, they are reclassified every 6 months, as opposed to, annually. Reclassification is accomplished in TOMIS and the auditor's review of one such reclassification validates the above.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 16, section J(1)(a) addresses 115.42(e).

The PCM, staff responsible for risk screening interviewee, and, as previously mentioned, all transgender/intersex inmate interviewees, assert transgender/intersex inmate's views with respect to his/her own safety are given serious consideration in placement/programming assignments.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 18, section K6) addresses 115.42(f).

The auditor's review of a memorandum from the PCM dated March 12, 2019 identifies eight inmates who are authorized to shower separately from the general population following two counts. These showers are offered at times when other inmates are not out of their cells.

The PCM and both staff responsible for risk screening interviewees assert transgender/intersex inmates are given the opportunity to shower separately (during Count times) from other inmates. They shower at either 5:00AM or 9:00PM, showering one time per day. All three transgender inmates assert other inmates get out of their cells when they are showering. Interviewees did not assert when this occurs that any threat persists or that they are subject to any form of sexual harassment/abuse.

Of note, pursuant to various sidebar conversations, the auditor learned there are issues with cell door locking mechanisms requiring repair. Apparently, this has been brought to the attention of the contracting partner however, repair has not been approved/addressed. While the auditor did not observe this condition in practice, the executive staff devoted numerous non-regular business hours to count monitoring and security rounds, addressing the matter. Given the contractual ramifications, this issue requires attention to ensure the same does not fester into a serious sexual safety and security issue.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 16, section J(1)(c) addresses 115.42(g).

According to the CCPC, facility staff in all CC facilities are keenly aware designated facilities, wings, etc. are unacceptable for the housing of lesbian, gay, bisexual, transgender, or intersex inmates unless the agency is subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The PCM asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates. Three transgender and two gay inmate interviewees assert they have not been placed in a housing area only for transgender/intersex, lesbian, gay, bisexual inmates.

During the facility tour and pursuant to review of housing assignments for LGBTI interviewees, the auditor found no dedicated housing areas as defined in 115.42(g).

In view of the above, the auditor finds SCCC substantially compliant with 115.42.

## **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? X  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? X  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? X  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? X  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? X  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? X  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.) X  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.) X  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.) X  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? X  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days? X  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? X  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? X  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? X  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*)

Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of 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 there is no available alternative means of separation from likely abusers. The Warden further self reports 0 inmates at risk of sexual victimization were held in involuntary segregated housing, within the past 12 months, for one to 24 hours awaiting completion of assessment.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 16, section J(2)(b) addresses 115.43(a).

The Warden self reports agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 16 and 17, section J(2)(f)(i-iii) addresses 115.43(b).

The staff who supervises inmates in segregated housing interviewee asserts when inmates are placed in segregated housing for protection from sexual abuse or after having incurred alleged sexual abuse, they have access to programs, privileges, and education. Due to the nature of the unit, privileges are limited to telephone. The interviewee was unsure regarding education. No work opportunities are available to inmates housed in the unit with the exception of porters. The unit manager or assistant chief of security selects porters.

The interviewee further asserts if the facility restricts access to programs, privileges, education, or work opportunities, staff document the opportunities that have been limited, the duration of the limitations, and the reasons for such limitations.

During the course of the on-site audit, the auditor did not find any inmates housed in segregated housing at high risk for sexual victimization.

Pursuant to the PAQ, the Warden self reports in the past 12 months, 0 inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 16, section J(2)(c) addresses 115.43(c).

The Warden asserts Enterprise Unit can be used for placement of inmates in "safe keeping". Inmate placement is accommodated only until an alternative means of separation from likely abusers can be arranged. Inmates, at high risk for sexual victimization or who have alleged sexual abuse, would be placed in this status for 0 days, in practice.

The staff who supervise inmates in segregated housing interviewee asserts inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. He further asserts inmates can be placed in involuntary segregated housing as a means of separation from likely abusers for an estimated range of 10-30 days.

As previously indicated in the narrative for 115.43(a), the Warden self reports 0 inmates at risk for sexual victimization were held in involuntary segregated housing within the past 12 months for one to 24 hours awaiting completion of assessment.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 16, section J(2)(d(i and ii) addresses 115.43(d).

As previously indicated in the narrative for 115.43(a), the Warden self reports 0 inmates at risk for sexual victimization were held in involuntary segregated housing within the past 12 months for one to 24 hours awaiting completion of assessment.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 16, section J(2)(d(i and ii) addresses 115.43(d).

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

## 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? X  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? X  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? X  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? X  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? X  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request? X  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 X  NA

##### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 18, section L(1)(a)(i-vi) addresses 115.51(a). This policy stipulates inmates shall be encouraged to immediately report pressure, threats, or instances of sexual abuse/harassment, as well as, possible retaliation from staff or inmates for reporting incidents of sexual abuse/harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. They have the option to report an incident to a designated employee other than an immediate point of contact line officer by using any of the following methods:

Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during sick call;  
Calling the facility's 24 hour toll-free notification telephone number;  
Verbally telling any employee, including the facility Chaplain; Forwarding a letter, sealed and marked "confidential" to the Warden/Facility Administrator or any other employee;  
Calling or writing someone outside the facility who can notify facility staff;  
Forwarding a letter to the Core Civic Managing Director, Facility Operations at the following address;

10 Burton Hills Boulevard  
Nashville, TN 37215

The auditor's review of page 4 of the SCCC Inmate Handbook addresses reporting options for inmates. Eleven of the 12 random staff interviewees were able to identify at least two methods wherein inmates can privately report sexual abuse/harassment, retaliation by other inmates or staff for reporting sexual abuse/harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse/harassment. Cited methods of reporting are as follows; PREA Hotline, verbal report to staff, written report, and third-party report.

Twenty-nine of 41 random resident interviewees were able to identify at least two options for reporting sexual abuse/harassment. The auditor notes several of the 12 remaining inmates cited one option and others related they wouldn't report or they were not aware of reporting options.

Options cited are PREA Hotline, written report, verbal report to staff, third-party report, and write to TNDOC and/or CC. The most common options cited were the Hotline and verbal to staff. Some interviewees cited the posters located above inmate telephones in the housing units as a source for relevant telephone numbers.

Inmates cited the Hotline, family, and friends as reporting options to individuals not affiliated with SCCC.

As previously mentioned, the auditor's review of one PREA poster included in the PAQ reveals reporting names, addresses, and telephone numbers. The auditor noted these posters are plentiful throughout the facility.

Pursuant to the PAQ, the Warden self reports the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The Warden further self reports the agency does have a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. However, no detainees, housed solely for civil immigration purposes, are confined at SCCC.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 20, section L(3) addresses 115.51(b). This policy stipulates inmates/detainees who are victims of sexual abuse/sexual harassment as defined in this provision, retaliation from staff or inmates for reporting incidents as defined in this provision, or staff neglect for violation of responsibilities as defined in this provision, have the option to report an incident to a designated employee other than an immediate point of contact line officer by using any of the following methods:

Anonymous reporting to PREA Hot Line Global- Telephone #9222;  
Avalon- Telephone #9555;  
Rape Crisis Center- 1-931-381-8580 and address is 2441 Park Plus Drive, Columbia, TN 38401

The auditor's review of the MOU between CC (SCCC) and Center of Hope reveals substantial compliance with 115.51(b).

The PCM self reports the Center of Hope Hotline is not toll-free however, they accept collect calls for purposes of sexual abuse/harassment calls from SCCC inmates. Such calls are unmonitored and the administrative duty officer or shift captain receives reports.

The PCM self reports 0 inmates were confined at SCCC solely for civil immigration purposes during the last 24 months.

The PCM asserts these procedures enable receipt and immediate transmission of inmate reports of sexual abuse/harassment to agency officials that allow the inmate to remain anonymous upon request. During the on-site audit, the auditor tested the process. The allegation (test) was transmitted to the PCM via e-mail.

Twenty-three of 41 random resident interviewees assert they either do not know if they are allowed or they cannot make a report without giving their name. As mentioned in the narrative for 115.33, the auditor finds inmates have sufficient resources from which to receive PREA information.

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 18 and 19, section L(2) addresses 115.51(c).



Eleven of 12 random staff interviewees assert when an inmate alleges sexual abuse/harassment, he/she can do so verbally, in writing, anonymously, and from third parties. All 12 interviewees assert they document verbal reports. Nine interviewees assert they document such reports immediately following receipt of the same.

Thirty of 41 random inmate interviewees assert they can make reports of sexual abuse/harassment in person and in writing. Twenty-six interviewees assert someone else (e.g. friend or relative) can make the report for them without mentioning their name.

Pursuant to the PAQ, the Warden self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The Warden further reports staff are directed to contact the PREA Hot Line, submit letters and grievances, and verbally report to management. Finally, the auditor's review of the CC Code of Ethics publication and poster reveals the telephone number for the Ethics Hotline to facilitate such reporting.

CC Policy 3-3 entitled Core Civic Code of Ethics, pages 1 and 2, section A(1) and (2) addresses 115.51(d).

The auditor's review of a CC Ethics Line poster provides a method staff can access for private reporting of sexual abuse/harassment issues.

Ten of 12 random staff interviewees are able to articulate two methods to facilitate private reporting of sexual abuse/harassment of inmates. Options cited are verbal report to supervisor behind closed doors, call Ethics Hotline, call supervisor, call inmate PREA Hotline, and a written report.

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

## **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. X  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 X  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 X  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*)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 18 and 19, section L(1)(c) addresses 115.52. This policy stipulates as follows:

Unless otherwise mandated by contract, alleged PREA incidents will not be processed through the facility's inmate/detainee grievance process. Should a report be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer (ADO).

The PCM asserts within the last 12 months, zero inmates have filed or attempted to file PREA-related issues pursuant to the facility grievance policy. The auditor finds the same to be synonymous with the above policy stipulation.

In view of the above, the auditor finds SCCC substantially compliant with 115.52 as the facility is exempt.

## 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*)

Pursuant to the PAQ, the Warden self reports the facility 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 advocacy or rape 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; and

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 10, section F(1) and (2) addresses 115.53(a).

The auditor's review of the SCCC Inmate Handbook reveals the telephone number and address for Center of Hope is noted on page 5. However, pursuant to subsequent contact with facility staff, the auditor has learned Center of Hope does not provide 115.53(a) services. Rather, Avalon Center of Domestic Violence and Assault provides such services.

The auditor's review of a new tri-fold and poster reveals information validating 115.53(a) and (b). This information, with the implementation of both documents, will result in substantial compliance with 115.53. Additionally, MOUs with Avalon regarding the subject-matter of 115.53 are pending signature. They were forwarded to Avalon on May 5, 2019.

In response to whether they know if there are services available outside the facility for dealing with sexual abuse if they needed them, nine of 35 random residents interviewed pursuant to the random inmate interview questionnaire, responded in the affirmative. Only three of those interviewees were able to identify the kind(s) of services available to them. All three mentioned Avalon Services was the primary provider. However, the auditor notes eight additional interviewees assert the information is posted on the unit walls/bulletin boards and noted in the Inmate Handbook.

Eleven interviewees assert the facility provides mailing addresses and telephone numbers for the outside services. As previously mentioned, three interviewees cited Avalon as the provider of such services. Ten interviewees assert the numbers are free to call and 15 assert calls to the service(s) can be facilitated anytime.

Two of the six interviewees who reported a sexual abuse/harassment incident at SCCC assert the facility provides mailing addresses and telephone numbers for outside services. A discussion regarding the breakdown of sexual abuse and sexual harassment allegations within the context of 115.53(a) appears throughout this report. One interviewee asserts the numbers are free to call. One interviewee also asserts he can talk anytime with people from those services while five interviewees did not know.

In view of the above, the auditor finds SCCC non-compliant with 115.53(a-c). Accordingly, the auditor is imposing a 180-day corrective action period in which facility staff must demonstrate compliance with the provisions and institutionalization of the subject-matter therein. The due date for completion of corrective action is March 3, 2020.

Pursuant to standard procedure, inmate receipt of the tri-fold and other PREA materials is documented. The PCM will forward a copy of an inmate roster reflecting inmates received subsequent to the date on which the revised tri-fold is implemented. The auditor will randomly select names and the PCM will provide the auditor with relevant documentation certifying the inmate's receipt of the updated tri-fold.

In addition to the above, this information will be included in the Orientation presentation. Accordingly, the Orientation lesson plan must be modified to address the same. The PCM will forward a copy of the amended plan to the auditor for inclusion in the record. In conjunction with the corrective action identified in the preceding paragraph, the PCM will forward relevant documentation validating the selected inmate's completion of Orientation wherein the new subject-matter was presented.

To ensure inmates currently housed at SCCC receive this information, the auditor recommends the PCM author an instructional memorandum articulating these changes and/or updates, providing the same to all SCCC inmates. Upon completion of distribution of the same, the PCM will provide an e-mail or memorandum to the auditor specifying the completion date for distribution, as well as, a copy of the memorandum. NOTE: This step is part of the corrective action plan.

Finally, staff stakeholders must be notified regarding this information. Accordingly, a memorandum can be developed, articulating the parameters as referenced above, and distributed to the Warden, PCM, Quality Assurance Manager, PREA Investigator, all unit and case management staff, and any other stakeholders. A copy of the memorandum, inclusive of all stakeholders' signatures and date(s) of receipt (inclusive of the "I understand the subject-matter" caveat), will be forwarded to the auditor for inclusion in the record. In the

alternative, the PCM can develop a training syllabus and forward the same to the auditor, inclusive of training documents reflecting staff completion of the training.

**January 30, 2020 Update:**

**The auditor's review of the updated CC PREA trifold (distributed to all inmates upon intake) reveals an excellent overview of requisite information that may be shared as the result of an inmate's conversation with victim advocacy providers. Such conversations normally occur following an incident of sexual abuse and activation of such services by the inmate.**

**The auditor's review of a training memorandum dated January 15, 2020, authored by the PCM, reveals discussion regarding the provision of the trifold to the inmate upon arrival and documentation for receipt of the same. An attached Training/Activity Attendance Roster bearing the printed names/signatures of case management and classification staff reveals they understand the subject-matter presented.**

**February 18, 2020 Update:**

**The auditor's review of the updated SCCC PREA Orientation Plan (inmates) clearly reflects reference to the tri-fold that is attached to the Handbook. Additionally, the auditor's review of 15 random inmate files (gleaned from a roster generated in January, 2020) reveals 13 inmates received the new tri-fold. Two of the 15 forms could not be located.**

**In view of the above, the auditor finds SCCC staff have completed all requisite corrective action.**

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 10, section F(3) addresses 115.53(b).

Of the 35 random resident interviewees, 23 assert what they say to people from the services mentioned in the narrative for 115.53(a) remains private. Seven interviewees assert the conversations with staff from these services may be listened to or shared with someone else. Four interviewees assert criminal-related content and threats of self-injurious behavior are reasons for listening to and sharing conversations with someone else.

Of the six inmates who reported an incident of sexual abuse/harassment at SCCC, two related they can communicate with staff from the above services in a confidential manner. One of these interviewees asserts conversations with them can be told to or listened to by someone else. The one rationale cited for listening to or sharing with someone else occurs only when the victim authorizes the same.

The corrective action plan for 115.53(b) is clearly articulated in the narrative for 115.53(a).

Pursuant to the PAQ, the Warden self reports the facility maintains MOUs or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse. The Warden further self reports the facility maintains copies of the agreement(s).

As noted above, confidential emotional support is not provided through the Center of Hope. That agency is a resource used by TNDoc, but not SCCC. This service is provided through an MOU with Avalon Center and the MOU is addressed in the narrative for 115.53(a).

The auditor has reviewed that MOU and finds the same, once signed, will ensure substantial compliance with 115.53.

As reflected throughout, the auditor finds SCCC substantially compliant with 115.53.

## 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? X  Yes  No
  
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? X  Yes  No

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. Pursuant to the auditor's review of the CC website, any inmate sexual abuse/sexual harassment reporter may report anonymously to the Warden or TNDOC officials (via letter). The facility address and name of the Warden, as well as, the appropriate TNDOC address are clearly documented on the website. Additionally, reporters may contact the National Sexual Assault Hotline and an additional CC Ethics Hotline [hosted by a third-party Hotline provider (number posted on the CC website)], and the TNDOC Tip Line. Reports can also be reported on-line to the CC Ethics Division.

The Warden further self reports the facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. Information is available pursuant to PREA posters hung throughout the facility where inmates, staff, and visitors have access.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 20, section L(4) addresses 115.54(a).

The auditor's review of a sexual abuse investigation dated January 22, 2019 reveals an anonymous third-party report was the impetus for commencement of the investigation.

The auditor notes PREA information and reporting options for visitors, attorneys, etc. are posted in the inmate visiting room.

In view of the above, the auditor finds SCCC substantially compliant with 115.54.

## 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*)

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

Any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;  
Any retaliation against inmates or staff who reported such an incident; and  
Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 18 and 19, section L(2)(a)(i-iii) addresses 115.61(a).

All 12 random staff interviewees assert they are required to report the following:

Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse/harassment that occurred in a facility, whether or not it is part of the agency;  
Any retaliation against inmates or staff who reported such an incident; and  
Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Eleven interviewees assert they immediately report the above to the shift captain, zone senior, a supervisor, unit manager, or medical/mental health staff.

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 19, section L(2)(c) addresses 115.61(b).

The PCM self reports access to information regarding reports of sexual abuse is limited by virtue of the fact TNDoc approves who has access to the PREA reporting system.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 19, section L(2)(e) addresses 115.61(c). TNDoc APP 113.52 entitled Release of Protected Health Information, page 5, section 7(b) also addresses 115.61(c).

The medical/mental health staff interviewees assert that at the initiation of services to an inmate, they do disclose the limitations of confidentiality and their duty to report. That duty to disclose limitations is driven by HIPPA, CC policy, licensure, and the Code of Ethics.

In addition to the above, they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment to a designated supervisor or official immediately upon learning of it. Each interviewee asserts they would report to a supervisor.

The mental health staff interviewee asserts she did receive a sexual abuse allegation from an inmate and she reported the same to a supervisor.

Of note, the auditor reviewed the relevant investigation and finds the interviewee's actions were appropriate.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 19, section L(2)(f) addresses 115.61(d). This policy stipulates such reports are forwarded to the same agencies as articulated in the narrative for 115.21(a) regarding the conduct of criminal investigations.

The Warden asserts no inmates under the age of 18 are housed at SCCC. With respect to vulnerable adults, the investigator works with OIC investigator(s) and they contact appropriate agencies.

According to the CCPC, if an inmate under the age of 18 or a vulnerable adult were housed at a CC facility, he would ensure facility staff notify either Child Protective Services or Adult Protective Services or applicable agency, based on the situation.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 18 and 19, section L(2) addresses 115.61(e).

The Warden asserts all allegations of sexual abuse/harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigator(s). All Administrative Duty Officers (ADOs) refer such allegations to the investigator. They must verify the investigator received the report.

The auditor's review of random sexual abuse/harassment investigations, as described in the narrative for 115.71, reveals allegations were forwarded to the investigator.

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

## 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*)

Pursuant to the PAQ, the Warden self reports when the agency or facility learns an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (e.g. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Warden further self reports in the past 12 months, there was 0 instances wherein the facility determined an inmate was at substantial risk of imminent sexual abuse.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 1, section entitled Policy addresses 115.62(a).

The Agency Head interviewee advises immediate isolation of the potential victim is the initial response to a report of substantial risk of imminent sexual abuse. It may be feasible to move the potential victim to another housing unit within the facility, dependent upon the circumstances. The potential perpetrator may be placed in Segregation status. The contractual requirements of the partner will dictate the ability to transfer both the potential victim and potential perpetrator. Minimally, we would work with on-site contract monitors to make the best decision under the circumstances.

The Warden asserts when he learns an inmate is subject to a substantial risk of imminent sexual abuse, he is removed from the danger zone. The matter is subsequently investigated with or by OIC, if appropriate. The potential may be moved to another unit within the facility or the Warden may be able to facilitate a Warden-to-Warden transfer.

All 12 random staff interviewees assert when they learn an inmate is at risk of imminent sexual abuse, he is removed from the danger zone and monitored. Eleven of 12 random staff interviewees assert this action is accomplished immediately following learning of the situation.

In view of the above, the auditor finds SCCC substantially compliant with 115.62.

## 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? X  Yes  No

#### 115.63 (b)

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

#### 115.63 (c)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that, upon receiving an allegation 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 Warden further self reports in the past 12 months, there was 1 allegation received at the facility wherein an inmate was abused while confined at another facility.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 21, section 3(a) addresses 115.63(a).

The auditor's review of a Form CC 5-1B investigative form reveals an alleged incident of sexual abuse, occurring at Northwest Complex (a TNDoc State facility) was reported to the SCCC investigator on February

27, 2018. Documentation reflects the same was reported to TNDoc officials at 5:52PM and 6:35PM on the same date.

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 21, section 3(a) addresses 115.63(b).

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 22, section 3(c) addresses 115.63(c).

Pursuant to the PAQ, the Warden self reports the facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The Warden further self reports in the past 24 months, one allegation of sexual abuse was received from other facilities regarding an incident alleged to have originated at SCCC.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 22, section 3(d) addresses 115.63(d).

The auditor's review of an e-mail dated September 4, 2018 reveals an executive at a TNDoc facility did alert an executive at SCCC of a prior SCCC inmate's allegation of being sexually abused at the facility. The auditor has not been provided a copy of the investigation and subsequent proceedings surrounding the allegation. Accordingly, the auditor finds SCCC non-compliant with 115.63(d).

The auditor is imposing a 180-day corrective action period, ending on or before March 3, 2020. To prove substantial compliance with 115.63(d), the SCCC PCM will author a training memorandum directed to all stakeholders in the process [e.g. Warden, Assistant Wardens, investigator(s)], articulating the requirements when such reports are received from other jurisdictions. A copy of the training certifications (inclusive of the "I understand the subject-matter" caveat) will be provided to the auditor for retention in the audit file.

Additionally, throughout the corrective action period, the PCM will forward to the auditor copies of all such 115.63(d) reports (e-mails, memorandums capturing telephonic conversations, etc.) and follow-up investigations, etc. The auditor will review these documents, ensuring compliance with the provision and subsequently including the same in the audit file.

#### **January 23, 2020 Update:**

**The auditor has been provided a copy of a Form Form CC 5-1B wherein specifics regarding an alleged sexual abuse allegation (allegedly occurred at SCCC) were received from TNDoc authorities. The victim was housed at another TN CC facility at the time. The record reflects the SCCC PCM initiated and completed PREA investigative steps to address the allegation. The record reflects coordination between the SCCC PCM and the PCM at the other facility. Corrective action is also addressed in the record.**

**Additionally, the PCM submitted to the auditor a January 15, 2020 lesson plan regarding the nuances of 115.63 along with a Training/Activity Attendance Roster dated January 14, 2020 bearing printed names/signatures of administrators and key PREA player(s), signifying receipt and understanding of the training.**

**In view of the above, the auditor finds SCCC staff have completed all defined corrective action.**

The Agency Head interviewee advises if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within a CC facility, the Warden is generally the administrator who receives the call. Subsequent to receipt of such a call, the Warden would advise the facility investigator to open an investigation. Dependent upon the circumstances, the investigator would initiate an administrative investigation or contact the entity(ies) identified in the narrative for 115.21.

The Warden asserts when he is notified (from the Warden at another facility or agency) of an incident of sexual abuse/harassment allegedly occurring at SCCC, a full blown investigation is initiated. Subsequent to completion of the investigation, he advises the referring Warden of the disposition.

As reflected above, within the last 24 months, one such allegation was forwarded to SCCC relative to an alleged sexual abuse event that occurred at SCCC. The auditor has not been provided a copy of the investigation or notification of disposition to the referring CEO, in that matter, despite a request. Accordingly, the auditor finds SCCC non-compliant with 115.63(d).

The auditor is imposing a 180-day corrective action period, terminating on March 3, 2020. To demonstrate compliance with and institutionalization of 115.63(d), the PCM will provide copies of any similar reports received from other facilities between the dates of September 3, 2019 and March 3, 2020. Additionally, the PCM will provide a copy of the requisite investigation in each matter.

The auditor will review each incident for closure and include relevant documentation in the audit file.

In view of the finding for 115.63(d), the auditor finds SCCC substantially compliant with 115.63.

## 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?  
X  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? X  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? X  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? X  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? X  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*)

Pursuant to the PAQ, the Warden self reports the agency has a first responder policy for allegations of sexual abuse. The Warden further self reports agency policy requires, 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 the 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, there were 20 allegations that an inmate was sexually abused. Reportedly, in all 20 of these incidents, the first security staff member to respond to the report separated the alleged victim and abuser and preserved and protected the crime scene until appropriate steps could be taken to collect any physical evidence.

Additionally, the first responded reportedly 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, and ensured the alleged abuser did not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, and eating.

The auditor notes pursuant to his random review of investigations, he found only one situation wherein the inmate articulated steps 3 and 4 of 115.64(a) were invoked. Specifically, the incident fact patterns did not support the same or the incidents were determined to be sexual harassment cases.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 20 and 21, sections M(1)(a), (ii), (b), and 2(a) address 115.64(a).

The auditor's review of the PREA SCCC Coordinated Response Plan reveals language consistent with 115.64(a).

Neither of the two non-security staff first responders nor the two security staff first responders articulated the steps as presented in 115.64(a). All interviewees assert they would not allow both the victim and perpetrator to destroy physical evidence.

It is noted eight of the 12 random staff interviewees properly articulated the four first responder steps as identified in 115.64(a). Their responses are reflected in the narrative for 115.21(a). The auditor notes the interviewee pool for that group was comprised of both security and non-security staff.

The auditor notes he interviewed six inmates who reported sexual abuse/harassment incidents at SCCC. Of those six incidents, the auditor reviewed five sexual abuse investigations and pursuant to the interviews, he determined two of the six allegations constituted sexual harassment. In the alleged sexual abuse cases, one incident was not reported for 3-4 days following the date on which the alleged incident occurred.

In response to the length of time that transpired between report of sexual abuse and when staff came to help them, two interviewees assert assistance was immediate and two other interviewees assert assistance did not arrive for two hours to one day. Of note, one of these allegations (the one wherein assistance was not provided for one day) was described as a threat. All of the relevant allegations were reported.

In response to whether interviewees feel staff responders addressed the allegation quickly, two victims assert staff did act quickly and appropriately.

Pursuant to the interviewees, evidence collection was appropriate in one case. Based on the interviewee's statement, all four tenets of the first responder protocol were followed.

Pursuant to the PAQ, the Warden self reports agency policy requires that if the first responder is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The Warden further self reports of the allegations made that an inmate was sexually abused within the last 12 months, 0 non-security staff members were the first responders.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 21, section M(1)(e) addresses 115.64(b).

The auditor notes, pursuant to his observation and investigation, all security and non-security staff receive the same first responder training.

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

## 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*)

Pursuant to the PAQ, the Warden self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 20-23, sections M(1), (2), and (4), in entirety addresses 115.65(a).

The auditor's review of one investigation reveals substantial compliance with 115.65(a). First Responder duties, as articulated in 115.64 were properly implemented in accordance with policy. The alleged victim

was examined by SCCC medical, moved to the appropriate hospital facility, and criminal investigators were also contacted and activated.

The auditor's on-site review of eight sexual abuse/harassment investigations reveals substantial compliance with the afore-mentioned policy and consequently, standard 115.65(a). The auditor finds in-place protocols to be sufficient in accordance with the standard.

The Warden asserts the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The same is articulated in CC Policy 14-2 entitled Sexual Abuse Prevention and Response.

In view of the above, the auditor finds SCCC substantially compliant with 115.65(a).

## **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? X  Yes  No

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

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

Pursuant to PAQ documentation, the Warden relates there is no collective bargaining unit at SCCC.

The Agency Head interviewee advises there are five or fewer facilities under the CC umbrella which are unionized. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted.

In view of the above, the auditor finds SCCC substantially compliant with 115.66.

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

Pursuant to the PAQ, the Warden self reports the agency has 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 staff and inmates. The Warden further self reports the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. At SCCC, the investigator is designated as the Retaliation Monitor.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 12, section G(3)(a)(iv-vi) addresses 115.67(a).

CC Form 14-02D-TN Combined entitled PREA Retaliation Monitoring Report (30/60/90) reflects narrative regarding multiple protection measures to be employed to ensure the safety of alleged victims and those who report sexual abuse/harassment incidents. The same verbiage is reflected on the Sexual Abuse Incident Check Sheet, and the same includes date assigned/to whom assigned.

According to the Agency Head interviewee, staff and inmates who report sexual abuse/sexual harassment allegations are protected from retaliation pursuant to frequent retaliation monitoring check-ins (inmates/

staff), in addition to a 30/60/90 day formal review schedule. Staff charged with retaliation monitoring responsibilities follow disciplinary action(s), housing unit changes, removal of perpetrator(s) from area of victim housing, transfer of alleged abuser(s), and change in programming. In regard to alleged staff perpetrators, monitoring and follow-up regarding staff conduct is a primary consideration to the inmate safety equation.

In regard to allegations of sexual abuse/harassment, the Warden asserts the facility imposes 30/60/90 day reviews as a mechanism to protect inmate and staff victims from retaliation. Other strategies for assessment of inmates are increases in disciplinary reports, work assignment history, and inmate movement(s). To protect inmate victims or potential victims, they may be moved from pod to pod or unit to unit. The perpetrator, if known, will generally be moved, perhaps even transferred to another facility if approved by the customer. Staff victims and/or perpetrators may be moved to different posts/shifts or placed in an inmate non-contact post in the event of a staff perpetrator. Alleged staff perpetrators may also be placed on administrative leave.

The designated staff member charged with retaliation monitoring interviewee asserts her role in the process is that of monitoring inmates. She checks housing unit assignments, work assignment history, and programming history to assess potential retaliation. She meets with victims, minimally, at 30/60/90 day intervals and if retaliation is suspected, she meets with them more frequently. Such meetings are documented. She contacts supervisors, etc. if retaliation is suspected in an effort to assess conditions/behavioral changes.

In terms of corrective measures to protect inmates against retaliation, transfer to another unit or pod is the most common strategy. Recommended work assignment/programming changes, and recommended mental health services are other strategies. With respect to staff victims of retaliation, referral to EAP is a common strategy, in addition to, work assignment/hours of work/ and post changes.

The interviewee also asserts she reaches out to victims who reported sexual abuse. Formal contacts are conducted, minimally, at 30/60/90 day intervals.

During the course of the on-site audit, the auditor did not find any inmates housed in segregated housing at high risk for sexual victimization.

Four of six inmates who reported a sexual abuse at SCCC interviewees assert they feel protected enough against possible revenge from staff or other inmates because they reported what happened to them. One inmate asserts retaliation monitoring was initiated with him, and completed. The remaining three assert they were separated from the perpetrator, some by movement to another unit or pod.

Pursuant to the PAQ, the Warden self reports the facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The Warden further self reports the facility monitors the conduct or treatment for 30/60/90 days or more, if necessary. The facility acts promptly to remedy any such retaliation.

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 12, section G(3)(a)(iv) and (v) addresses 115.67(c).

The designated staff member charged with monitoring retaliation interviewee asserts she assesses the frequency of work assignment/housing unit changes, excessive receipt of misconduct reports, isolation, decrease in hygiene, and weight loss as indicators of potential retaliation.

As previously indicated, she monitors inmates, the majority of whom requested protective custody, and others who are close custody due to security issues.

The interviewee also asserts she monitors applicable inmates for 90 days and the same can be extended based on a perceived threat of retaliation.

The auditor's review of two PAQ PREA Retaliation Monitoring Report reveals the incident occurred on January 19, 2019 and documented monitoring checks were conducted on February 19, 2019, March 20, 2019, and April 19, 2019. With respect to the second inmate, another incident occurred on September 15, 2018 with documented monitoring checks conducted on October 15, 2018, November 14, 2018, and December 14, 2018.

The auditor's random on-site review of five sexual abuse investigation files reveals 30/60/90 day retaliation monitoring meetings did not occur in one case. In three additional cases, all three meetings occurred and were properly documented. In one case, only two monitoring meetings occurred.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 12, section G(3)(a)(iv) addresses 115.67(d).

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 12, section G(3)(a)(vi) addresses 115.67(e).

The PCM self reports there has been no such situations, wherein individuals who cooperated in an investigation have alleged fear of retaliation, during this audit period.

The Agency Head interviewee asserts when an inmate who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he receives the same benefits and treatment as articulated in the narrative for 115.67(b) above.

In view of the above, the auditor finds SCCC substantially compliant with 115.67.

## 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? X  Yes  No

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Warden further self reports 0 inmates alleged to have suffered sexual abuse were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. 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.

CC Policy 14-02 entitled Sexual Abuse Prevention and Response, page 16, sections J(2)(b-f) address 115.68(a).

The Warden self reports agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. The Warden asserts Enterprise Unit can be used for placement of inmates in "safe keeping".

Inmate placement is accommodated only until an alternative means of separation from likely abusers can be arranged. Inmates, at high risk for sexual victimization or who have alleged sexual abuse, would be placed in this status for 0 days, in practice. Accordingly, there were no incidents, within the last 12 months, wherein inmates were placed in involuntary segregated status pursuant to 115.68(a).

The staff who supervise inmates in segregated housing interviewee asserts when inmates are placed in segregated housing for protection from sexual abuse or after having incurred alleged sexual abuse, they have access to programs, privileges, and education. Due to the nature of the unit, privileges are limited to telephone. The interviewee was unsure regarding education. No work opportunities are available to inmates housed in the unit with the exception of porters. The unit manager or assistant chief of security select porters.

The interviewee further asserts if the facility restricts access to programs, privileges, education, or work opportunities, staff document the opportunities that have been limited, the duration of the limitations, and the reasons for such limitations.

The staff who supervise inmates in segregated housing interviewee asserts inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. He further asserts inmates can be placed in involuntary segregated housing as a means of separation from likely abusers for an estimated range of 10-30 days.

The staff who supervise inmates in segregated housing interviewee asserts once an inmate is assigned to involuntary segregated housing, the facility reviews the inmate's circumstances every 30 days to determine if continued placement in involuntary segregated housing is needed.

The auditor notes 0 inmates were housed in segregated housing at the time of the on-site audit to protect him as the result of alleged sexual abuse.

In view of the above, the auditor finds SCCC substantially compliant with 115.68.

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

#### 115.71 (f)

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

#### 115.71 (h)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility has a policy related to criminal and administrative agency investigations.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 24 and 25, section O addresses 115.71(a).

The investigative staff interviewee asserts she initiates an investigation as soon as she is notified. Dependent upon the circumstances, an investigation of sexual harassment allegations may not commence until the next day, if received during non-regular business hours. In the event of a sexual abuse allegation and dependent upon when the incident occurred, transportation for a forensic examination may be the first step, preceded by securing the crime scene. In the event of a sexual abuse allegation, the interviewee asserts she would report to the crime scene, even if during non-regular business hours.

In regard to anonymous or third-party reports of sexual abuse/harassment, the investigation proceeds as any other such investigation. However, the analysis and development of the fact pattern would be facilitated in reverse. In other words, analyze the fact pattern from the thought process of a predator, leading back to the victim.

The auditor's review of the PAQ sexual abuse investigation reveals the same was conducted in a timely manner following information received by staff. The same was very thorough and inclusive of information sufficient to assess victim and perpetrator credibility. The investigation encompassed a review of several investigative tools which essentially corroborated credibility. The investigation was jointly facilitated by the

SCCC investigator and a criminal investigator. The PCM self reports the matter was also referred for prosecution.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 7, section b(i) addresses 115.71(b).

The auditor's review of the investigator's NIC Certificate of Completion for the on-line PREA: Investigating Sexual Abuse in a Confinement Setting reveals substantial compliance with 115.71(b). Additionally, the investigator completed a Corrections Corporation of America (CCA) Investigations Manager Training course, as validated by a Certificate. The auditor's review of the afore-referenced investigation reveals the properly trained investigator completed the investigation.

The investigative staff interviewee asserts she did receive training specific to conducting sexual abuse investigations in confinement settings. The same was an on-line NIC course entitled PREA: Investigating Sexual Abuse in a Confinement Setting. Additionally, she asserts she completed the Advanced Course.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 24 and 25, section O addresses 115.71(c). An Internal Investigation Handbook and Emergency Plans are also utilized to facilitate evidence collection, etc.

The auditor's review of the MOU between CC and Clifton P.D. (CPD) specifically addresses gathering and preserving evidence by CPD investigators. Additionally, first responder responsibilities regarding ensuring preservation of the crime scene, are discussed.

The auditor's review of the afore-mentioned investigation reveals substantial compliance with 115.71(c). Direct and circumstantial evidence collection is addressed in the investigation narrative.

The investigative staff interviewee asserts the investigative process is as follows:

- Ensure crime scene is secure upon reporting to the facility;
- Check telephone monitoring, the camera system (Milestone), and TOMIS screens for up to three days;
- Report allegation to TNDOC OIC prior to interviewing victim;
- Interview victim for skeleton information (30 minutes);
- Interview witness(es) (two hours);
- Interview perpetrator (up to two hours);
- Follow-up interviews (30 minutes per person); and
- Write report (one hour).

TNDOC authorizes the issuance of a misconduct report.

In response to physical evidence collected by the interviewee, she collects none of the same. Circumstantial and direct evidence is described above (e.g. telephone surveillance, Milestone footage, TOMIS screens).

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section O partially addresses 115.71(d).

The auditor's review of the MOU between CC and CPD reveals compelled interviews are specifically addressed in the same. Compelled interviews fall under the specific purview of CPD.

The investigative staff interviewee asserts she does not conduct compelled interviews pursuant to investigative protocol. The same falls under the purview of TNDOC OIC.

The auditor's review of investigations, as previously described, reveals compelled interviews were not facilitated by the facility investigator in any cases reviewed.



CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section O(1)(d) partially addresses 115.71(e).

The auditor's review of the MOU between CC and CPD reveals submission to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation, is not required per the MOU.

The investigative staff interviewee asserts she judges the credibility of an alleged victim, suspect, or witness on an individual basis, not status as a staff member or inmate. The interviewee further asserts she would not, under any circumstances, require an inmate who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation. The same does not fall within her purview of responsibilities.

None of the six inmates who reported a sexual abuse interviewees assert they were required to take a polygraph examination as a condition for proceeding with a sexual abuse investigation. CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section O(1)and (f) addresses 115.71(f).

With the respect to the PAQ sexual abuse investigation reviewed by the auditor, staff actions directly contributed to the alleged sexual abuse incident. The investigation is well documented in a report wherein the Investigator determined the allegation to be Substantiated.

The investigative staff interviewee asserts she watches video and assesses the fact pattern, comparing the same against staff conduct expectations and ethics, to determine whether staff actions or failure to act contributed to the sexual abuse.

The interviewee does document administrative investigations in written reports, synopsising the following:

Allegation Synopsis; (Executive Digest)  
Interviews;  
Victim, witness, and perpetrator statements;  
Disciplinary reviews;  
Assessment of telephone monitoring, Milestone, and file reviews;  
Credibility analysis;  
Findings analysis; and  
Determination regarding Substantiated/Unsubstantiated/Unfounded.

The auditor's review of 9 total sexual abuse/harassment investigation reports (one included in the PAQ materials and eight random on-site) reveals substantial compliance with 115.71(f).

Pursuant to the auditor's review of the MOU between CC and CPD, documentation of criminal reports and provision of the same to SCCC are clearly addressed in the same.

The investigative staff interviewee asserts criminal investigations are documented. They are essentially a mirror of the administrative report.

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

Pursuant to the MOU between CC and CPD, the latter entity agrees to facilitate criminal investigations of SCCC sexual abuse/harassment allegations referred to them and refer appropriate cases for prosecution.

The investigative staff interviewee asserts she does not refer cases for prosecution rather, the TNDOC OIC refers cases for prosecution.

Pursuant to the PAQ, the Warden self reports the agency 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.

CC Policy 1-15 entitled Retention of Records, page 3, section D(1) and Core Civic Record Retention Schedule addresses 115.71(i).

The auditor's review of the MOU between CC and CPD reveals the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not be a basis for terminating an investigation.

The investigative staff interviewee asserts when a staff member, victim, or perpetrator leave either employment prior to the conduct of a compelled interview or confinement prior to a completed investigation into the incident, she forwards all information to TND OC OIC for their follow-up. The investigation does not end.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section O(2)(a)(i) addresses 115.71(l).

The Warden and PCM assert the investigator has a very good rapport with TND OC OIC and she maintains close contact regarding the status and progress of the investigation.

The CCPC relates, on a global basis, it depends on the customer as to how the agency remains abreast of the progress of an investigation facilitated by an outside agency. Designated facility staff follow-up with the outside agency on a schedule determined at the local level.

The investigative staff interviewee asserts she is the liaison between outside investigative agencies and the facility. She assists in any way possible. She researches information any provides the same, as requested.

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

## 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*)

Pursuant to the PAQ, the Warden self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(5) addresses 115.72(a).

The investigative staff interviewee asserts a preponderance of the evidence is required to substantiate allegations of sexual abuse/harassment. In other words, it is more likely, than not, that the incident occurred.

The auditor's review of 10 total sexual abuse/harassment investigations (two included in the PAQ materials and eight random on-site) reveals substantial compliance with 115.72(a).

In view of the above, the auditor finds SCCC substantially compliant with 115.72.

## 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? X  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.) X  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? X  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? X  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? X  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? X  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?

X  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?

X  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*)

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

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

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that any inmate who makes an allegation he suffered sexual abuse in an agency facility is informed verbally, or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Warden further self reports twenty criminal and/or administrative investigations of alleged sexual abuse were completed by the facility during the last 12 months, with twenty alleged inmate victims notified verbally, or in writing, upon completion of the sexual abuse investigation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section Q(1) addresses 115.73(a).

The Warden and investigator assert the investigator makes notification to alleged inmate victims whenever the investigation is determined to be substantiated, unsubstantiated, or unfounded.

One inmate who reported a sexual abuse interviewee asserts the facility is required to notify him when his sexual abuse allegation is determined to be substantiated, unsubstantiated, or unfounded. Three additional interviewees assert they do not know the answer.

The auditor's review of an Inmate/Detainee PREA Allegation Status Notification dated November 8, 2018, signed and dated by the alleged victim and the staff providing notification demonstrates substantial compliance with 115.73(a).

Additionally, the auditor's on-site review of four random inmate sexual abuse investigations reveals requisite notifications, inclusive of one alerting the inmate to the fact a contractor had been removed from the facility pursuant to 115.73(c), were issued to the inmate in a timely manner in each case.

Pursuant to the PAQ, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. The Warden further self reports three alleged inmate sexual abuse investigations were completed by an outside agency and of those three investigations, notifications were provided to the inmate victims in all cases.

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

the staff member is no longer posted within the inmate's unit;  
the staff member is no longer employed at the facility;  
the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or  
the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The Warden further self reports there has been a substantiated or unsubstantiated complaint (i.e. not unfounded) of sexual misconduct committed by a staff member against an inmate in an agency facility within the past 12 months. According to the Warden, the agency subsequently informed the inmate victim whenever the staff member was no longer posted within the inmate's unit;  
the staff member was no longer employed at the facility.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, sections Q(2)(a-d) addresses 115.73(c).

The auditor notes the previously mentioned four inmates who reported a sexual abuse interviewees assert their sexual abuse incidents were inmate-on-inmate. Accordingly, provision 115.73(c) does not apply to their set of circumstances.

The notification referenced in the narrative for 115.73(a) also contains the information referenced above.

Pursuant to the PAQ, the Warden self reports following an inmate's allegation he has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 26 and 27, section Q(3)(a and b) addresses 115.73(d).

The auditor notes the previously mentioned four inmates who reported a sexual abuse interviewees assert they have received no notifications regarding their inmate-on-inmate abusers, as prescribed in 115.73(d).

The auditor has been provided no written notifications meeting the criteria established in 115.73(d). No indictments or convictions meeting the criteria identified in 115.73(d) were rendered during the last 12 months.

Pursuant to the PAQ, the Warden self reports the agency has a policy that all notifications to inmates described pursuant to 115.73 are documented. The Warden further self reports in the past 12 months, 29 written notifications were provided to inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section Q(4) addresses 115.73(e).

The auditor notes all notifications identified throughout the provisions of 115.73, are written on a Form 14-2E. However, as reflected in the narrative for 115.73(a), notifications were not provided in all circumstances researched.

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

# 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*)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section 2(a) addresses 115.76(a).

Pursuant to the PAQ, the Warden self reports nine facility staff members have violated agency sexual abuse or sexual harassment policies during the last 12 months. The Warden further self reports three of these staff have been terminated (or resigned prior to termination) for violating agency sexual abuse/harassment policies.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section 2(a) addresses 115.76(b).

The auditor's review of one termination notice reveals SCCC is substantially compliant with 115.76(b). The termination followed a substantiated investigation in which the employee engaged in sexual abuse with an inmate.

Pursuant to the PAQ [115.76(b)], the Warden self reports nine facility staff members have violated agency sexual abuse or sexual harassment policies during the last 12 months. The Warden further self reports three of these staff have been terminated (or resigned prior to termination) for violating agency sexual abuse/harassment policies. In the PAQ narrative for 115.76(c), the Warden asserts 0 facility staff have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

To clarify the above confusion, the auditor requested employee disciplinary documents addressing the sexual abuse/harassment findings. The auditor has not been provided the requested documents and therefore, he cannot render a compliance determination relative to 115.76(c). Accordingly, the auditor finds SCCC non-compliant with 115.76(c).

The auditor imposes a 180-day corrective action period, terminating on March 3, 2020. To substantiate compliance with and institutionalization of 115.76(c), the PCM will provide the auditor a spreadsheet reflecting all PREA investigations involving staff-on-inmate sexual abuse/harassment between the dates of September 3, 2019 and March 3, 2020. The spreadsheet will include specifics regarding the investigations, inclusive of the finding of either Substantiated, Unsubstantiated, or Unfounded. From that spreadsheet, the auditor will randomly select investigations and a copy of the same will be forwarded to the auditor.

In addition to the investigation, the auditor will select involved staff (only in those cases of Substantiated investigations) and the PCM will forward to the auditor relevant disciplinary documents. Subsequent to review and a determination regarding compliance, the auditor will file the documents in the audit file.

#### **January 24, 2020 Update:**

**Since September 3, 2019, one staff-on-resident sexual abuse incident has been investigated and determined to be substantiated. The auditor's review of the investigation reveals substantial compliance with 115.76, inclusive of notification of law enforcement authorities. Additionally, the auditor's review of the CC Facility Employee Problem Solving Notice (termination notice) in this case reveals SCCC is compliant with 115.76(b).**

**The PCM asserts this particular case is the only staff-on-resident sexual abuse case meeting the parameters of the corrective action.**

**In view of the above, the auditor finds SCCC staff have completed all defined corrective action.**

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section 2(b) addresses 115.76(c).

Pursuant to the PAQ, the Warden self reports all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden further self reports in the past 12 months, 29 staff from the facility 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. The auditor requested clarification regarding this number as they appears to be abnormally high however, clarification was not provided.

As the auditor is issuing an Interim Report, the PCM will have the opportunity to address the accuracy of 29 staff reports to law enforcement and/or licensing bodies during the last 12 months. The auditor will subsequently render a finding in regard to the same.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section 2(c) addresses 115.76(d).

The auditor notes referral for criminal investigation (law enforcement) is documented in the 5-1E regarding the investigation referenced throughout 115.76.

In view of the above, the auditor finds SCCC substantially compliant with 115.76.

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section 3 addresses 115.77(a).

Pursuant to the PAQ, the Warden self reports 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.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section 3 addresses 115.77(b).



The Warden asserts in the case of any violation of agency sexual abuse/harassment policies by a contractor or volunteer, local law enforcement would be inserted into the scenario and facility access would be terminated pending the result of an investigation.

In view of the above, the auditor finds SCCC substantially compliant with 115.77(b).

## 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? X  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? X  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? X  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? X  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? X  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? X  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.) X  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*)

Pursuant to the PAQ, the Warden self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. The Warden further self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse.

In the past 12 months, the Warden self reports there were 18 administrative findings of inmate-on-inmate sexual abuse that occurred at the facility. Pursuant to follow-up with the PCM, the auditor determined there were only two substantiated inmate-on-inmate administrative findings at SCCC during the last 12 months. There were 0 criminal findings (inmate) of guilt for inmate-on-inmate sexual abuse that occurred within the facility during the past 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section R(1)(a)(i and ii) addresses 115.78(a).

The auditor's review of one sexual abuse investigation dated May 21, 2018 and accompanying administrative disciplinary packet dated October 18, 2018 reveals the incident did not pertain to inmate-on-inmate sexual abuse but rather, Filing a False Report.

The auditor has not been provided any documentation regarding the afore-mentioned administrative findings of inmate-on-inmate sexual abuse. He has not been provided a copy of the investigations nor disciplinary report materials. Accordingly, an assessment of operational compliance with 115.78(a) cannot be facilitated. Accordingly, the auditor finds SCCC non-compliant with 115.78(a).

The auditor imposes a 180-day corrective action period, terminating on March 3, 2020, wherein SCCC will demonstrate operational compliance with 115.78(a). To demonstrate compliance and institutionalization of the provision, the PCM will provide training to all staff involved in the inmate disciplinary process (inclusive of those responsible for referral of administrative charges to a disciplinary committee) at SCCC regarding the nuances of administrative investigation findings and Policy 14-2 requirements. A copy of training documentation for participants, reflective of the "I understand the subject-matter" caveat will be provided to the auditor for retention in the audit file. Additionally, a copy of the training plan will be provided to the auditor for retention in the audit file.

In addition to the above, the PCM will provide to the auditor a spreadsheet of sexual abuse disciplinary actions from September 3, 2019 through March 3, 2020. The auditor will randomly select investigations and accompanying disciplinary actions from this spreadsheet and provide those names to the PCM. The PCM will subsequently provide to the auditor the corresponding investigations and disciplinary report materials.

The auditor will subsequently review the same and render a determination regarding compliance with 115.78(a). The materials will be included in the audit file.

#### **January 27, 2020 Update:**

**The auditor's review of one inmate-on-inmate sexual misconduct investigation (incident occurred on April 30, 2019) and subsequent administrative disciplinary documentation reveals substantial compliance with 115.78. The hearing followed a finding of substantiated with re-**

spect to the investigation. The auditor finds all due process requirements, as articulated in 115.78, are present in the record. Of note, the PCM asserts this record is the only applicable matter meeting the parameters of corrective action.

The auditor's review of relevant training materials reveals training was provided to the Facility Investigator, Disciplinary Board Chairman, and Back-up Disciplinary Board Chairman/Grievance Coordinator. The PCM asserts these individuals are the only stakeholders in such matters.

**In view of the above, the auditor finds corrective action to be complete with respect to 115.78.**

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section R(1)(a)(iii) addresses 115.78(b).

The Warden asserts inmates are subject to loss of 12 months Good Time, placement in Disciplinary Segregation for up to 30 days, and/or transfer to a Close or Maximum Security facility. The sanctions are proportionate to the nature and circumstances of the abuses committed, the inmates' disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories.

Mental disability or mental illness is considered when imposing sanctions. Specifically, the hearing would be stopped and the inmate would be assessed prior to resuming the hearing.

The PCM self reports there were 0 instances wherein a disciplinary hearing regarding sexual abuse was stopped or continued pending completion of mental health evaluation, during the last 12 months.

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

The PCM relates there are no examples wherein perpetrators of inmate-on-inmate sexual abuse (during the last 12 months) presented with psychological/psychiatric issues requiring assessment prior to imposition of sanctions.

Pursuant to the PAQ, the Warden self reports the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The Warden further self reports if the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

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

The mental health interviewee asserts the facility offers voluntary therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse and, if appropriate, the aggressor may be referred for Sex Offender Treatment at a special needs facility.

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

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

The PCM self reports there has been no incidents of inmate discipline for sexual contact with a staff member during the last 24 months.

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

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section R(1)(a)(vi) addresses 115.78(b).

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

## 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.) X  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.) X  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? X  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, edu-

cation, and program assignments, or as otherwise required by Federal, State, or local law? X  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? X  Yes  No

### Auditor Overall Compliance Determination

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

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

In the past 12 months, 0 inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.

The auditor interviewed an inmate on-site who disclosed prior sexual victimization (see below). The interviewee is no longer confined at SCCC and the auditor has not been provided requested information regarding the individual in view of logistical issues associated with the transfer.

The auditor notes he identified one other inmate who was identified as both a potential victim and aggressor. Referral documentation reveals the inmate was referred for mental health consultation and assessment within the requisite 14 days of the intake screening.

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

The inmate who disclosed sexual victimization at risk screening interviewee asserts he was not subsequently seen by mental health relative to his disclosure of prior sexual victimization.

The staff responsible for initial risk screening interviewee asserts if a screening indicates an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community, a mental health referral form is initiated with the box checked for prior sexual victimization or aggression. She places the form in the Administration box. The interviewee asserts she presumes the meeting is offered within a couple days of referral however, the meeting must be completed within 14 days of referral.

Pursuant to the PAQ, the Warden self reports all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41, are offered a follow-up meeting with a mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of intake screening. Reportedly, mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

According to the Warden, during the last 12 months, 100% of inmates meeting this definition were offered a follow-up meeting with a mental health practitioner.

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

In addition to the above, TDOC Policy 502.06.01, Section VI.C.6.a referencing TND OC Contracted Facilities reflects the following:

Any inmate identified as a sexual aggressor shall be monitored quarterly by the unit management team and documented on TOMIS screen LIBC for a minimum of one calendar year and is to be re-evaluated at annual classification.

The auditor's review of screens and documentation regarding two inmates who were identified as aggressors during initial screening reveals substantial compliance with 115.81(b). One inmate arrived at SCCC on April 8, 2019, screened on the same date, and referred to MH staff by the case manager. An initial meeting with MH staff occurred on April 10, 2019 and the inmate was referred for follow-up with additional MH staff.

In another case, the inmate arrived at SCCC on April 26, 2019, was screened the next day, and the initial meeting was conducted on May 6, 2019. He was referred for follow-up on May 7, 2019.

A third inmate who was assessed as both a potential victim and aggressor is addressed in the narrative for 115.81(a/c).

Pursuant to the PAQ, the Warden self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section A(1) addresses 115.81(d). CC Policy 13-74 entitled Privacy of Protected Health Information, page 3, section B(1)(a-e) partially addresses 115.81(d), identifying the Health Services staff classifications with whom PHI can be shared.

Throughout the facility tour and audit, the auditor identified no deviations from 115.81(d).

Pursuant to the PAQ, the Warden self reports 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.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section L(2)(e) addresses 115.81(e).

The medical and mental health interviewees assert they do obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in an institutional setting. Inmates under the age of 18 are not housed at SCCC.

In view of the above, the auditor finds SCCC substantially compliant with 115.81.

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Warden further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section M(1)(a)(i) address 115.82(a).

The auditor's review of the Rape/Sexual Assault Protocol and Sexual Abuse Incident Check Sheet documents reveals substantial compliance with 115.82. The same is specific in terms of action steps to be taken, ensuring compliance with 115.82(a).

Additionally, the auditor's review of the MOU between CCA and Jackson-Madison County SANE/SART addresses the conduct of forensic examinations at no cost to the victim, as well as, the conduct of the forensic examination by a SAFE/SANE Nurse.

The medical/mental health interviewees assert inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Such services commence immediately upon report. The victim is assessed by SCCC medical staff and, if appropriate, the victim is

transported for forensic examination. Generally, a collaborative approach is used regarding the forensic examination.

The nature and scope of services are determined according to the interviewee's professional judgment.

As previously indicated in the narrative for 115.21, five interviewees assert they were sexually abused by another inmate and one victim alleges sexual harassment by staff. Two interviewees assert they were examined by medical/mental health staff in a timely fashion after reporting sexual abuse. Three victims reported they were not examined by medical/mental health staff. In-depth analysis of investigation results is reflected throughout this report.

The auditor requested information as to whether, during the last 24 months, any sexual abuse victims had been removed from the facility and transported to Jackson-Madison County SAFE/SANE for a forensic examination. The auditor has not been provided a response to the inquiry nor has he received any documentation validating the alleged victim received timely, unimpeded access to emergency medical treatment and crisis intervention services. Accordingly, the auditor finds SCCC non-compliant with 115.82(a). Given the lack of response and evidence, the auditor also finds SCCC non-compliant with 115.82(c).

The auditor imposes a 180-day corrective action period which terminates on March 3, 2020. To demonstrate compliance with these provisions, the PCM will include any medical documentation with sexual abuse investigations completed and forwarded to the auditor between September 3, 2019 and March 3, 2020. This also includes any documentation regarding co-pays and other associated charges.

#### **January 23, 2020 Update:**

**The auditor's review of five 2018 and 2019 community hospital referrals and supporting documentation for SANE examinations and other 115.82 requirements, reveals substantial compliance with 115.82. In one case, the inmate refused SANE examination, the same being clearly documented in the record. Specifics regarding prophylaxis, etc. is also clearly articulated in supporting documentation. It is noted documentation addresses three of the inmates interviewed regarding allegations of sexual abuse.**

**In view of the above, the auditor finds all corrective action with respect to 115.82 to be complete.**

The auditor will review all documentation, including the same in the audit file.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, section M(1)(b) address 115.82(b).

Security and non-security first responder duties are articulated in the narrative for 115.64(a). Specific responses are articulated by interviewees therein.

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

CC Policy 13-79 entitled Sexual Assault Response, page 3, section A(1)(c)(i) addresses 115.82(c). Page 1, section II(A) of the afore-mentioned MOU clearly addresses the verbiage of 115.82(c).

Of note, pursuant to the CCPC, CC Policy 13-79 is not applicable at SCCC however, CC staff adhere to the same during performance of daily duties.



The medical staff interviewee asserts victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

One of the six inmates who reported a sexual abuse interviewee asserts he did receive a forensic examination and information was provided at the hospital regarding emergency contraception and/or sexually transmitted infection prophylaxis. The information and access to the same were reportedly provided in conjunction with the forensic examination.

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

CC Policy 13-79 entitled Sexual Assault Response, page 4, section A(1)(d) addresses 115.82(d).

The provision of 115.82(d) is also addressed in bullet 8 of the SCCC Instructions for Access to Medical Services document dated January 1, 2019.

Page 2, section III of the afore-mentioned MOU clearly addresses the verbiage of 115.82(d).

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

## **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? X  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? X  Yes  No

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

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? X  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 X  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*)

Pursuant to the PAQ, the Warden self reports the facility 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.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12, sections G(3)(b)(i and ii) and (d)(i and ii) address 115.83(a). CC Policy 13-79 entitled Sexual Assault Response, page 2, section A(1)(a)(i) and page 4, section C(1), also addresses 115.83(a).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12, sections G(3)(b)(i and ii) and (d)(i and ii) address 115.83(b). CC Policy 13-79 entitled Sexual Assault Response, page 2, section A(1)(a)(i) and page 4, section C(3) also addresses 115.83(b).

The medical staff interviewee asserts evaluation and treatment of inmates who have been victimized entails evaluation of mental health status, clothed observation of extremities/torso for bruising when inmate advises he is bruised, and taking vitals. The mental health interviewee asserts she calms the victim, offers services, develops a treatment plan based on inmate needs and desire for treatment.

Three of the six inmate interviewees who allege they reported sexual abuse, assert medical or mental health practitioners discussed with them follow-up services, treatment plans, or any, if necessary, referrals for continued care. Two of the six interviewees was involved in sexual harassment incidents.

As reflected in the narratives for 115.82(a) and (c), the auditor has not been provided any documentary evidence to substantiate compliance regarding four inmates who alleged sexual abuse. Accordingly, performance analysis cannot be effectively conducted. Accordingly, the auditor finds SCCC non-compliant with 115.83(b) and the same corrective action period and requirements are invoked.

**February 10, 2020 Update:**

**The auditor's review of the training curriculum with respect to the subject-matter of 115.83(b) reveals substantial compliance with the provision. Staff were clearly briefed regarding the subject-matter of the same. Twenty medical/mental health staff participated in this training.**

**Accordingly, the auditor finds corrective action to be complete and SCCC is now compliant with 115.83(b).**

The policy citation referenced in the narrative for 115.83(a) also applies to 115.83(c).

Both the medical and mental health staff interviewees assert evaluation and treatment are offered consistent with the community level of medical care. The medical staff interviewee asserts sending the victim for SAFE/SANE examination is the community standard of care.

Pursuant to the PAQ, the Warden self reports female inmates are not housed at SCCC and the same is commensurate with auditor observations. Accordingly, the auditor finds 115.83(d) not applicable to SCCC.

Pursuant to the PAQ, the Warden self reports female inmates are not housed at SCCC and the same is commensurate with auditor observations. Accordingly, the auditor finds 115.83(e) not applicable to SCCC.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12, section G(3)(b)(i and ii) addresses 115.83(f). CC Policy 13-79 entitled Sexual Assault Response, page 3, section A(1)(c)(i) also addresses 115.83(f).

Two of the six inmates who reported a sexual abuse interviewees at SCCC assert they were offered tests for sexually transmitted infections. Of note, in one of these cases, the allegation was sexual harassment and accordingly, this provision is not applicable. Three additional interviewees assert they were not offered such tests however, one of the allegations was likewise sexual harassment and 115.83(f) is likewise not applicable. The last interviewee was likewise involved in a sexual harassment scenario.

The auditor finds 115.83(f) applicable to only one interviewee and he asserts he was offered tests for sexually transmitted infections.

Pursuant to the PAQ, the Warden self reports 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.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section A(1)(d) addresses 115.83(g).

Provision 115.82(d) is also addressed in bullet 8 of the SCCC Instructions for Access to Medical Services document dated January 1, 2019. CC Policy 13-79 entitled Sexual Assault Response, page 4, section A(1)(d) addresses 115.83(g).

Four of the six inmates who reported a sexual abuse interviewees assert they did not have to pay for any treatment related to their incident of sexual abuse. As reflected throughout the narrative for 115.83, two of these four scenarios were indicative of sexual harassment.

Two additional interviewees assert they were charged a co-pay for examination. The auditor notes one of the scenarios represented in these two cases is a sexual harassment case by description provided by the inmate.

Despite a request for information to either confirm or refute the statement made by the sexual abuse victim, as reflected above, the auditor has not been provided the same. Accordingly, the auditor must find SCCC non-compliant with 115.83(g). Accordingly, the auditor imposes a 180-day corrective action period, terminating on March 3, 2020, wherein SCCC must prove compliance with and institutionalization of 115.83(g).

To demonstrate the same, the PCM will provide training to medical staff regarding inmate financial responsibility relative to sexual abuse incidents. Specifically, co-pays are not charged in those situations represented by 115.83(g). The PCM will provide a copy of the lesson plan to the auditor, as well as, all Training Acknowledgments in follow-up to the training. The Training Acknowledgment will reflect the "I understand the subject-matter" caveat.

Additionally, the PCM will forward to the auditor a listing of all sexual abuse cases occurring between the dates of September 3, 2019 and March 3, 2020. The auditor will randomly select investigations for review, the PCM will provide copies of the same and copies of any documentation reflecting monetary charges for service. The auditor will review these materials, assessing compliance and filing the same in the audit file.

#### **February 10, 2020 Update:**

**Pursuant to memorandum dated February 5, 2020, the PCM asserts he reviewed the two cases wherein victims were allegedly charged co-pays in conjunction with sexual abuse incidents. He found no evidence of such charges being levied against the victims.**

**The auditor's review of the training curriculum with respect to the subject-matter of 115.83(g) reveals substantial compliance with the provision, Staff were clearly briefed regarding non-charges, inclusive of co-pays, for any medical care provided in conjunction with sexual assault. Twenty medical/mental health staff participated in this training.**

**In view of the above, the auditor finds corrective action to be complete and accordingly, SCCC is now compliant with 115.83(g).**

Pursuant to the PAQ, the Warden self reports the facility 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.

According to the Warden, CC Policy 14-2 references CC Policy 13-79, Sexual Assault Response. This is the CC policy that addresses PREA Standard 115.83. The Tennessee Department of Corrections has never approved Policy 13-79 for implementation, however, the procedures outlined in the policy are the practice at SCCC. As a result, a specific reference to 115.83 cannot be found in policy. CC is redrafting 13-79 for approval and should that not occur, a Policy Change Notice (PCN) will be submitted.

The mental health staff interviewee asserts she conducts a mental health evaluation of all known inmate-on-inmate sexual abusers and offers treatment, if appropriate. A referral was made by the PREA intake case manager, during this audit period. The evaluation was completed within 24 hours of the inmate's arrival.

The auditor notes he has been provided with a referral for an inmate-on-inmate sexual abuser. The same was initiated by the intake interviewee and the meeting with a mental health clinician was scheduled within 10 days of intake.

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

## 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? X  Yes  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? X  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? X  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? X  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? X  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? X  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? X  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? X  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? X  Yes  No

## 115.86 (e)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The Warden further self reports in the last 12 months, zero criminal and/or administrative investigations of alleged sexual abuse were completed at the facility. Upon further review, it has been determined 33 sexual abuse investigations are reported to have been conducted during this time frame.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 23, section N(1) addresses 115.86(a).

The auditor reviewed a Sexual Abuse or Assault Review Form regarding an incident that allegedly occurred on March 19, 2018. The administrative investigation was completed on April 9, 2018 and the SART review was subsequently completed. The SART team was comprised of the requisite staff and all relevant issues were addressed pursuant to 115.86(d).

The auditor's on-site review of four Substantiated or Unsubstantiated sexual abuse investigations reveals a SART review was completed subsequent to completion of the investigation in each applicable case. The SART reviews were completed in accordance with 115.86 however, the auditor notes the PCM appears to have documented the date the alleged incidents were reported in the "Report Date" section of the report, as opposed to, the date the physical SART report was completed. Going forward, this must be corrected for purposes of ensuring the proper audit trail.

Pursuant to the PAQ, the Warden self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Warden further self reports in the past 12 months, zero criminal and/or administrative investigations of alleged sexual abuse were completed at the facility and followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents. This issue has been addressed in the narrative for 115.86(a).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 23, section N(1)(b) addresses 115.86(b).

A discussion regarding the confusion regarding SART Report dates is addressed in the narrative for 115.86(a). Given the consistency in application on all four reports, the auditor is confident all reviews were conducted in a timely manner.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 23, section N(1)(a) addresses 115.86(c).

The Warden asserts the facility has a sexual abuse incident review team (SART) and the team includes upper level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Pursuant to the PAQ, the Warden self reports the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made regarding the following:

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

Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification;

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

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

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

Prepare a report of its findings, including, but not necessarily limited to, determinations made pursuant to the above and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 23 and 24, section N(2)(a-e) addresses 115.86(d).

The Warden asserts the SART team uses the information gleaned from reviews to assess any patterns, identify frequent offenders, assess needed infrastructure (physical plant/cameras) changes, and assess training/staffing needs. The Warden and PCM assert the team considers all factors referenced above.

The PCM and Incident Review Team interviewee asserts when the facility conducts SART reviews, a report is prepared, including any findings from the review, determination(s), and any recommendations for improvement. The reports are forwarded to him for review and he has not observed any trends. If recommendations are included, SCCC executive staff attempt to follow the same, documenting reasons for not following the same.

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

In view of the above, the auditor finds SCCC substantially compliant with 115.86.

## 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? X  Yes  No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? X  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*)

Pursuant to the PAQ, the Warden self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The Warden further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 29, section T(1)(a)(i and iii) addresses 115.87(a)/c).

The auditor's review of the Incident Reporting Database reveals a comprehensive method of collecting sexual assault/harassment data commensurate with the definitions of the SSV.

Pursuant to the PAQ, the Warden self reports the agency aggregates the incident-based sexual abuse data at least annually.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(1)(a)(ii) addresses 115.87(b).

The auditor's cursory review of PREA Annual Reports on the CC website for 2016 and 2017 reveals annual aggregation of incident-based sexual abuse data for SCCC.



Pursuant to the PAQ, the Warden self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 29, section T(1) and T(1)(a)(i) addresses 115.87(d).

The auditor has learned SCCC does not contract with any other private facilities for the confinement of any inmates designated to their care, custody, and control. Accordingly, the auditor finds 115.87(e) not-applicable to SCCC.

Pursuant to the PAQ, the Warden self reports upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. The Warden further self reports the agency provided such data to the Department of Justice pursuant to request.

In view of the above, the auditor finds SCCC substantially compliant with 115.87.

## 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? X  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? X  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? X  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 X  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? X  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? X  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*)

Pursuant to the PAQ, the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section T(3)(a)(i-iii) addresses 115.88(a).

The Agency Head interviewee advises CC accesses information from several sources, using incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. Specifically, he advises that a 5-1 Incident Reporting System is implemented wherein incidents and reports are, minimally, reviewed by Corporate and designated facility staff within a 24-hour period of report. Monthly, a report of PREA related incidents, details, frequency, location(s) of incidents within the facility, amongst other criteria is compiled. Pursuant to this procedure, Corporate and facility staff collaborate to diagnose any PREA-related issues, concerns, etc. These proactive steps, in addition to SART review findings and continual monitoring of data, are utilized to attain optimal efficiency in terms of sexual safety of inmates at CC facilities. The auditor finds SCCC to exceed 115.88(a) in view of the above.

The CCPC asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Such data is securely retained in password protected programs at both the facility and CCPC's office. Access to this information is limited.

Of note, PREA investigation reports and ancillary documentation are electronically generated however, a safely secured filing cabinet is located in the Investigator's Office.

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

The PCM asserts data is generated pursuant to SART reviews and the electronic Incident Report Data Base (IRD). The hard copy of the investigative file is retained in the investigator's office under lock and key.

Of note, the auditor validated the same.

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

The auditor's review of data collected pursuant to 115.87 and the 2016, 2017, and 2018 corporate cumulative annual reports reflects substantial compliance with 115.88(b). The cumulative annual reports, in question, clearly address a comparison of data for the years 2014, 2015, 2016, and 2017. The data collected pursuant to 115.87 is included within the annual report. Enhancements enacted as the result of pre-audits

completed by CC staff, information gleaned from reviews conducted pursuant to 115.86, and PREA audits conducted during the year, are discussed in the annual report. Finally, a synopsis is included in the annual report, addressing the "State of PREA" within CC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section T(3)(b) addresses 115.88(b).

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section T(3)(c) addresses 115.88(c).

The auditor's review of the CC website reveals substantial compliance with 115.88(c). Specifically, annual reports are posted on the website and the same are signed by the CC Executive Vice President and Chief Corrections Officer.

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

Pursuant to the PAQ, the Warden self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The Warden further self reports the agency indicates the nature of the material redacted.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section T(3)(d) addresses 115.88(d).

According to the CCPC, CC rarely redacts information from aggregated reports, etc. All data is collected in generic fashion.

In view of the above, the auditor finds SCCC exceeds standard requirements relative to 115.88.

## 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? X  Yes  No

### Auditor Overall Compliance Determination

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section T(2)(c)(i) addresses 115.89(a).

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section T(2)(c)(i) addresses 115.89(b).

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section T(2)(c)(ii) addresses 115.89(c).

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

The auditor's review of the Core Civic Record Retention Schedule reveals substantial compliance with 115.89(d).

The auditor noted no deviation from the requirements of 115.89(d) in terms of evidence retention.

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

## 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*)

The auditor was provided all resources, information, etc. needed throughout the audit process. A significant amount of follow-up conversation and document searches followed completion of the on-site audit process. With the exception of the issues noted in the narratives for 115.76, 115.78, 115.82, and 115.83, all requested information was provided.

Accommodations and responsiveness during the on-site audit were exceptional. Interviews were well scheduled with very little “down time”.

## 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*)

No comments.

## 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

**K. E. Arnold**

**February 17, 2020**

**Auditor Signature**

**Date**

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

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