

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

Interim Final

Date of Report May 26, 2019

Auditor Information

Name: Debra D. Dawson	Email: dddawsonprofessionalaudits@gmail.com
Company Name: 3D PREA Auditing & Consulting, LLC	
Mailing Address: P.O. Box 5825	City, State, Zip: Marianna FL 32447
Telephone: (850) 209-48778	Date of Facility Visit: May 6-8, 2019

Agency Information

Name of Agency: Tennessee Department of Corrections		Governing Authority or Parent Agency (If Applicable): State of Tennessee	
Physical Address: Rachel Jackson Building		City, State, Zip: Nashville, TN. 37243	
Mailing Address: 320 Sixth Avenue North		City, State, Zip: Nashville, TN 37243	
Telephone: 615-741-1000		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: To operate safe and secure prisons and provide effective community supervision in order to enhance public safety.			
Agency Website with PREA Information: https://www.tn.gov/correction/article/prison-rape-elimination-act-of-2003			

Agency Chief Executive Officer

Name: Tony C. Parker	Title: Commissioner
Email: Tony.C.Parker@tn.gov	Telephone: 615-253-8139

Agency-Wide PREA Coordinator

Name: Blake Pollock	Title: TDOC State PREA Coordinator
Email: blake.h.pollock@tn.gov	Telephone: 615-952-5398

PREA Coordinator Reports to: Kim Gulden, Director of Compliance	Number of Compliance Managers who report to the PREA Coordinator 10
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Facility Information

Name of Facility: Bledsoe County Correctional Complex

Physical Address: 1045 Horsehead Road Pikeville, TN 37367

Mailing Address (if different than above): Same as above

Telephone Number: 423-881-6274

The Facility Is: Military Private for profit Private not for profit

Municipal County State Federal

Facility Type: Jail Prison

Facility Mission: To operate safe and secure prisons and provide effective community supervision in order to enhance public safety.

Facility Website with PREA Information: Facility website is connected through agency's website <https://www.tn.gov/correction/article/prison-rape-elimination-act-of-2003>

Warden/Superintendent

Name: Darren Settles Title: Regional Correctional Administrator (Acting Warden)

Email: Darren.L.Settles@tn.gov Telephone: 423-509-1765

Facility PREA Compliance Manager

Name: Danielle Copeland Title: Compliance Manager

Email: Danielle.M.Copeland@tn.gov Telephone: 423-881-6274

Facility Health Service Administrator

Name: Katherine Campbell Title: Health Service Administrator

Email: KCampbell@CenturionTn.com Telephone: 423-881-6365

Facility Characteristics

Designated Facility Capacity: 2547 Current Population of Facility: 2395

Number of inmates admitted to facility during the past 12 months 4554

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 4554

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 4554

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: 847

Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-50		
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:				0
Average length of stay or time under supervision:				0
Facility security level/inmate custody levels:				Minimum Trustee to Maximum Security
Number of staff currently employed by the facility who may have contact with inmates:				757
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				220
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:				3
Physical Plant				
Number of Buildings: 60		Number of Single Cell Housing Units: 1		
Number of Multiple Occupancy Cell Housing Units:		28		
Number of Open Bay/Dorm Housing Units:		3		
Number of Segregation Cells (Administrative and Disciplinary):		265		
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):				
725 CCTV cameras through the Complex and 45 network video recorders are located throughout the food service, housing units, hallways, medical, annex, diagnostic facility, women facility, program areas, inner and outer compounds.				
Medical				
Type of Medical Facility:		Infirmary Care Facility		
Forensic sexual assault medical exams are conducted at:		Contracted with Cumberland Medical Center (CMC)		
Other				
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:				624 Volunteers/167 Contractors
Number of investigators the agency currently employs to investigate allegations of sexual abuse:				2

Audit Findings

Audit Narrative

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

The Prison Rape Elimination Act (PREA) Reaccreditation Audit for Bledsoe County Correctional Center (BCCX) is located on top of the Cumberland Plateau covering approximately 2,500 acres. BCCX is nestled in the hills between Pikeville and Spencer. The PREA audit was coordinated through the Tennessee Department of Corrections (TDOC) Office of Compliance and 3D PREA Auditing & Consulting upon notification of being awarded the contract. Department of Justice (DOJ) Certified PREA Auditor Debra Dawson and (DOJ) Certified PREA Auditor Joy Bell was assigned to conduct the audit. Debra Dawson served as the Lead Auditor. The PREA Reaccreditation audit was conducted on May 6 -8, 2019. An open line of communication was developed between the TDOC State PREA Coordinator Mr. Blake Pollock and PREA Compliance Manager Danielle M. Copeland. Communication was maintained via phone, and email regarding the Pre-Audit Questionnaire (PAQ), posting of audit notice and audit logistics. The auditor was provided a physical plant schematic for a pre tour scheduling itinerary.

A flash drive was forward to the Lead Auditor by the State PREA Coordinator, Mr. Blake Pollock. The flash drive contained the PAQ and supporting documentation as attachments for each of the 43 standards. The auditor reviewed the PAQ which had links to TDOC policies, facility procedures, various TDOC forms, memorandums, training curriculum, organizational charts, and other PREA related materials utilized by the facility in an effort to demonstrate compliance. The Lead Auditor made requests for additional material and documentation prior to the site visit. Documentation was submitted immediately in a joint effort by the PREA Compliance Manager and the State PREA Coordinator.

The facility has a Memorandum of Understanding (MOU) with The Avalon Center of Crossville, Tennessee. The auditor contacted the Avalon Center in reference to reports made by inmates and available services with them. The auditor also reviewed the TDOC PREA website.

The site visit began Monday, May 6, 2019, at 8:30 a.m., with an entrance meeting. Those in attendance were Acting Warden Darren Settles, PREA Coordinator Associate Warden Treatment (T)/ Facility PREA Coordinator Brett Cobble, Associate Warden Shannon Green, PREA Compliance Manager Danielle Copeland, Compliance Manager Patty Lovitt, Director of Compliance Kim Gulden, State PREA Coordinator Blake Pollock, Institution Investigator Robert Stith, Institution Investigator Velma Barnett, Director of Nurses, Aimee Colvard, Central Office Facility Manager Chris Haley, Health Administrator Katherine Campbell, Chief of Security Jonathan Higdon, Fiscal Director Archie Doby,

Immediately following the entrance meeting at approximately 9:00 a.m., the auditors were escorted by the PREA Compliance Manager Danielle Copeland, TDOC PREA Coordinator Blake Pollock, Associate

Warden (T)/Facility PREA Coordinator Brett Cobble, Associate Warden Shannon Green, Health Services Administrator Katherine Campbell, Director of Compliance Kim Gulden. All locations at the Complex was toured that included the Women's Unit, Site 2, Annex and Site 1 (Diagnostic Unit). The auditors conducted interviews with both staff and inmate population at all four facilities during the visit on May 6-8, 2019. The auditors extended their hours of work each day to conduct staff interviews from each shift and a variety of inmate interviews.

The tour consisted of touring the 60 buildings that compose the BCCX. This included areas of 32 housing units, recreation areas, food service areas, education, libraries, segregated housing, infirmaries, maintenance, administrative business, security operations, TRICOR Plant, visitation areas, laundry, warehouse, commissary, chapel, supply, intake area, zone support, day rooms, and all other areas accessible to the inmate population at the complex four (4) sites.

The PREA notice was verified by the PREA Compliance Manager as being posted on March 7, 2019, and well in excess of six week prior to the schedule audit. The postings were observed on bulletin boards throughout the complex to include the Women's Facility, Diagnostic Classification Center (Site 1), Medium (Site 2), and the minimum-security unit (Annex) and were accessible for viewing by staff, inmate population and visitors. The PREA notifications included well organized and vividly colored posters and bulletins that were easily identifiable.

The PREA posters provided methods on how to make confidential reports using the PREA Toll Free Tip HOT Line by dialing *9222. The Inmate PREA Victim Advocate program explains how to make a confidential report to outside agencies by writing Avalon Center domestic Violence and Sexual Assault Program at 196 10th Street, Crossville, TN 38555 or by dialing *9555.

On the first day of the audit there were 2,395 inmates with a designated capacity of 2547 at BCCX. There were 1205 inmates designated at Site #1; 790 at Site 2; 147 at the Annex and 253 at the Women's Facility. Security staffs are assigned to work three shifts: 6:00 am – 6:00 pm; 7:00 am – 3:00 pm and 6:00 pm – 6:00 am.

Security staff was selected from each shift for interviews. BCCX had a staff compliment of 465 security staff and 295 non-security staff. Medical staff is contracted through Centurion and has 120 employees. The Food Service Department is contracted through Aramark and operates with 19 employees. Mental Health staff is contracted through Corizon and has 28 employees. BCCX has 624 volunteers.

The auditor conducted a total of 61 staff interviews that included security staff, non-security staff, contractors and volunteers from the various departments. Thirty-two random staff interviews and 29 specialized staff interviews were conducted. Those specialized staff included: (1) TDOC Commissioner; (1) Agency Contract administrator; (1) Regional Correctional Administrator/Acting Warden; (1) TDOC PREA Coordinator; (2) Intermediate or Higher-level Facility Staff; (1) Contract Health Service Administrator; (1) Contract Director of Nurses; (1) Contract Behavior Health Administrator; (1) SANE; (2) Volunteers; (2) Investigative staff; (4) Staff who perform screening for risk of victimization and abusiveness/ Intake; (1) Staff who supervise inmates in segregated housing; (1) Incident review team member; (1) Designated staff member charged with monitoring retaliation; (2) Security staff who have acted as first responders; (1) Human Resource Manager; (1) PREA Compliance Manager; (1) Facility PREA Coordinator; (1) Victim Advocate;(1) Contract Food Service Manager; (1) Contract Clinical Director of Mental Health.

The selection of inmates for random interviews was determined by a random selection from unit rosters while selecting a diverse group of inmates. Rosters identifying inmates within the targeted interview category was presented by the PREA Compliance Manager. A total of 65 inmates interviews were conducted at BCCX. Thirty-four inmates were selected for random interviews. Thirty-one inmates were

interviewed from the following targeted groups: (1) Inmates identified as Transgender; (1) Inmates who reported sexual abuse; (14) Inmates identified as Who Reported Sexual Victimization During Risk Screening; (1) Inmate identified as hard of hearing; (2) Inmate identified as low vision; (3) Bi-sexual; (3) Gay; (2) Lesbian; (3) Cognitive. In addition to 65 formal inmate interviews, the auditors conducted 31 informal interviews with the inmate population on their knowledge and understanding of their rights within the PREA standards.

An interview with the Institution Investigators and a review of allegations of sexual abuse and/or sexual harassment identified 62 PREA allegations were reported and investigated within the prior 12 months of the audit.

There were 12 inmates on inmate sexual harassment allegations reported. Three (3) these allegations were determined to be Unfounded; nine (9) were determined to be Unsubstantiated and zero (0) Substantiated. There were 15 inmates on inmate sexual abuse allegations reported. Four (4) were determined to be Unfounded; seven (7) was determined to be Unsubstantiated; two (2) was determined to be Substantiated and two (2) remained pending investigation.

There were ten (10) allegations reported for staff on inmate sexual abuse. Two (2) were determined to be Unfounded, two (2) were determined to be Unsubstantiated and six (6) were determined to be Substantiated. There twenty-five (25) allegations of staff on inmate sexual harassment reported. Twelve (12) were determined to be Unfounded, twelve (12) were determined to be Unsubstantiated and one (1) was determined to be Substantiated.

TDOC website www.tn.gov/PREA PREA Policy provides additional information by clicking on the topic hyperlink.

At the conclusion of the site visit on May 8, 2019, an exit meeting was held to discuss the audit findings. Those in attendance were Acting Warden Darren Settles, Associate Warden Shannon Settles, Associate Warden (T)/Facility PREA Coordinator Brett Cobble, Health Service Administrator Katherine Campbell, Institution Investigator Sergeant Robert Stiff, Institution Investigator Corporal Velma Burnette, PREA Compliance Manager Danielle Copeland, Chief Counselor Valerie Burgess, TDOC PREA Coordinator Blake Pollock, and TDOC Director of Compliance Kim Gulden. The auditor explained the continuation of the audit process that would follow the on-site visit. The auditor explained further review of documentation of practice, policy and procedures will continue and a determination of compliance with standards would be determined upon completion.

The auditors were very impressed with the attentiveness and responsiveness of both the State PREA Coordinator and the PREA Compliance Manager. Both were very responsive in providing all documentation requested during the pre-audit, site visit and post audit. Requested information was always provided within 24 hours of the request. It was an absolute pleasure to work with both. Additionally, the auditor was extremely impressed throughout the interview process with specialized staff and random staff. Each staff member was confident in delivering their knowledge and understanding of TDOC policy and PREA Standards. It was obvious to the auditors that staff was very proud of their Complex and work together as a team. The inmates and staff communicated professionally while demonstrating an open line of communication and being approachable. The interaction of staff and inmates was noticeable during all interaction to include conducting the tour of the Complex, compound movement and scheduling of interviews.

Facility Characteristics

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

Bledsoe County Correctional Complex (BCCX) is located on top of the Cumberland Plateau covering approximately 2,500 acres. BCCX is nestled in the hills between Pikeville and Spencer. The prison is a Level III facility which houses approximately 2,539 offenders in four separate facilities: Site 1; Site 2 (formerly Southeast Tennessee State Regional Correctional Facility); Annex and Women's Complex (Unit 28).

In 2011, Site 1 became the Diagnostic Intake Center for all male offenders sentenced to the Tennessee Department of Correction (TDOC). All offenders receive a comprehensive diagnostic assessment which will determine their medical, mental health and programming needs. There are 128 offender workers housed at this prison and a 48 bed Supported Living Unit at this prison.

Site 2 houses approximately 999 offenders with an adjacent 152-bed male facility (Annex). These units were built prior to August 2012 and house the 847 identified as being at the Complex prior to August 2012. This site is a time-building prison where offenders are offered the opportunity to take vocational programs, including barbering, carpentry, culinary arts, and small engine repair, to help with a successful re-entry into the community. Self-improvement opportunities, like the Adult Basic Education classes and the 108-bed TCOM program, are offered to help the offender better themselves and open new doors to success. The TRICOR Industry wood plant is also located at this prison and employees approximately 253 offenders.

The male annex at Site 2 houses minimum direct and trustee offenders who assist in the daily operations of the TRICOR farm, the maintenance department, commissary, and landscaping. The TRICOR farm is home to 150 dairy cows and a small herd of beef cattle. The farm grows their own hay and silage made from beans and corn.

Unit 28 housing unit has a capacity rate of 300 female offenders. These offenders are offered the opportunity to take vocational programs, which include CAD (computer-aided design), Cosmetology and Landscaping/Gardening. These Programming opportunities assist them with opening doors for a successful re-entry process back into society once their sentence is completed. There is also a 30-bed TCOM program for group therapy available in this unit.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 4

115.31 Employee Training; 115.33 Inmate Education; 115.41 Screening of risk of victimization and abusiveness; 115.86. Sexual abuse incident reviews

Number of Standards Met: 39

115.11: Zero Tolerance of sexual abuse and sexual harassment: PRE Coordinator; 115.12: Contracting with other entities for the confinement of inmates; 115.13: Supervision and monitoring; 115.14: Youthful inmates ; 115.15: Limits to cross-gender viewing and searches; 115.16: Inmates with disabilities and inmates who are limited English proficient; 115.17: Hiring and promotions decisions; 115.18: Upgrades to facilities and technologies; 115.21 Evidence protocol and forensic medical examinations; 115.22: Policies to ensure referrals of allegations for investigations; 115.32 Volunteer and contractor training; 115.34: Specialized training :Investigations; 115.35 Specialized training: Medical and mental health care; 115.42: Use of screening information; 115.43: Protective Custody; 115.51: Inmate reporting ; 115.52 Exhaustion of administrative remedies; 115.53: Inmate access to outside confidential support services; 115.54 Third-party reporting; 115.61 Staff and agency reporting duties; 115.65: Agency protection duties; 115.63: Reporting to other confinement facilities; 115.64: Staff first responder duties; 115.65 Coordinated response; 115.66: Preservation of ability to protect inmates from contract with abusers; 115.67: Agency protection against retaliation; 115.68: Post-allegation protective custody; 115.71: Criminal and administrative agency investigations; 115.72: Evidentiary standard for administrative investigations; 115.73: Reporting to inmates; 115.76: Disciplinary sanctions for staff; 115.77: Corrective action for contractors and volunteers; 115.78: Disciplinary sanctions for inmates; 115. 81 Medical and mental health screenings: history of sexual abuse: 115.82: Access to emergency medical and mental health services; 115.83: Ongoing medical and mental health care for sexual abuse victims and abuser

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

No corrective action was required during this audit.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with the review of TDOC Policies 506.06 PREA Implementation, Education, and Compliance; 502.06.2 PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART), the auditors determined TDOC and BCCX has written policies and procedures in place to support the agency's mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting,

and responding to the conduct of such. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of inmates with sanctions for those found to have participated in these prohibited behaviors.

The TDOC Policy 506.06 identifies the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of inmates. Interviews with random and specialty staff, each confirmed receiving PREA training and expressed being knowledgeable of their responsibilities in regard to the agency's zero tolerance in regard to sexual abuse and/or sexual harassment within the guidelines of the PREA standards. PREA posters and literature describing the agency's zero tolerance of sexual abuse and sexual harassment were observed by the auditors as strategically located and accessible throughout the facility for staff and inmate awareness.

The BCCX is one of several facilities managed by TDOC. In accordance with the review of the TDOC Organizational Chart, the official upper-level position of the State PREA Coordinator is Correctional Program Director 2. However, due to the recent vacancy of the position, Mr. Blake Pollock who is assigned to the Compliance Auditor-Institutions Office of Investigations and Compliance is acting as the State PREA Coordinator. Mr. Pollock confirmed he is responsible for monitoring the ten (10) TDOC facilities PREA programs by providing training, monitoring compliance of standards, and maintaining an visiting the facilities with one-one interactions, conducting training and maintain an open line of communication to include via emails and telephonically. He continued in stating he ensures annual PREA audits are conducted while using the Audit Instruments based of the PREA standards. He plays an active role in monitoring standards to ensure compliance with each.

An interview with the facility PREA Compliance Manager and review of the BCCX Organizational Chart confirmed the PREA Compliance Manager is assigned the position of Warden's Assistant who reports directly to the Warden. The Associate Warden(T) is assigned as the Facility PREA Coordinator. An interview with PREA Compliance Manager confirmed she has sufficient time to attend to the duties assigned to this position. Confirmation of her committed as the PREA Compliance Manager was demonstrated during the audit process.

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 OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with the review of TDOC 502.06, CCA Contracts; Residential Treatment Center Contracts, Annual Inspection Instrument PREA; Interview with Agency Contract Monitor, TDOC Agency meets the mandate of this standard. TDOC requires employees of entities contracting with the TDOC to comply with applicable TDOC policies, procedures, regulations, and posted rules.

Documentation of Contracts for TDOC facilities was reviewed by the auditors. Each of the contracts and/or modification of contracts for confinement of inmates in private agencies, and other entities to include government agencies documented the contracting agency shall comply with PREA Standards for Adult Prisons and Jails and report any inmate's sexual assault or sexual harassment to the TDOC and in accordance with TDOC policy. The requirement is noted in all new contracts and upon renewal of existing contracts; these contracts are modified to include the requirement. Section E.19 was added which dictates requirements in PREA standards. Specifically, the contract states the contractor must comply with the Prison Rape Elimination Act (PREA) of 2003 (Federal law 42 U.S. C. 15601 et. seq), with all applicable Federal PREA standards, and with all State policies and standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within facilities/programs/offices owned, operated, or contracted. The Agency has contracts with five CORE Civic Services facilities; South Central Correctional Facility; Hardeman County Tennessee; Whiteville, Corrections; Trousdale County; and The Next Door, Inc. A TDOC employee is on sight at each of the five (5) facilities to monitor operational procedures. However, the State PREA Coordinator monitor and audits the facilities for compliance of TDOC policies and DOJ PREA Standards which are noted in all new and renewed contracts. BCCX does not have a current contract with an entity to house its inmates.

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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with the review of the BCCX staffing plan; TDOC 502.06 PREA Implementation and Compliance; CR-3964 PREA Annual Staffing Review and Master Roster; Log Book Entries and interviews with the PREA Compliance Manager, PREA Coordinator, and Warden, BCCX meets the mandate of this standard. The auditor determined policies and procedures are in place that confirms BCCX has developed, documented, and makes 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. In calculating adequate staffing levels and determining the need for video monitoring, BCCX has taken into consideration: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); 6) The composition of the inmate population; 7) The number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11) Any other relevant factors. During an interview with the Acting Warden, he confirmed the facility has a staffing plan that provides an adequate staffing level to protect inmates against sexual abuse by the use of staff supervision, placement of mirrors, and video surveillance that monitor inmate activities throughout the facility. Interviews with the Associate Warden (T) and Investigative Staff, confirmed the facility currently has 725 cameras, 45 network video recorders, and an abundance of mirrors strategically located in housing units, hallways, food service, program areas, and throughout each facility's location.

In accordance with the review of TDOC Policy 502.06; Staffing Plan; interviews with the Warden, Associate Warden (T)/Facility PREA Coordinator, TDOC PREA Coordinator, and PREA Compliance Manager, policy and procedures are in place that require each facility to develop a staffing pattern that provides for the adequate levels of staffing and monitoring to protect inmates and residents against sexual abuse. Each calendar year by July 1st, each facility shall assess, determine, and document whether adjustments are needed to the facility staffing plan. The review will follow the guidelines of CFR 113.13 (a), (b) and (c). Any recommended changes to the developed rosters are requested by the Warden to the Assistant Commissioner of Prison for approval. The TDOC PREA Coordinator is involved in the development of the review and of the findings of this review. A copy of BCCX Staffing Plan dated June 18, 2018, was provided to the auditors for review. The Staffing Plan was established pursuant to paragraph (a) of this section that gave consideration of the 11 areas noted in regard to the physical layout and daily operational needs of the facility and reviewed by the Chief of Security, Associate Warden of Security, Associate Warden (T)/ PREA Coordinator, TDOC PREA Coordinator and Warden.

In accordance to TDOC Policy 502.06 procedures are outlined for circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. A review of security's Post Assignment Schedule revealed assignment posts are identified as Critical or Non-Critical Post. All critical posts are required to be filled each shift. The Post Assignment Scheduled is reviewed by the Warden and Assistant Commissioner of Prisons. There were no deviations from the Staffing Plan implemented during the past 12 months of the initial audit. The Warden indicated critical post positions will never be vacated and overtime would be authorized to fill these posts.

In accordance to TDOC Policy 502.06; and review of logs, the auditor determined BCCX has policies and practices in place to maintain compliance of PREA Standard 115.13 Supervision and monitoring. Intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Staff identified to conduct, and document unannounced rounds are Security Staff Corporal and above, Unit Managers, and Administrative Duty Officer. A review of the unit/program log books confirmed annotation of “Unannounced PREA Inspection” being conducted during the day and night shifts. Notation of unannounced PREA rounds conducted by intermediate-level and higher–level supervisors were notated in red ink throughout the log books.

In accordance with TDOC 502.06, any staff member alerting another staff member that these unannounced rounds are occurring will be subject to appropriate disciplinary action. A review of the logs and interviews with supervisory staff confirmed the unannounced rounds are not completed in a pattern and are not consistently made during the shifts. Supervisory staff confirmed they do not complete tour of rounds throughout the facility in a consistent manner. They often stop after conducting several rounds and begins again later within the shifts. This variation of conducting rounds is utilized in an effort to identify and deter staff sexual abuse and sexual harassment. The practice of conducting unannounced rounds and the violation of staff advising others of such rounds was confirmed during interviews with supervisory staff that included a variety of intermediate-level or higher-level supervisors.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with TDOC 506.14.2 Housing and Programming of Youthful Offenders; Interviews with Medical Staff, PREA Compliance Manager; State PREA Coordinator, Chief Classification Counselor and Tour of the Complex, BCCX meets the mandate of this standard. BCCX does not house youthful offenders. The following facilities provide housing for youthful offenders subsequent to classification: (male) Northwest Correctional Complex – Site #2 (NWCX), (females) Tennessee Prison for Women (TWP), and DeBerry Special Needs Facility (DSNF) for males with health or mental health concerns.

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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) 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 here for facilities with less than 50 inmates before August 20, 2017.) 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? Yes No

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with TDOC 305.03- Employee/Offender Interaction; TDOC 502.06 - Searches; TDOC 506.06; Index 112.08-1- BCCX Personal Hygiene Resources for Inmates; review of Training Program Curriculum for Pre-Service, In-Service, and Security Shift Exchange, and Interview with Health Service Administrator, BCCX meets the mandate of this standard. BCCX has policy in place that refrain from conducting any cross-gender strip or cross-gender visual body searches, except in exigent circumstances or by medical practitioner. All searches are required to comply with the policy as dictated. Any such searches of cross-gender strip or cross-gender visual body searches must receive prior approval and must be documented.

BCCX is predominately designated as a male prison but does have a female housing unit located on separate grounds at the complex. Staff does not conduct cross-gender pat-down searches of female inmates under any circumstances. Additionally, female staffs are always available to conduct pat searches of female inmates' therefore; restriction of access to regularly available programming or other out-of-cell opportunities is not impeded. Interviews with supervisory staff and random staff indicated if female staff was not assigned due to call-ins, a female staff member will be reassigned from one of the male facilities to cover a correctional post at the Women's facility. Staff confirmed this process has been previously done.

A review of camera placement and monitoring screens by the auditors ensured there were no violations of privacy that allowed viewing of showers, toilets, change of clothing or performing bodily functions by staff of the opposite gender. All showers and toilets are within individual stalls with appropriate shower curtains and/or ¾ stall doors that allow privacy while maintaining inmate accountability and security. However, for security measures, suicide cells and cells designated for mental health concerns within the infirmary and building 21 are the only locations that have total view of the cells to include the toilet areas. Inmates are given suicide smocks and blankets. This is due to required direct observation in an effort to prevent inmates from harming themselves. Male security staffs are the only ones assigned to this post and at no time are female staff assigned to this post.

Interviews with a selection of random and specialty staff confirmed each staffs' awareness of being prohibited from conducting cross-gender visual searches and or cross-gender visual body searches. They were well aware of the Agency's policy and its requirements for these type searches if ever required to include documenting the reason for conducting such and identifying the approving official.

In accordance with TDOC 305.03- Employee/Offender Interaction; TDOC 502.06 PEA Implementation & Compliance; TDOC 506.06; 502.06.2-1 2; review of Training Program Curriculum for pre-service, and in-service, the Agency has policy against conducting a strip search on a transgender and/or intersex offender for the sole purpose of determining genitalia status. A review of the submitted PAQ and interviews conducted with staff and the inmate population, confirmed no cross-gender strip searches or cavity searches were completed at the BCCX during the last 12 months.

The auditor reviewed staff training records for 2018, which confirmed staff received PREA training. During formal and informal interviews with security line staff and supervisors, the auditor asked staff to demonstrate upper torso procedures for conducting pat-down searches on transgender and intersex inmates. Staff was familiar with the correct procedures to conduct such searches. Staff interviewed and documentation of the in-service training curriculum confirmed staffs are receiving training on conducting

cross-gender pat-down searches and transgender and intersex inmates in a professional and respectful manner.

The auditors toured the complex spending a significant amount of time in inmate living areas throughout. The staff compliment consists of a male and female staff. During interviews with the male inmate population, they stated the female staffs regularly announce themselves upon entering the housing units in addition to male staff announcements are made upon entering the women's unit.

One inmate identified as transgender was assigned at BCCX during the site visit and was interviewed. The inmate recently arrived at BCCX on April 5, 2019. Staff assigned to work the housing unit in which the inmate was assigned indicated on the occasion of conducting pat searches of the inmate, they are conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with TDOC 502.06 – PREA Implementation and Compliance; TDOC 103.10.0 Title VI – Limited English Proficiency (LEP); LEP Plan for BCCX (English and Spanish Versions); BCCX List of Bi-Lingual staff; Interagency Agreement between TDOC and Tennessee Foreign Language Institute; Educational Programs; TTY machine and PREA video “What You Need to Know” in English and Spanish with closed caption, BCCX meets the mandate of this standard. The auditors determined BCCX take appropriate steps to ensure inmates with disabilities (including inmates who are deaf or hard of hearing, those who are limited English proficient, low level functioning, who are blind or have low vision, or have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in and benefit from all aspects of the Agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

BCCX has a Limited English Proficiency Plan established to provide translation services. Due to the absence of the Limited English Proficiency Coordinator, an interview with educational staff who assist in coordinating LEP services and PREA Compliance Manager, indicated there is a variety of services available to communicate with inmates who are identified with a variation of disabilities, but none have been identified who required services outside the facility within the past 12 months of audit.

The Linguistica International Sustainable Language Services (866-908-5744) is available 24 hours 7 days a week to provide translation services in 350 languages over the phone, via video conferencing and/or through document translation. A TTY machine is available for inmates to utilize. If an inmate is both deaf and blind, the inmate would be transferred to a special needs' facility.

Each inmate arriving at the BCCX, receives the Rules and Regulations Orientation Handbook which is available in both English and Spanish. This booklet provides an overview of the agency/facility rules and general information in addition to the agency's PREA policy. It outlines to the inmates how to report, to whom to report incidents of sexual abuse and sexual harassment without fear of being punished for reporting.

In accordance with TDOC 502.06; staff shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances such as an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder duties or investigation of the inmate's claim. Documentation is noted via memorandum in all instances of staff being utilized as language translators for the inmate population.

There are four (4) staff assigned at BCCX that is designated to assist in communicating with Non-English speaking inmates.

The auditor also conducted an interview with an inmate who identified himself as Hard of Hearing. During the interview process, the inmate stated he could communicate with a verbal understanding. He continued in reporting, he received a handbook to read, and could read the posters located in the facility.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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In accordance with TDOC Policy 301.04 Job Requirements; CR-3819 Self-Declaration of Sexual Abuse/Sexual Harassment ; CR-3962; Interviews with Human Resource staff, and Staff who Conduct

Background Checks, and the review of random selected background checks for individuals requesting employment and/or promotion, BCCX meets the mandate of this standard.

A criminal history record check and fingerprints are conducted on all new and prospective departmental, contract, and TRICOR employees. These checks are completed prior to employment. BCCX does not hire or promote anyone who has contact with inmates and does not enlist the services of any contractor or volunteer 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 that 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. Additionally, a review of the policies and application process confirms the hiring of an individual identified in this standard is strictly prohibited.

In accordance with TDOC Policy 301.04 all applicants for employment or promotions, all contract employees, and all volunteers who have contact are asked directly about previous misconduct referencing this standard during their annual review and signing of a Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819.

An NCIC is completed on all individuals prior to an offer of employment in an effort to detect any prohibited cause of hiring. Annual background checks for current employees are conducted in conjunction with the employee's birth month. The check is completed by the end of the month during which the employee's birth date. Specifically, the agency assigns a staff member to complete all NCIC and forward them to the Human Resource Department for further review. In addition to conducting a background check on all applicants for new hire and/or employees seeking promotion, all are required to complete a Self-Declaration of Sexual Abuse/Sexual Harassment..

These policies require a criminal background check be conducted on all staff (employee, contractor, volunteer) who enters any Tennessee facility regardless if he/she has contact with an inmate or not. These specific hiring policies prohibit hiring or promoting anyone or enlisting the services of any contractor: (1) that engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) anyone 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. Anyone found with any of these sub conditions, are prohibited from entry into TDOC facilities.

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*)

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In accordance with TDOC 108.01 Facility Construction, Renovation and Physical Plant Maintenance, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considers how such technology may enhance the agency's ability to protect inmates from sexual abuse.

BCCX have installed additional cameras throughout the complex with special emphasis on the women housing unit (Building 28) since the last PREA audit in March 2016. The installation of these cameras and video monitoring provides additional assistance to staff in the prevention, detection and monitoring of sexual abuse/harassment while maintaining privacy for inmates to dress and perform bodily functions without being observed by staff of the opposite sex.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence

for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)

Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No

- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No

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

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] 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*)

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In accordance with a review of TDOC 502.06.2; TDOC 502.06.3; it is confirmed that policies mandate all investigations conducted within any TDOC facility adhere to investigative and evidence protocols 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.

The TDOC Office of Compliance and Investigations assigns Institution Investigators at each facility to conduct investigations. The two institution investigators assigned at BCCX are supported by the next ranking TDOC Investigator who is a Special Agent within the TDOC Office of Compliance and Investigations.

Cumberland Medical Center (CMC) in Crossville, TN., has a current agreement in good standing with BCCX to provide forensic examinations, for victims of sexual assault. During an interview with the Emergency Room Charge Nurse, he confirmed forensic examinations are provided at CMC. He continued in stating currently there is not a SANE or SAFE employed at the hospital. Therefore, all forensic examinations are conducted by qualified Doctors at CMC. These Doctors are on duty 24 hours a day. This practice is acceptable as TDOC policy allows for a qualified medical practitioner to perform the forensic medical examination.

The Behavior Health Clinical Director has been designated as the facility's PREA Victim Advocate. This information is posted on bulletin boards throughout the facility for inmate and staff awareness. A copy of facility's PREA Victim Advocate completed training through the Avalon Center noting education in the role of fulfilling her responsibilities as a Victim Advocate was provided. The training included supporting the victim through the forensic medical, examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals if necessary.

The auditor interviewed four (4) inmates who had report allegations of being sexually abused. One inmate reported he received services from The Avalon Center of Crossroad. The remaining three (3) inmates stated they did not receive victim advocate services from the facility PREA Victim Advocate or Avalon Center.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with TDOC 502.06.2- Prison Rape Elimination Act (PREA) Allegations, Investigations, and Sexual Abuse Response Team (SART); PREA Investigation Checklist; 502.06.1 – Prison Rape Elimination Act (PREA) Screening, Classification, Education and Monitoring; 502.06.3 Medical, Mental Health, Victim Advocacy and Community Support Services for PREA Victims; Interviews with TDOC Commissioner; Associate Warden (T)/Facility PREA Coordinator; Investigative Staff; and review of agency's PREA website, the auditor determined that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment received.

The TDOC Commissioner indicated once an allegation is received, it is investigated by the Office of Investigative Compliance. The Office of Investigative Compliance has authority to conduct investigations of both administrative and criminal cases of sexual abuse and sexual harassment. Special Agents have arresting authorizing for the agency and are involved in investigations where criminal charges may be referred for possible criminal prosecution.

An interview with the Institution Investigator and a review of allegations of sexual abuse and/or sexual harassment identified 62 PREA allegations were reported and investigated within the prior 12 months of the audit.

There were 12 inmates on inmate sexual harassment allegations reported. Three (3) these allegations were determined to Unfounded; nine (9) were determined to be Unsubstantiated and zero (0)

Substantiated. There were 15 inmates on inmate sexual abuse allegations reported. Four (4) were determined to be Unfounded; seven (7) was determined to be Unsubstantiated; two (2) was determined to be Substantiated and two (2) remained pending investigation.

There were ten (10) allegations reported for staff on inmate sexual abuse. Two (2) were determined to be Unfounded, two (2) were determined to be Unsubstantiated and six (6) were determined to be Substantiated. There twenty-five (25) allegations of staff on inmate sexual harassment reported. Twelve (12) were determined to be Unfounded, twelve (12) were determined to be Unsubstantiated and one (1) was determined to be Substantiated.

A review of the agency's website <https://www.tn.gov/correction/article/prison-rape-elimination-act-of-2003> supports the agency's committed to informing the public of the agency's zero tolerance for sexual abuse and sexual harassment. Specifically, the website has notes "TDOC Law Enforcement Unit, in consultation with the department's legal office, aggressively refer substantiated cases of sexual assault by offenders or employees to the local district attorney's office for criminal prosecution."

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with the review of the TDOC 1101.01 Pre-service (basic) Training Policy and Employee Orientation; PREA Posters; Tennessee Correction Academy Program Curriculum Course Code; GEN 4-18, is being utilized for both pre-service and in-service training PREA training to each TDOC staff. It was determined the Agency's training methods, practices and policy requirements exceeds the mandate of this standard as PREA training is conducted annually rather than every two years. All PREA training conducted during pre-services in-service must be approved by the TDOC PREA Coordinator TDOC General Counselor. The PREA training course presented to staff is a 2 hours course and is tracked through the training department. The subject matters are required to include at a minimum: (1) The agency wide zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) An offender's right to be free from sexual abuse and sexual harassment; (4) Staff and offender's right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with offenders; (9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

BCCX is a complex that house both adult male and adult female inmates at different locations within the complex. At any time, security staff may be assigned to work at either the male or female facilities. Therefore, staff receive PREA training that is tailored to the gender of both the male and female inmate population at BCCX. Upon the transfer of staff from a male correctional facility or a female correctional facility and are assigned to the opposite sex correctional facility, they are required to complete training tailored to the gender of inmates at the new facility. One food service employee contracted through Aramark transferred from a male facility to Site 2 which is also a male facility during the past 12 months of the audit. There was no other staff who transferred to BCCX from other correctional facilities.

PREA training documentation is tracked electronically in addition to staff signatures indicating their attendance and understanding of the given training.

Random staff interviews included security and non-security staff. Those interviewed confirmed their training included the above listed subject matter and each detailed how they would respond to any allegations if confronted with that specific situation. All staff at BCCX are trained as a first responder. Random staff interviewed, detailed their response to allegations of sexual abuse by informing the auditor they would first separate the alleged victim, secure the area, contact their supervisor and preserve evidence from destruction. During the interview process with non-security first responders, each confirmed they would immediately secure the alleged victim away from the alleged abuser, preservation of available evidence and immediately notifying a security staff member/security supervisor.

The 837 employees who have contact with the inmate population received PREA training during pre-service and again annually during in-service training. Security staff receives additional PREA training during shift exchange by the shift supervisors. Staff receive PREA cards as a reference guide to utilize as a 1st responder.

A PREA Facility Audit Tool was also developed as a checklist to ensure PREA information is posted on bulletin boards in all departments and areas throughout the facility. Staff documents the checklist ensuring the mirrors are aligned correctly for viewing blind spots, whether additional mirrors are needed, victim advocate information is posted on the bulletin boards, PREA drills are conducted, doors are remained secured, in addition to a variety of other PREA information and guidance for both staff

and the inmate population. Consistent usage and submission of complete documentation is monitored by the State PREA Coordinator.

The auditor reviewed BCCX training records for FY 2018. The training cycle of each fiscal year is July – June. The PREA in-service training is conducted on Day 1 of CORE Training. The required mandated PREA in-service training was provided to all staff working at the facility during those times. Staff who may be out for long-term absence resulting in them missing training, is required to receive the training upon their return to duty.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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BCCX has 167 contractor staff and 627 volunteers who have contact with the inmate population. There are 19 employees contracted through Aramark Food Service; 120 medical staff contracted through Centurion. Twenty-eight employees are contracted through Corizon. The 627 volunteers provide aid to the religious service department.

A sampling review of PREA training documentation of contractors, and volunteers was reviewed. The auditor reviewed 15 contract medical staff (Centurion), 10 contract mental health staff (Corizon) and five (5) contract food service staff (Aramark) which confirmed PREA training. A random sample of 35 volunteers was conducted which supports PREA training was completed and documented on the TDOC CR-2935. Review of the training curriculum supports 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. The documentation indicated their receipt and understanding of the Zero tolerance policy. Contractors are also required to complete mandatory PREA training annually that is conducted by TDOC staff. Interviews conducted with contracting staff that included: Health Service Administrator; Behavioral Health Administrator; Clinical Director of Mental Health, Food Service Manager; Director of Nursing each confirmed receipt of PREA training and stated their responsibilities in relation to the Agency's Zero-tolerance policy. Contractors acknowledged receipt and understanding of PREA by signing the Employee PREA Training Acknowledge Form.

An interview was conducted with two religious services volunteers and the TDOC Chaplin. The Agency's Chaplin provides training sessions once a month for the volunteers to schedule attendance. Those who have not completed the required training by the end of the year are removed as a volunteer. Volunteers acknowledged receipt and understanding of PREA education by signing the TDOC Volunteer Confidentiality and Policy Agreement Training Certification.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The following were considered during the review to determine compliance with this standard: TDOC 502.06 PREA Implementation, Education and Compliance, Interviews with Chief Counselor, and Additional Intake Staffs and the inmate population; TDOC BCCX Inmate Rules and Regulations Handbook in both English and Spanish, Observation of PREA posters; Review of TDOC Orientation Acknowledgement; and PREA Video PREA: "What You Need to Know" in English and Spanish with closed caption, BCCX exceeds in meeting the mandate of this standard. The inmate's handbook and PREA posters were available in both English and Spanish. The TDOC BCCX Rules and Regulations Handbook provide specific PREA education to be provided during the PREA Orientation.

Interviews with the Chief Counselor and additional Counselors who are assigned to provide the inmate population with PREA education upon arrival was conducted. Each inmate is given an PREA pamphlet and a TDOC Inmate Rules and Regulations by a Counselor conducting the initial PREA risk screening on the day of the inmate's arrival.

Inmates assigned at the Diagnostic Unit (Site 1) are provided PREA pamphlet by one of two Counselors who conduct initial PREA risk. All male inmate entering the Complex are process at the Diagnostic Unit and are assigned to the Orientation Unit Building 21. During the orientation process, the inmates review the PREA video and receive oral and written PREA educational material. Inmates sign the acknowledgement form confirming their receipt and understanding of PREA. The orientation process is scheduled a 30 day process.

Females inmates designated to the Women's Unit do not enter the Diagnostic Unit (Site 1). Three Counselors are assigned at the Women's facility. The female inmates receive a PREA pamphlet upon their arrival during the initial intake process and additional PREA education during the orientation that include viewing of the PREA video and a PREA educational presentation by staff. At the completion of the orientation, they sign the Orientation Acknowledgement as receipt of PREA training.

The auditors randomly selected documentation for receipt of PREA training for 40 inmates assigned Site 1 (Diagnostic Unit), 30 for the Women's facility, 30 for the Annex and 20 from Site 2. The review confirmed each inmate had signed an orientation acknowledgement for receipt of PREA information and viewing of the PREA video during orientation and additional video PREA information at the receiving institution. Each orientation acknowledgement was signed by an offender representative, Correctional Counselor, Clinical Service Designee, and Associate Warden (T)/Chief Counselor.

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 have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with TDOC 502.06.2; Training Curriculum and Certification of documented training, the auditor confirmed the investigative staff received PREA Specialized Investigator training as required and meets the mandate of this standard. TDOC investigative staff receives intense training through the Tennessee Bureau of Investigations and completed the PREA: Investigating Sexual Abuse in a Confinement Setting presented by the National Institute of Corrections.

An interview with the two investigative staff assigned at BCCX confirmed their understanding of duties in investigating a PREA allegation. Both provided the auditors with detailed contents of the Investigative training received. The curriculum and training information included course topics on techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Training certification records support the completed training.

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? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No

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.) 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?
 Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with TDOC Policies 502.06.3; 502.06.1; 502.06; training documentation; and interviews conducted, it is determined TDOC and BCCX meets the mandate of all elements in this standard. Medical staff is contracted through Centurion. Mental Health staff are contracted through Corizon. These contract staff utilize the PREA Resource Center Specialized Training Curriculum to receive their 4.0 hours of specialized training. The training is held at the TDOC facility where the contract employee is assigned. The course includes: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; (4) How and whom to report all allegations or suspicions of sexual abuse and sexual harassment.

Additionally, TDOC require all contractors to include mental and medical health staff to attend a required mandatory Day 1 CORE 8.0-hour training annually which includes PREA training

Interviews were conducted with the Behavior Health Administrator, Director of Nursing, and Health Services Administrator. Each was knowledgeable of their responsibilities in regard to the PREA standards. Each confirmed all staff within their department is required to complete the specialized PREA training annually. Documented training was provided for review by the auditors.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of TDOC 502.06.1- PREA Screening, Classification, and Monitoring; and an Objective Screening Instrument; Review of TOMIS program; Interviews with Intake Staff; Chief Counselor, Associate Warden (T)/Facility PREA Coordinator. Attendance of PREA Screening during the Intake Process, it was determined the facility exceeds in meeting the mandate of this standard. The Agency and BCCX has policy in place that requires every inmate who arrives at the TDOC facilities receives a risk screening for sexual victimization or sexual abusiveness toward other offenders by the Intake Staff.

There were 4554 inmates who entered the facility either through intake or transfer within the past 12 months of the audit whom stay was 72 hours and stayed for 30 days or more. The Lead Auditor observed the intake process on the first day of the site visit. The Counselor utilized the PREA Screening program on her computer to conduct the PREA risk screening and asked the inmate each question noted within the standard while documenting his response.

An interview with the Chief Counselor and additional Counselors assigned to conduct PREA Risk Screening was conducted. Inmates receive their initial PREA Risk Screening on the day of their arrival.

A Counselor is assigned at the Complex seven (7) days a week and is available to conduct PREA Risk Screening upon all inmates' arrival.

The initial PREA risk screenings for the initial and 30-day follow-up PREA Risk Screening is conducted by Counselors. Counselors utilize the PREA Screening on their computer to ask inmates relevant questions and review all information available regarding past abusiveness or prior victimization. Screening staff also have a discussion with each inmate and allow them to report past abusiveness or prior victimization during the interview process. The assessment begins by asking the offender: (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the offender has previously been incarcerated; (4) whether the offender's criminal history is exclusively nonviolent; (5) whether the offender has prior convictions for sex offenses against an adult or child; (6) whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (7) whether the offender has previously experienced sexual victimization; (8) for his own perception of his vulnerability; (9) and conducts an assessment of the physical build of the offender. The information obtained and/or reviewed is noted in the TOMIS program.

The Chief Counselor indicated as the Supervisor of the Counselors she conducts periodic checks of all inmates' PREA Risk Screening to ensure they are completed in accordance with TDOC policy and the PREA standards.

A PREA screening audit worksheet was developed that included the arrival date of each inmate, the initial risk screening, 30-day follow-up risk screening, and referrals as required to medical and/or mental health. This information is also monitored by the PREA Compliance Manager and the State PREA Coordinator. The facility's achievement of **exceeding in meeting the mandate of this standard was confirmed during the review of rosters**, arrival/departure printouts, initial facility screening printouts and facility rescreening printouts of inmates completed in the TOMIS program and individual risk screenings of 75 inmates from various units. The initial and 30-day follow-up risk screening for these inmates confirmed BCCX has a practice in place for completing risk screening in accordance to TDOC 502.06.1 PREA Screening, Classification, and Monitoring, and this PREA standard.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- 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? Yes No
- 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? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of TDOC 502.06.1- PREA Screening, Classification, and Monitoring; TDOC 113.37 Gender Dysphoria, Gender Dysphoria PCN 14-43; PCN 15-15; Sexual Aggressor/Victim Classification Screening; PREA Risk Screening Forms; Review of TOMIS program; Interviews with Intake Staff/Counselors; Chief Counselor, Associate Warden (T)/Facility PREA Coordinator and Inmate identified as Transgender, was considered in making the determination that BCCX meets the mandate of this standard.

A random selection of inmates PREA risk screening (75) through the TOMIS program, revealed staff utilize the electric system which identifies victims/abusers and prevents them from being assigned in housing units/cells together. The screening system is based on a point system to identify an inmate as a victim or an aggressor. TDOC policy 502.06.1 requires this information is reviewed prior to assigning inmate housing, bed, work, and education assignments. It is determined that BCCX uses the information from the risk screening assessment 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 1) housing assignments; 2) bed assignments; 3) work assignments; 4) education assignments; and 5) program assignments.

TDOC 113.37 P. 5 notes screening staff are to make individualized determinations about how to ensure the safety of each inmate. Interviews with the Chief Counselor and other Counselors confirmed they use informed obtained through interviews with the inmate during risk screening and formulated through the point system in the TOMIS system to make an individualized determination about how to ensure the

inmate's health, and safety of each inmate housing, bed, work, and education and program assignments prior to placement in accordance to TDOC policy and this PREA standard.

TDOC as an agency determines whether to assign a transgender or intersex inmate to a facility for males or females on a case-by-case basis. Placement is reviewed to determine whether a placement would present management or security problems and would ensure the inmate's health and safety.

In accordance with TDOC 113.37 P. 5 each transgender or intersex inmate's own views with respect to his or her own safety will be given serious consideration when making facility and housing placement decisions and programming assignments. One inmate identified as transgender was assigned at BCCX on April 5, 2019. The inmate was assigned to the general population upon his arrival. However, prior to the site visit, he confirmed during an interview he requested protective custody due to not feeling comfortable in the general population. He continued in stating staff did consider his own views of safety during the screening process and upon his request for protective custody. The inmate received his initial risk screening and 30-day follow-up in accordance to TDOC policy and the PREA standards.

Staff conducting PREA risk screening per standard 115.41, information from the screening was considered on a case-by-case basis when making housing and other program assignments for the transgender and possible incoming intersex inmates placement is an accurate procedure in ensuring the inmate's health and safety and whether a placement would present management or security problems. Placements for transgender or intersex inmates are required to be reassessed at least twice each year to review any threats to safety experienced by the inmate. However, the identified transgender has only been designated at BCCX since April 5, 2019 and was not yet required to receive a reassessment twice after the 30-day follow-up PREA risk assessment. However, additional reassessments have not been completed, but will be completed during the protective custody investigation. There were zero inmates identified as intersex at BCCX within the past 12 months of the audit.

In accordance with TDOC 113.37, staff and interviews conducted with the one (1) designated transgender inmate, and observation of single shower stall, transgender inmates are given the opportunity to shower separately from other inmates. BCCX has individual showers and toilets are installed for use.

In accordance with TDOC 502.06.1 it is determined that BCCX, and interviews with the Warden and PREA Compliance Manager does not have a dedicated 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.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been

made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with TDOC Policy 502.06.2 BCCX is prohibited from placing inmates who may be at high risk for sexual victimization in protective custody unless an assessment of all available alternatives have been explored and there is no other available means to protect him. This policy further states that if this assessment cannot be completed immediately, the facility may only hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

Interviews conducted with the Regional Correctional Administrator (Acting Warden) and the Unit Segregation Supervisor indicated that for the last 12 months restricted housing had not been utilized for the placement of any inmates who was at risk of victimization. The Regional Correctional Administrator indicated the agency try not to segregate an inmate involuntary segregation. The agency has procedures in place to ensure an inmate is not house with an abuser/aggressor. Interviewed staff further indicated that if it became necessary to utilize restricted housing for this purpose, the inmate would have access to programs, privileges, education, and work opportunities to the extent possible as general population and any restrictions would be document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation be arranged. Housing of such would only be utilized as needed until other means can be made available and only until the investigation is completed.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of TDOC 502.06.2 P.2 PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART); MOU with The Avalon Center of Crossville, TN.; Inmate Handbook P. 27-28; TDOC 501.01 PCN #15-14; Facility PREA Tip Line (*9222); it is determined that BCCX provides multiple internal and external avenues for inmates to privately report sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; or staff neglect or violation of responsibilities that may have contributed to such incidents.

In accordance with the MOU which provides confidential crisis counseling to victims suffering from sexual assault; and TDOC 502.06.2 P. 2 it is determined that BCCX provides 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. The Avalon Center is able to receive and immediately forward an inmate's report of sexual abuse or sexual harassment to agency officials. The Avalon Center allows inmates to remain anonymous upon request. BCCX also have available for the inmate population and staff, an assigned facility Victim Advocate who is identified as the Clinical Director of Mental Health.

BCCX does not have any inmates detained solely for civil immigration purposes.

In accordance with TDOC 502.06.2 P.2; A Completed Sexual Abuse/Harassment Incident Review Report it is determined that BCCX does allow staff to accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously, and from third parties and document these reports. Interviews with random BCCX staff, confirmed they would promptly report all allegations received whether verbally, in writing, submitted anonymously, and from third period to their supervisor. Interviews with the inmate population identified most was aware they an allegation of sexual abuse/sexual harassment could report in each of the aforementioned methods.

In accordance with TDOC 502.06.2 P.2; PREA Tip Lines it is determined that BCCX methods for staff to privately report sexual abuse and sexual harassment of inmates. In accordance with TDOC 502.06.; PREA posters strategically located throughout the facility, staff may privately make reports of sexual abuse/harassment by contacting the Central Office PREA Tip Line @ 615-253-8178. Interviewed staff also noted they could go directly to a ranking supervisor, to include the Warden, Facility PREA Coordinator, or use the PREA Hotline that is available to the inmate population, and/or the Agency's website. Staff also identified contacting those individuals through emails and/or via telephone.

Interviews with the inmate population and staff confirmed each were aware multiple avenues in which inmates could report allegations of sexual abuse and or sexual harassment. Inmates stated they referred the method of reporting allegations of sexual abuse/harassment to an outside agency via phone and not to facility staff. Although the inmates did not identify staff, they stated staff are very unprofessional when communicating with them while using profanity and belittling them doing interaction.

The inmates were aware of the PREA Tip Line *9222 where they could make a confidential and free report, and/or have a family member or friend report for them. Inmates were not aware that they could make a report without having to give their name. Although the inmates did not mention The Avalon Center, this is a resource for inmate reporting and is posted on the inmate bulletin boards. Inmates can also make confidential and free reports to an outside agency by writing The Avalon Center Domestic Violence and Sexual Assault Program 196 10th Street Crossville, TN 38555 or calling (931)-456-0747.

Staff interviews indicated they would immediately notify their supervisor and document verbal reports of sexual abuse or sexual harassment prior to departing their shift. Investigative staff confirmed they begin investigations immediately upon being notified of sexual abuse/harassment to include those reported anonymously.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of TDOC 501.01 Inmate Grievance Procedures and Interview with the Grievance Officer it is determined that BCCX has an administrative remedy program and the facility permits inmates to submit a grievance regarding an allegation of sexual abuse without any time limits; BCCX does not require inmates to use any informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. BCCX ensures that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and the complaint is not referred to a staff member who is the subject of the complaint.

In accordance with a review of TDOC 501.01 Inmate Grievance Procedures it is determined that BCCX issues a final decision on the merits of any portion of a grievance alleging sexual abuse with 90 days of the initial filing of the grievance. If staff claims the maximum allowable extension of time to respond up to 70 days when the normal time period for response is insufficient to make an appropriate decision, the inmate is notified in writing of any such extension and provided a date by which a decision will be reached. 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 extensions, the inmate may consider the absence of a response to be a denial at that level.

In accordance with TDOC 501.01 Inmate Grievance Procedures is determined that third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, may assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse. These third party advocates may also file such requests on behalf of the inmate. If the inmate declines to have the request processed on her behalf, BCCX shall document the inmate's decision.

In accordance with a review of TDOC 501.01 Inmate Grievance Procedures it is determined that BCCX has established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse, and after receiving such an emergency grievance staff will forward the grievance to a level of review at which immediate corrective action may be taken. Staff shall provide an initial response within 48 hours and issue a final decision with 5 calendar days. The initial response and final decision will document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the agency's actions taken in response to the emergency grievance.

In accordance with TDOC 501.01 Inmate Grievance Procedures it is determined that staff will only discipline an inmate for filing a grievance related to sexual abuse where it is determined that the inmate filed the grievance in bad faith.

Based on random interviews of inmates at BCCX, it is determined that inmates are aware of their ability to file a grievance to report an allegation of sexual abuse or sexual harassment. This method is explained in the inmate handbook and it is posted on the inmate bulletin boards.

An interview with the Grievance Officer confirmed there were zero (0) PREA related grievances filed at BCCX within the past months of the audit for allegations of sexual abuse.

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? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with TDOC Policy 502.06.03; Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims; Posted PREA Victim Advocate Information; MOU with The Avalon Center of Crossville; Interviews with Facility Victim Advocate and Avalon Center of Crossville Crisis Line Support Staff, BCCX meets the mandate of this standard. BCCX has successfully entered into a MOU with The Avalon Center of Crossville, a center for Domestic Violence and Sexual Assault Program. The Memorandum of Understanding with Avalon Center provide immediate support and crisis intervention to incarcerated survivors of sexual assault by maintaining a 24 hour a day seven (7) days a week crisis hotline staffed by advocates. The inmate population can contact the Avalon Center by dialing *9555. Inmates have access to the Institution PREA Hotline by dialing *9222.

Specifically, the MOU is a signed agreement between the BCCX and The Avalon Center of Crossville. The Agreement establishes guidelines for the provision of victim services to inmates in custody of BCCX who have been sexually abused or harassed. A posting of this available resource is located on bulletin boards throughout the facility which are accessible to the inmate population. The address and telephone number to make confidential and free reports to the outside Agency is provided on the memorandum as The Avalon Center P.O. Box 3063 Crossville, TN 38557 or by dialing *9555.

Interviews were conducted with 65 inmates. One inmate was familiar with the services available through the Avalon Center. He acknowledged reviewing the information in the handbook and in posters throughout the Diagnostic Unit. There zero inmates identified as requesting and/or receiving services from the facility Victim Advocate and/or The Avalon Center.

The BCCX does not hold inmates solely for civil immigration purposes.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with TDOC Policy 502.02, review of TDOC website; PREA Guide to Prevention and Reporting of Sexual Misconduct for TDOC, it was determined the agency has established numerous methods for third-party reporting for sexual abuse allegations. An agency website is available at, <https://www.tn.gov/correction/article/prison-rape-elimination-act-of-2003>.

The auditors observed PREA posters in Spanish and English in the visiting rooms and front entry listing phone numbers, mailing addresses and email addresses where anyone could report an allegation of sexual abuse and/or sexual harassment on an inmate's behalf.

Inmates were aware that others such as family members, staff or friends could make a report of sexual abuse/harassment on their behalf.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of TDOC 502.06.2 P. 2-3, Interviews with staff, review of investigative files, it is determined that BCCX require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding 1) an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; 2) retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment; 3) any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. In accordance with policy and interviews conducted with random staff, all staff is required to immediately report and document any knowledge or suspicion of violation of this standard to include those by third party and/or anonymous to their immediate supervisor, Shift Commander or higher-ranking staff. All staff, volunteers, and contractors are to immediately report any knowledge, suspicion, or information regarding an incident of sexual of sexual abuse/harassment that occurred in a facility and any knowledge of retaliation against offenders or staff who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with the procedure. Staffs are provided with a pocket card identifying their mandate to report all allegations pertaining to sexual abuse and sexual harassment of offender and how to report these allegations. Staffs interviewed confirmed they were knowledgeable of agency policy that prohibits them from discussing information related to sexual abuse reports with anyone other than those to the extent necessary such as those who perform medical and mental health treatment, conduct investigations, and other security and management decisions.

Policy is in place to ensure unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to the first paragraph of this section and to inform offenders of the practitioner's duty to report and the Limitations of confidentiality, at the initiation of services. Interviews with the Behavior Health Administrator, Director of Nurses and Health Service Administrator, each advise the offender at the initiation of services their limitations of confidentiality and their duty to report. Staff reported they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. BCCX does not house any offenders under the age of 18.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with TDOC Policy 502.06.2; and interviews conducted; TDOC and BCCX has policy and procedures in place to ensure when the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The TDOC Commissioner indicated during his interview, per TDOC policy, staff would immediately separate the inmate from the threat while allowing the inmate as much programming as possible but may also require the inmate to be transferred or placed in protective custody.

The auditor conducted 32 random interviews that included security and non-security staff, and contract staff, each confirmed upon their awareness that if an inmate is subject to a substantial risk of imminent sexual abuse, they would immediately remove the inmate from the area of threat and notify their supervisor/ ranking official for further directions.

The Acting Warden confirmed during his interview that an inmate may be placed in restrictive housing only after an assessment of all available alternatives has been made, and then only until an alternative means of separation from the likely abuser can be arranged. If this housing unit is required it shall not ordinarily exceed a period of 30 days. Whatever actions needed to protect an inmate from a substantial risk of imminent sexual abuse would be utilized that may require moving the inmate at risk or the potential predator to another housing unit or transfer. Zero inmates were identified as subject to a substantial risk of imminent sexual abuse during the past 12 months at BCCX.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with TDOC Policy 502.06.2 interviewers with Investigative Staff, TDOC Commissioner; and Acting Warden; Email Documentation of Notification and Inquiry Notes, BCCX meets the mandate of this standard. TDOC has policy in place that all allegations of sexual abuse while confined at another facility requires the Warden of the facility that received the allegation shall notify the head of the facility where alleged abuse occurred not later than 72 hours after receiving the allegation. The facility is required to document it has provided such notification. The Warden that received such notification shall ensure the allegation is investigated in accordance with TDOC policy.

An interview with the TDOC Commissioner confirmed the investigative staff on site at each facility as the point of contact for these notifications.

An interview with the investigative staff at BCCX confirmed there was one (1) instance where upon arrival at BCCX an inmate reported an allegation of sexual abuse at a County Detention Center. Documentation reveal this information was forwarded to the identified facility for investigation. Communication regarding the inmate's allegation was continued with the County Detention Center and BCCX staff. The inmate alleged the incident had not been investigated, However a copy of the investigation completed at the County Detention Center was provided to staff at BCCX. BCCX did not receive any notifications from other correctional facilities of alleged sexual abuse/harassment having occurred at BCCX during the last 12 months of the audit.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with TDOC Policy 502.06.2 PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART); Tennessee Correction Academy Program Curriculum per-service and in-service training rosters; and staff interviews, review of PREA Cards given to staff, it was determined TDOC has policy and procedures that ensures all security staff, non-security staff, volunteers and contractors receive proper training to respond to allegations of sexual abuse and sexual harassment.

A selected group of TDOC staff serve as members of the Sexual Assault Response Team (SART). The on duty highest ranking security supervisor (Shift Commander) is required to notify a member of SART and the Institution Investigator upon notification of all allegations of sexual abuse being reported. Depending on the circumstances of the reported allegations, one of these individuals will report to the facility or provide guidance to the on duty ranking supervisor.

Interviews were conducted with 32 random staff. Each reported they would separate the alleged victim and abuser, preserve and protect any crime scene, insure that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. Depending on the circumstances, the same actions would be taken with the alleged abuser. Each staff member spoke with confidence and certainty of their responsibilities as a first responder. Staff indicated after securing/separating the alleged victim from the alleged abuser, they would immediately contact the on duty ranking security supervisor who would take farther charge of the situation. All staff was able to articulate their responsibility as a first responder without referencing the first responder cards in their possession. Additionally, two security staff members who served as first responders was interviewed and was very knowledgeable and confident in articulating the correct actions taken by them while following the PREA protocol.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with BCCX Policy 502.06.2-1 PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART); Sexual Abuse Incident Check Sheet (CR-3776), BCCX meets the mandate of this standard. The facility has developed a written institutional plan that meets all elements of this standard. The plan is described in sections A – C of the policy. Additionally, the agency requires the use of Sexual Abuse Incident Check Sheet, CR-3776 as a reference guide to ensure the written institutional plan is adhered to.

A selected group of TDOC staff serve as members of the Sexual Assault Response Team (SART) who are assigned the responsibilities of ensuring the agency follow proper PREA protocol upon receiving allegations of sexual abuse. The SART is comprised of personnel in supervisory roles. The appointment of the SART members were assigned by the Warden and distributed to all staff. Members consist of the Associate Warden (T)/PREA/SART Coordinator; Institution Investigators; Chief of Security; Health Services Administrator; Behavior Health Administrator, Clinical Director of Mental Health/Victim Advocate; Associate Warden of Security and a Registered Nurse.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with an interview with the TDOC Commissioner, TDOC does not participate in collective bargaining. Therefore, there are no limitations on 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.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with TDOC Policy 502.06.2 PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART); interviews with TDOC Commissioner, Acting Warden, PREA Compliance Manager and Associate Warden (T)/Facility PREA Coordinator, BCCX meets the mandate of this standard. BCCX has policy and procedures in place to ensure all elements of this standard are in compliance. During an interview with the TDOC Commissioner, he confirmed the agency have measures to protect inmates and staff from retaliation for sexual abuse or sexual harassment allegations by assigning the appropriate staff who monitor retaliation are members of the Sexual Abuse Response Team (SART). He added, the agency's policy is followed, and each case of retaliation is considered separately that may include housing assignment change, transfers, etc.

The PREA Compliance Manager is assigned to monitor retaliation. The Acting Warden indicated he review all 30, 60 and 90 retaliation monitoring. He continued in stating he regularly speak with the inmate population and staff on a variety of topics and maintain an open line of communication with both inmate and staff. Areas monitored are review of the employee's work assignments, time off approvals, transfers, and evaluations. Each case of retaliation would be immediately addressed, and an investigation will be completed.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

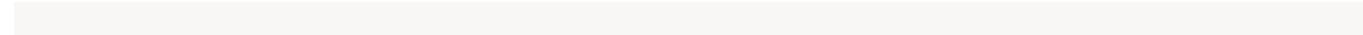
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with TDOC Policy 502.06.2 section D, 2, a-e PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART); interview with Acting Warden, it is determined TDOC and BCCX has policy and procedures that does not allow utilizing restricted housing for the protection of any inmate who alleged to have suffered sexual abuse unless no alternative is available. This restriction is outlined in the TDOC Policy 502.06.2 and further states that if it would ever become necessary for an inmate to be placed in restricted housing for this purpose, the inmate shall have access to programs, privileges, education and work to the extent possible. Any time this cannot be accomplished, the assigned counselor must document what opportunities have been limited; the duration of the limitation; and the reasons for such limitations.

An interview with a Captain assigned to segregated housing, and Acting Warden, there has been zero inmates been placed in segregated housing for the purpose of protecting an inmate from sexual abuse within the prior 12 months.



INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with TDOC Policy 502.06.2; PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART); TDOC 107.01 Investigations Unit Authority , Responsibility, Personnel-Selection and Training; Interview with Investigative Staff; Interviews with investigative staff; Review of investigator' documented training; Review of investigative files, BCCX meets the mandate of this standard. Policy TDCO 502.06.2 section E. 1-5 outlines the specifics of when and how investigations of allegations of sexual abuse and sexual harassment are to be conducted in all TDOC facilities. TDOC Office of Investigations and Compliance employ two levels of investigative staff. They are the Institution Investigator and Special Agent. Properly trained Institution Investigators are placed at each facility. The Institution Investigator conducts all administrative investigations and works jointly with the Special Agent on any allegations that could possibility result in criminal prosecution.

The auditors reviewed the documented training records for the facility Investigator. As previously noted in Standard 115.34 the specialized training required by that standard was successfully completed.

Agency investigative staff confirmed the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff member. It was confirmed during the interview that it is never a requirement for an inmate who reported an allegation of sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation.

Investigative staff continued in explaining that the investigative process involves gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The departure of the alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating any investigation in accordance to TDOC policy.

An interview with the Institution Investigators and a review of allegations of sexual abuse and/or sexual harassment identified 62 PREA allegations were reported and investigated within the prior 12 months of the audit.

There were 12 inmates on inmate sexual harassment allegations reported. Three (3) these allegations were determined to Unfounded; nine (9) were determined to be Unsubstantiated and zero (0) Substantiated. There were 15 inmates on inmate sexual abuse allegations reported. Four (4) were determined to be Unfounded; seven (7) was determined to be Unsubstantiated; two (2) was determined to be Substantiated and two (2) remained pending investigation.

There were ten (10) allegations reported for staff on inmate sexual abuse. Two (2) were determined to be Unfounded, two (2) were determined to be Unsubstantiated and six (6) were determined to be Substantiated. There twenty-five (25) allegations of staff on inmate sexual harassment reported. Twelve (12) were determined to be Unfounded, twelve (12) were determined to be Unsubstantiated and one (1) was determined to be Substantiated.

Since the previous audit in 2016, eleven (11) PREA cases involving TDOC and/or Contract staff on inmate abuse was determined to be Substantiated. The staff members were either terminated or resigned during the investigation. Three (3) staff have been prosecuted and another has been indicted. The remaining cases was not criminal in nature.

The auditors reviewed the case files for the last twelve months and found each file contained direct and circumstantial evidence. The retention time for investigation reports involving any sexual abuse/assault must be retained for as long as the alleged abuser(s) is incarcerated or employed within the TDOC plus five years. The inmate investigative files are maintained permanently and electronically.

TDOC publishes their investigative policy on its website at <https://www.tn.gov/correction/article/prison-rape-elimination-act-of-2003> www.tn.gov/correction. The agency also has a website accessibility of www.tn.gov/prea. The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

A review of the agency's website supports the agency's committed to informing the public of the Agency's zero tolerance for sexual abuse and sexual harassment. Specifically, the website has notes "TDOC Law Enforcement Unit, in consultation with the department's legal office, aggressively refer

substantiated cases of sexual assault by offenders or employees to the local district attorney's office for criminal prosecution."

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with TDOC Policy 502.06.2, PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART) and interview with the Institution Investigative staff, the agency shall impose no standard higher than a preponderance the evidence in determining whether allegation so sexual abuse is substantiated.

A review of the investigative files and an interview with the Investigators indicated the conclusion of each case finding was supported by the preponderance of evidence obtained during the investigation.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with TDOC Policy 502.06.2 PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART) P.7 section J 1 -3; PREA Allegation Status Notification form, Review of Investigative Files, Notifications to Inmates; and Interviews with Investigative Staff, PREA Compliance Manager/Member of Incident Review Team, BCCX meets the mandate of this standard. BCCX has policy and procedures in place that ensures the investigation findings of all sexual abuse/sexual harassment allegations are documented and the findings are provided to the alleged victim. Staff meet with each inmate who makes an allegation of sexual harassment and/or sexual abuse to include those to determined Unfounded and discuss the findings of the investigation.

A random review of the 60 completed PREA investigative files that included the findings of Substantiated, Unsubstantiated, and Unfounded revealed all inmates who alleged allegations of sexual abuse and/or sexual harassment was notified of the investigative findings by investigative staff. Investigative staff is documented on the Inmate PREA Allegation Status Notification form as delivering the findings of the investigation to the inmates to include incidents of staff or inmate no longer at the facility. Staff also documented when the inmate refused to sign the notification form and a staff member was noted as being a witness to their refusal. Staff also make notes in the comment section of the form of the inmate's statement or refusal to sign

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with TDOC Policy 502.06.2; p.8 – PREA Allegations, Investigations, and Sexual Response Teams (SART); interviews with the Investigative Staff, and Acting Warden and Human Resource Staff; PREA Compliance Manager, it is determined the agency and BCCX has policy and procedures that staff are subject to disciplinary sanction up to and including termination for violating agency sexual abuse or sexual harassment policies that meets the mandate of this standard. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual touching only after conclusion of the investigation All terminations for violations for the TDOC sexual abuse or sexual

harassment policies, or resignation by staff who have been terminated if not for their resignation, shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.

There were four cases of TDOC staff on inmate sexual abuse Substantiated. Three of these staff were prosecuted and one staff status remained as indicted during the audit process. The involved staff was either terminated or resigned during the investigation. The investigation was completed, and staff was referred for criminal prosecution. Three staff has been prosecuted and one staff remained indicted during the audit process.

There were seven (7) PREA investigations that was not criminal. However, these cases were Substantiated, and staff was terminated and or resigned during the investigation. These cases involved both TDOC staff and contract staff.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

In accordance with the review of TDOC Policy 502.06.2 p. 8 PREA Allegations, Investigative Files, Sexual Abuse Response Teams (SART); Interviews with Acting Warden and Investigative Staff, BCCX meets the madate of this standard. BCCX has policy and procedures that requires any contractor or volunteer who engages in sexual abuse is to be removed from the facility and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Acting Warden confimed that removal from the facility is the practice for any violation.

The auditor interviewed contract staff from mental health, medical, food service and one (1) volunteer during the site visit. All indicated they were familiar with the agency zero tolerance policy and the consequences for any violation of such. The auditor randomly reviewed training records for volunteers and contractors and confirmed their training and their signatures verifying they took and understood this mandated PREA training.

Since the previous PREA audit, four contract staff were terminated due to Substantiated cases of sexual abuse on an inmate. The prohibited acts of these contract staff were not criminal in nature and they were not referred for criminal prosecution. However, their services were immediately terminated, and they were denied entry into the institution upon Administrative staff awareness.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with TDOC Policy 502.06.2 PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART) Inmate Handbook and interview with the Acting Warden, BCCX meets the mandate of this standard. Disciplinary sanctions for any inmate found guilty of sexual abuse or sexual harassment are outlined in the TDOC Policy 502.06.2 and Inmate Handbook. All inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate on inmate sexual abuse or following a criminal finding of guilt for inmate on inmate sexual abuse.

The sanctions would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories and consider whether an inmate's mental disabilities or mental illness contributed to their behavior. Special considerations are required for inmates charged with or suspected of a disciplinary infraction who are developmentally disabled or mentally ill to determine if the disability or illness contributed to the behavior when determining what type of sanction should be imposed.

The Acting Warden confirmed inmates found to be guilty of sexual abuse could be referred for additional criminal charges in addition to receiving institution discipline. A review of disciplinary records reveals an inmate was cited for sexual harassment during the audit review period.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with TDOC Policy 502.06.2; PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART); Interviews with Behavior Health Administrator, Health Service Administrator, and Director of Nursing; Review of PREA Risk Screenings and Mental Health Referrals, BCCX meet the mandate of this standard. Site 1 is designated as a Diagnostic Unit at BCCX. Newly arriving inmates to TDOC and those who violate probation/patrol are screening at BCCX for transfer to an appropriate institution based on their custody level. All incoming inmates are screened by a Counselor for risk of victimization and abusiveness and those identified are referred to medical and mental health based on their responses to the risk assessment in accordance to TDOC policy and PREA standards. Following the initial risk screening, inmates continue with a 30-day orientation process. The inmates are reassessment by Counselors and again reviewed for risk of victimization and abusiveness referral to medical and/or mental health based on new information received and/or given by the inmate. Per the Behavior Health Administrator, inmates who are referred to mental health are seen within 7 days. Referral for recent sexual abuse are seen immediately on day of notification. The mental health department had a caseload of 1173 inmates at the time of site visit. Per the Health Services Administrator, staff are available 24 hours a day seven days a week and inmates referred to medical are normally seen the same day but no longer than the following day.

Information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. This information is noted in the eTOMIS program which has levels of restrictions to various staff that must to approved by the Associate Warden (T)/Facility PREA Coordinator and TDOC PREA Coordinator.

Per medical and mental health practitioners confirmed they are required 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. Inmates under the 18 are not assigned at BCXX. They also confirmed they would advise the inmate of their duty to report prior to the initiation of services

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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In accordance with a review of TDOC 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims; Interview with the Health Service Administrator, Review of investigative files and Medical documentation, BCCX meets the mandate of this standard. BCCX

have policies and procedures in place to ensure 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 judgement. BCCX medical staff is on duty 24 hours. Mental health providers are accessible. If no qualified medical or mental health providers are on duty at the time a report of recent sexual abuse is made, the Shift Commander take preliminary steps to protect the victim pursuant to 115.62 and immediately notify medical and mental health practitioners. Medical staff is on duty 24/7 for emergency access to the inmate population.

In accordance with a review of TDOC 502.06.3 P. 4, inmate victims of sexual abuse are offered timely information and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. BCCX offers all treatment services 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. Medical care and mental health referrals were made for the five inmates interviewed as reporting an allegation of sexual abuse. Although some of the inmates were already being monitored by mental health providers.

Based on interviews of medical staff and Institution Investigator, and a review of inmate PREA investigative case files, those inmates who reported allegations of sexual abuse having occurred within 72 hours receive first aid medical attention at the facility if needed and are were escorted to Cumberland Medical Center (CMC) for a forensic medical examination. One allegation of inmate on inmate sexual abuse remained pending forensic results after having occurred within 72 hours of the staff notification of the alleged incident. The alleged victims received timely and unimpeded access to emergency services. The inmate did not receive services from the Victim Advocate to accompany him and/or assist during the examination and/or the investigation process.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with TDOC 502.06.3 Medical, Mental Health, Victim Advocacy, & Community Support Services for PREA Victims; interviews with Health Services Administrator and Behavior Health Administrator, and review of Incident Reviews, it is determined that BCCX has policies and procedures

in place to 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. 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. Interviews with the Behavior Health Administrator and Health Services Administrator confirmed services provided to victims are consistent or better than that within the community level of care.

A Women's Unit is located at the BCCX. Female victims who subject to sexually abusive vaginal penetration are offered pregnancy tests and sexually transmitted infections prophylaxis. The requirement to have timely access to all lawful pregnancy-related medical services is available. An incident of sexual abuse involving penetration between staff and an inmate was Sustained. The inmate was transported to Cumberland Medical Center where she accepted services. A pregnancy test along with sexually transmitted disease test was conducted. She was transported to TPFW not long after the allegation. A Mental Health Referral was submitted to another prison within the Agency for women for follow-up services.

In accordance with TDOC 502.06.3, 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. BCCX will attempt to conduct a behavior health evaluation of all known inmate-on-inmate abusers within 14 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The Behavior Health Administrator indicated staff will conduct a follow-up with aggressors who are identified. However, inmates have the right to refuse available services. However, the Complex does not have a sexual abuse program and 99% of the aggressors refuse services.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of TDOC 502.06.2 PREA Allegations, Investigation, and Sexual Abuse Response Teams (SART); Review of PREA Investigative Files; Review of Completed Incident Reviews; Interviews with PREA Compliance Manager/Member of Incident Review Team, and Acting Warden, BCCX exceeds in the mandate of this standard. The SART meets on a monthly basis to conduct an incident review of all completed investigations regarding allegations of sexual harassment, and sexual abuse to include those Unfounded. BCCX policies and procedures in place to 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. However BCCX conducts incident reviews of all allegations of sexual abuse.

The incident review consists of upper-level management staff assigned to the Sexual Assault Response Team (SART). The official positions are the Associate Warden (T)/PREA/SART Coordinator; Institution Investigators; Chief of Security; Health Services Administrator; Behavior Health Administrator, Clinical Director of Mental Health/Victim Advocate; Associate Warden of Security and a Registered Nurse.

There were a total fifteen allegations of sexual abuse with a finding of nine (9) Unsubstantiated and eight (8) with the findings of Substantiated. Additionally, the SART members conducted incident reviews of all allegations to include those with a finding of Unfounded and all sexual harassment allegations. A review of the incident reviews confirmed that are conducted by the SART within 30 days of investigation conclusion.

In accordance with a review of TDOC 502.06.2 Interview with incident review team member, and review of completed incident reviews, the auditor confirmed the review team: 1) consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2) 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; 3) examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4) assess the adequacy of staffing levels in that area during different shifts; 5) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; 6) 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; 7) the facility will implement recommendations for improvement, or document its reasons for not implementing the recommendation.

An interview with the Acting Warden identified that additional cameras were added throughout the Complex based on recommendations by the SART. The SART conduct monthly walk-throughs throughout the facility and discussed during the monthly meetings that include a review of completed PREA investigations.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of TDOC 502.06 PREA Implementation, Education, and Compliance; Agency-wide Survey of Sexual Violence 2016; SSV of Contract Facilities 2016; and Annual PREA Reports for FY 2016-2017 and FY 2015- FY 2016; the Agency meets the mandate of standard. The Agency does: 1) collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions; 2) aggregate the incident-based sexual abuse data at least annually; 3) that 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; 4) the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files , and sexual abuse

incident reviews; 5) the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates; 6) the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of TDOC 502.06 PREA Implementation, Education and Compliance; PREA Annual Reports with Corrective Actions; TDOC Website and staff interviews, the Agency meets the mandate of this standard. Agency staff consisting of the Director, Compliance, Director, Director Office of Investigations and Compliance, Assistant Commissioner of Prisons, Assistant Commission of Operations, Deputy Commissioner/Counsel General, CFO, Chief of Staff, and TDOC Commissioner. Staff 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 1) identifying problem areas; 2) taking corrective action on an ongoing basis; 3) preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. This data is compiled by the Agency PREA Coordinator.

In accordance with a review of TDOC 502.06; PREA Annual Reports; TDOC Website it is determined that 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; and the agency's annual report is approved by the agency head (TDCO Commission) and made readily available to the public through the Agency's website at <https://www.tn.gov/correction/sp/prison-rape-elimination-act.html>.

In accordance with a review of TDOC 502.06 P. 7 it is determined that 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.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of TDOC 502.06 PREA Implementation, Education, and Compliance; Annual PREA Reports; TDOC website; and Interview with TDOC PREA Coordinator, the Agency meets the mandate of this standard. The Agency has policies and procedures are in place to ensure guidelines are followed to ensure: 1) data collected pursuant to standard 115.87 are securely retained; 2) 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; 3) the agency remove all personal identifiers before making aggregated sexual abuse data publicly available; 4) 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.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditors were granted access to all areas and the ability to observe the procedures of staff during the site visit. There was no hesitation in the receipt of requested documentation and copies requested by the auditors. The response from the PREA Compliance Manager and TDOC PREA Coordinator was superb. The auditors were provided separate private office space to both inmate and staff interviews in a private setting.

The auditors received (1) correspondence from an inmate regarding an incident alleged to have occurred in 2003 with another Law Enforcement Agency. The inmate was previously referred to mental health and continued these services as assistance prior to his release. An interview the mail room staff indicated mail identified as PREA is treated in the manner of legal mail.

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

These findings are based on Tennessee Department of Corrections (TDOC) the agency has published on its agency website at: <http://www.tn.gov/correction/article/prison-rape-eliination-act-of-2003>. All Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years preceding this agency audit. Therefore, the facility demonstrated compliance with the standard.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Debra D. Dawson

May 26, 2019

Auditor Signature

Date

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

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