Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim  ☒ Final

Date of Interim Audit Report:  Click or tap here to enter text.  ☒ N/A
If no Interim Audit Report, select N/A
Date of Final Audit Report:  July 5, 2021

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 32443
Telephone: (850) 209-4878  Date of Facility Visit: May 19-21, 2021

Agency Information

Name of Agency: Tennessee Department of Correction
Governing Authority or Parent Agency (If Applicable): State of Tennessee
Physical Address: Rachel Jackson Bldg.  City, State, Zip: Nashville, TN. 37243
Mailing Address: 320 6th Ave. North  City, State, Zip: Nashville, TN. 37243
The Agency Is: ☐ Military  ☐ Private for Profit  ☐ Private not for Profit
☐ Municipal  ☐ County  ☒ State  ☐ Federal
Agency Website with PREA Information: https://www.tn.gov/correction/sp/prison-rape-elimination-act.html

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Blake Pollock  Email: Blake.H.Pollock@tn.gov  Telephone: 615-253-8139
PREA Coordinator Reports to: Kimberly Gulden
Number of Compliance Managers who report to the PREA Coordinator: 10

Facility Information
Name of Facility: Morgan County Correctional Complex

<table>
<thead>
<tr>
<th>Physical Address: 541 Flat Fork Rd.</th>
<th>City, State, Zip: Wartburg, TN. 37887</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address (if different from above): P O Box 2000</td>
<td>City, State, Zip: Wartburg, TN. 37887</td>
</tr>
</tbody>
</table>

The Facility Is:  
- [ ] Military  
- [ ] Private for Profit  
- [ ] Private not for Profit  
- [X] Municipal  
- [X] County  
- [X] State  
- [ ] Federal

Facility Type:  
- [X] Prison  
- [ ] Jail

Facility Website with PREA Information: N/A

Has the facility been accredited within the past 3 years?  
- [X] Yes  
- [ ] No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):
- [X] ACA  
- [ ] NCCHC  
- [ ] CALEA  
- [ ] Other (please name or describe): Click or tap here to enter text.  
- [ ] N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:  
TDOC Annual Inspection

Warden/Jail Administrator/Sheriff/Director

Name: Mike Parris  
Email: Mike.W.Parris@tn.gov  
Telephone: 423-346-1311

Facility PREA Compliance Manager

Name: Sonya Newport  
Email: Sonya.Newport@tn.gov  
Telephone: 423-346-1314

Facility Health Service Administrator  
- [ ] N/A

Name: Lynndy Byrge  
Email: Lhouston@TeamCenturion.com  
Telephone: 423-346-1482

Facility Characteristics

| Designated Facility Capacity: | 2230 |
| Current Population of Facility: | 2013 |
| Average daily population for the past 12 months: | 1976 |
| Has the facility been over capacity at any point in the past 12 months? |  
- [ ] Yes  
- [X] No |
| Which population(s) does the facility hold? |  
- [ ] Females  
- [X] Males  
- [ ] Both Females and Males |
### Morgan County Correction Complex

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age range of population:</td>
<td>20 to 79</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>10-15 years</td>
</tr>
<tr>
<td>Facility security levels/inmate custody levels:</td>
<td>Minimum Trustee to Maximum</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months:</td>
<td>946</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>74</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>611</td>
</tr>
<tr>
<td>Does the facility hold youthful inmates?</td>
<td>☒ No</td>
</tr>
<tr>
<td>Number of youthful inmates held in the facility during the past 12 months:</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</td>
<td>☒ No</td>
</tr>
<tr>
<td>Select all other agencies for which the audited facility holds inmates:</td>
<td></td>
</tr>
<tr>
<td>Federal Bureau of Prisons</td>
<td>☐</td>
</tr>
<tr>
<td>U.S. Marshals Service</td>
<td>☐</td>
</tr>
<tr>
<td>U.S. Immigration and Customs Enforcement</td>
<td>☐</td>
</tr>
<tr>
<td>Bureau of Indian Affairs</td>
<td>☐</td>
</tr>
<tr>
<td>U.S. Military branch</td>
<td>☐</td>
</tr>
<tr>
<td>State or Territorial correctional agency</td>
<td>☐</td>
</tr>
<tr>
<td>County correctional or detention agency</td>
<td>☐</td>
</tr>
<tr>
<td>Judicial district correctional or detention facility</td>
<td>☐</td>
</tr>
<tr>
<td>City or municipal correctional or detention facility (e.g. police lockup or city jail)</td>
<td>☐</td>
</tr>
<tr>
<td>Private corrections or detention provider</td>
<td>☐</td>
</tr>
<tr>
<td>Other - please name or describe</td>
<td>☐</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates:</td>
<td>555</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</td>
<td>107</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</td>
<td>5</td>
</tr>
<tr>
<td>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</td>
<td>130</td>
</tr>
<tr>
<td>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</td>
<td>145</td>
</tr>
</tbody>
</table>

**Physical Plant**
**Number of buildings:**

Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.

| Number of buildings: | 27 |

**Number of inmate housing units:**

Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a “housing unit” defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.

| Number of inmate housing units: | 44 |

| Number of single cell housing units: | 14 |
| Number of multiple occupancy cell housing units: | 30 |
| Number of open bay/dorm housing units: | 0 |
| Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.): | 611 |
| In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates): | ☒ Yes ☐ No ☒ N/A |
| Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)? | ☒ Yes ☐ No |
| Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months? | ☐ Yes ☒ No |

### Medical and Mental Health Services and Forensic Medical Exams

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

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<table>
<thead>
<tr>
<th>Investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criminal Investigations</strong></td>
</tr>
<tr>
<td>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</td>
</tr>
<tr>
<td>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</td>
</tr>
<tr>
<td>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</td>
</tr>
<tr>
<td><strong>Administrative Investigations</strong></td>
</tr>
<tr>
<td>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</td>
</tr>
<tr>
<td>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</td>
</tr>
<tr>
<td>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</td>
</tr>
</tbody>
</table>
Audit Findings

Audit Narrative (including Audit Methodology)

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

The Prison Rape Elimination Act (PREA) Recertification Audit for the Morgan County Correctional Center (MCCX) located at 541, Wartburg, TN 37887, was coordinated through the Tennessee Department of Corrections (TDOC) and the submission of a solicitation for bid. Upon award of the solicitation to 3D PREA Auditing and Consulting, LLC, Department of Justice (DOJ) Certified PREA Auditor Ms. Debra Dawson was assigned to conduct the audit.

The initial contact between the TDOC State-wide PREA Coordinator Mr. Blake Pollock and Ms. Dawson was established on October 15, 2020 referencing scheduling of the audit. Due to the effects of COVID-19 the scheduling of the on-site visit was scheduled and rescheduled three times. Specially the on-site visit was originally scheduled for February 3 – 5, 2021 followed by March 29 – 31, 2021 and conducted on May 19 - 21, 2021. The original notice of the PREA audit to staff and inmate population was posted on October 15, 2020 and updated with the revised dates as identified. The audit process began prior to the on-site visit. Notification of the PREA audit and onsite visit for staff and inmate population awareness in addition to posting was forwarded to the facility on October 15, 2020. The Pre-Audit Questionnaire for Adult Prison and Jails was also forward for completion by the TDOC PREA Compliance Manager (PCM) Ms. Sonya Newport. Verification of the notice postings were confirmed on the date received October 15, 2020. The PREA audit review period was determined for January 1, 2020 – January 1, 2021. The auditor utilized resources within the PREA Auditor Portal for completion and return to the auditor by the MCCX PCM. The forms included the PREA Audit Request for Information of Allegations and Investigations Overview; PREA Audit File Review Identification Forms; Specialized Inmate Identification Forms and PREA Audit Specialized Staff Identification Form. These forms allowed the auditor to select investigative files, staff personnel files, identify specialized staff, and identify inmates within the various targeted categories for interviews during the onsite visit of the audit. The auditor reviewed the Agency Website, the Annual PREA reports and prior PREA audit reports for the facility.

The auditor contacted Just Detention International (JDI) regarding any PREA related information submitted by the inmate population in the past 12 months of the scheduled audit and received a negative response. The auditor did not receive any correspondence from staff and/or inmate population via the United States Postal Service prior to the on-site visit.

An encrypt flash drive was forward to the lead auditor via the United States Postal Service. The flash drive contained the completed PREA Audit Questionnaire and organized files for each of the 43 standards with TDOC policies, MCCX policies, staff, and inmate rosters, PREA lesson plans, confirmation of staff and inmate population PREA education, specialized training for investigators, medical and mental health staff,
logbook entries of unannounced PREA rounds, and a variety of supporting documentation for each of 43 PREA standards. Information from the flash drive was used during pre-audit prior to the site visit and continued to be used during the post audit during the completion of the audit report. Data received required confirmation of documentation each part of the 43 standards was in place by policy and in practice by staff.

A review of the TDOC website [www.tn.gov/correction/](http://www.tn.gov/correction/) PREA Policy confirmed it provides information by clicking on the topic hyperlink. Tip line for third-party reporting of sexual abuse and sexual harassment is identified on the website as (615) 253-8178.

On Wednesday, May 19, 2021, the DOJ PREA Auditor Debra Dawson auditor’s support staff arrived at MCCX to conduct the on-site phase of the audit. The initial entry meeting was held in the conference room. Those in attendance were DOJ Certified PREA Auditor Debra Dawson; PREA Support Staff Ms. Margena Myrick; East TDOC Region Correctional Administrator Mr. Darren Settles; MCCX Warden Michael Parris; Associate Warden Treatment/ Facility PREA Coordinator Stacy Oakes; TDOC Director of Compliance Ms. Kimberly Gulden; State-wide PREA Coordinator Mr. Blake Pollock, Executive Security/ MCCX PCM Sonya Newport. The auditor reiterated the previous onsite tour schedule while stating hours of work would be extended to conduct additional interviews with security staff on both shifts, non-security staff and the inmate population. The auditor requested a spacious location in a private area be provided to complete staff and inmate interviews that would meet the social distancing guidelines recommended by the Center of Disease Control (CDC). The auditor asked that upon an inmate’s request to speak with the auditor, a private setting would be provided.

At the conclusion of the entry meeting, the auditing team was escorted throughout the facility by the Associate Warden Treatment/ Facility PREA Coordinator Stacy Oakes TDOC PREA Coordinator Mr. Blake Pollock, Director of Compliance Ms. Kimberly Gulden, and members of the Correctional Emergency Response Team (C.E.R.T.).

The tour included all areas with the administration building, central control, visitation, inmate/reception, medical, food service, dining, laundry, academic education building, vocational building, industries building- TRICOR, clinic, chow hall, gym, chapel, minimum restricted housing units 2-16, maintenance, warehouse, and commissary.

The auditor elected to conduct a tour of housing units 21 – 27 that house inmates with special management needs and restricted movement during the interview process of these inmates later during the on-site visit as a security and operational concern.
The auditor conducted interviews with security, non-security, specialized staff, Sexual Abuse Response Team (SART) Members, and contract workers. The auditor conducted 19 random sample staff interviews that included TDOC training staff, mailroom staff, security and non-security staff, and part-time staff. The following 29 specialized staff interviews: (1) Agency Head Designee; (1) Warden; (1) Staff charged with monitoring retaliation; (1) Training Specialist; (1) Contact Health Services Administrator; (1) Contract Director of Nursing; (1) Facility Victim Advocate; (1) The Avalon Center Victim Advocate; (1) Human Resource Employee; (2) Investigators; (1) Non-security first responder; (1) Incident Review Team Member; (4) Staff who conduct Risk Screening; (1) Clinical Director Mental Health Administrator; (4) Intermediate/higher-level staff (unannounced rounds); (1) MCCX PCM; (1) TDOC State-wide PREA Coordinator; (1) Staff who supervise segregation; (1) Methodist Medical Center of Oak Ridge Emergency Room Charge Nurse for SANE/SAFE; (1) Contract Food Service Manager; (1) Agency Contract Monitor. The random and specialized staff interviews included staff assigned to throughout the complex.

The auditor selected inmates via a current day roster from each of the inmate housing units for random interviews. The selection of targeted group inmates was based on random of those within each category. The inmate count on the first day of the on-site visit, May 19, 2021, was 2022. Forty inmate interviews were required based on the inmate count. Through a selection of the inmate rosters, 49 formal inmate and 10 informal inmate interviews were conducted during the on-site visit. Thirty-two inmates were selected for random interviews and 17 targeted group inmate interviews were conducted. The following targeted groups of inmates were interviewed: (1) cognitive disability; (2) inmates who reported sexual abuse; (3) inmates who reported prior sexual victimization during risk screening; (2) inmates identified as transgender; (1) visual impaired; (1) hard of hearing; (1) Deaf; (2) physical disabled; (2) Limited English Proficient (LEP); (2) physical disabled. There were 0 inmates identified as intersex, bi-sexual and/or gay. MCCX does not house youthful and/or lesbian (female) inmates. All inmates selected for interview by the auditing team agreed and cooperated without hesitation during the interview process. All inmates interviewed acknowledged receipt and understanding of their rights and responsibilities regarding the facility policies and PREA standards. All were aware of numerous methods in which they could report PREA allegations that included but not limited to the PREA Hotline numbers and/or to staff, and third period that is posted throughout the facility. All acknowledged receiving PREA training that included the PREA video, “PREA: What You Need to Know.”

Upon the completion of staff and inmate interviews, the auditing team met with the MCCX PCM, Associate Warden (T)/Facility PREA Coordinator, TDOC State-wide PREA Coordinator, and TDOC Director of Compliance Ms. Kimberly Gulden Director to identify and review documentation for the PREA standards. A review of documentation submitted on the PAQ for the 43 standards, investigative files, policies, mental health referrals, retaliation monitoring, sexual abuse incident reviews, employee, and inmate PREA training, and other related PREA documentation was submitted to support compliance of the standards was previously submitted and continued to be identified during the on-site visit.

The auditor selected various staff from rosters for review of PREA training and received a computer-generated roster of all security and non-security staff. Specialized training was also provided for medical, investigative staff, and mental health. The auditor selected and carefully examined a random sampling of personnel files, staff personnel files, and volunteer/contractor files. The personnel files were very well organized. No new staff are hired or allowed entrance until a thorough background check...
The auditor viewed signatures of staff on training forms documenting that the staff understood the PREA training received.

The TDOC Office of Investigations and Conduct (OIC) is responsible for conducting all investigations to include sexual harassment and sexual abuse. The OIC Institution Investigator conducts administrative investigations. The OIC Special Agent is assigned to conduct all criminal investigations. There were 36 reported allegations for sexual abuse and/or sexual harassment reported during the review period. The auditor reviewed the PREA Allegation Report and randomly selected 15 of the 36 reported PREA allegations for review to include sexual abuse and sexual harassment. The 36 PREA allegations concluded with the following investigative findings:

7 inmate-on-inmate sexual abuse cases = 0- substantiated; 2 unsubstantiated, 4 unfounded; 1 pending.
4 inmate-on-inmate sexual harassment cases = 0 – substantiated; 3- unsubstantiated; 1- unfounded; 0 pending
11 staff-on-inmate sexual abuse = 5 – substantiated; 4 - unsubstantiated; 2 – unfounded; 0 pending
14 staff-on-inmate sexual harassment = 0 substantiated; 10 – unsubstantial; 4 – unfounded; 0- pending

The auditor randomly selected documentation of unannounced PREA rounds in all housing unit logbooks during the review period of January 1, 2020 – January 1, 2021. The selected documentation confirmed the unannounced PREA rounds were conducted on all shifts as requested documentation for the 15th day of each even month and on the 2nd day of each odd months. These rounds were documented in the housing unit logbooks by supervisory security staff in red ink and was noted as “Unannounced PREA inspection /security check.”

The auditor utilized rosters of new hires and staff promotions provided by the MCCX PCM for the selection of random personnel files for review.

The auditor randomly selected and examined a sampling of inmate files and observed documentation of the inmates receiving PREA education, as well as documentation of risk screenings. The auditor utilized inmate rosters to make a random selection of 60 inmates PREA education, 72-hour initial risk screening and 30-day follow-up risk screenings that included inmates at both sites for review. There were no discrepancies noted in the receipt of inmate PREA education as it was noted as provided to the inmates on the day of their arrival. The auditor viewed signatures of inmates documenting completion of PREA education.

The auditor randomly selected the names of new staff to include contract staff for the review of completed background checks. The auditor also randomly selected promoted individuals for review of completed Self Declaration PREA forms.

At the conclusion of the on-site visit, the auditor conducted an exit briefing with PREA Support Staff Ms. Margena Myrick; Warden Mike Parrish, TDOC State-wide PREA Coordinator Mr. Blake Pollock, TDOC Director of Compliance Ms. Kimberly Gulden both with the Office of Inspector General, and Associate Warden of Treatment/Facility PREA Coordinator Mr. Stacy Oaks, and MCCX PCM Sonya Newport. The facility was thanked for their hospitality and all the assistance and cooperation provided during the pre-audit, and onsite audit. The discussion included general observation and preliminary findings. The post audit phase was described and the timeliness of any further requested documents as determined to be needed and the determination of compliance would be determined at the completion of the final review of documentation and notes collected. The auditor was presented an additional flash drive containing
requested documentation identified during the on-site visit in addition to hardcopy of previously presented
document. The auditor acknowledged staff on their preparedness for the audit, organization skills,
professionalism of staff, positive interaction with the inmate population, expression of trust from the
inmate population to address their PREA related concerns and staff and inmate knowledge of PREA
education provided. Finally, the auditor acknowledged the cleanliness throughout the facility due to staff
and the inmate population continuous effort in preventing the spread of COVID-19.

During the post-audit phase, a staff-on-inmate sexual abuse investigation was identified by documented
sufficient evidence. The staff member was immediately placed on administrative leave and the staff
member was indicted.

Facility Characteristics

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

The Morgan County Correctional Center (MCCX) located at 541, Wartburg, TN 37887. Because of its
multi-functional capacity, Morgan County Correctional Complex’s mission is to provide a secure
environment for approximately 2,230 adult male felons; minimum, minimum restricted, medium, close
and maximum custody, while providing jobs, educational/vocational opportunities and programming
services in order to accomplish the task established by the TDOC Mission Statement and
TDOC/Institutional Policies and Procedures. The staff are divided into two (3) major divisions; Fiscal,
Operations Security, and Rehabilitation/Programs Operation.

The PAQ identified 555 staff employed by the facility who may have contact with inmates. One hundred
and 130 contract staff and 145 volunteers.

Morgan County Correctional Complex has a staff of 831 funded positions:

Captains: 7
Unit Managers: 6
Lieutenants: 11
Sergeants: 40
Corporals: 71
Correctional Officers: 372
Correctional Clerical Officers: 22
Support: 145
Contract: 130

The inmate count on the first day of the on-site visit, May 19, 2021, was 2022. The maximum inmate
capacity is identified as 2230.

The average daily population for the past year was 1987.
The age range of offenders housed at MCCX is 18 to 50+.
MCCX was opened in September 1980 was originally constructed to house 400 low risk offenders. In 1983, an Annex designed to house 120 minimum custody inmates was constructed. In 1972 the facility was changed from a medium/close institution to a minimum custody institution.

On December 16, 2005, the Tennessee Department of Correction and Bell Construction broke ground on a 1,428 – bed prison bed expansion. The expansion was completed in May 2009 and is designed to currently designated as a maximum security while housing all security classifications with an operating capacity of 2,230 inmates. The expansion consists of the following buildings:

A. Administration
B. Central, Operations, Visitation
C. Intake/Reception, Medical Services
D. Food Service, Dining, Laundry
E. Academic/Education
F. Vocational Education
G. New Industries – TRICOR
H. High Security Housing Units Core
I. Units 22 and 23 Housing Support
J. Unit 2q Housing Support
K. Sallyport
L. Armory
M. Maintenance, Warehouse, Commissary
N. Central Plan
O. Pre-Existing Administration/Prison
21. Security Management Housing/Restrictive Housing Unit Step Down
22. Security Management/General Population
23. General Population/Isolation
24. High Security
25. High Security Housing Units
26. High Security
27. Minimum Security Housing

As identified by the PREA Resource Center Workgroup definition of a housing, MCCX has 44 individual wings/pods as designated housing units. All cells are equipped with an all-in-one sink and toilet. Individual showers are installed throughout the many housing units. Each are equipped with shower curtains and or security grills that allow privacy during usage. The facility is equipped with 616 cameras strategically located throughout the facility in housing units, program areas, TRICOR, compound visitation, inmate kitchen and dining, staff dining, front lobby and etc. The review of video monitoring confirmed 0 camera footage inside inmate cells, showers and/or areas where inmates are required to perform a visual search. An additional 120 cameras have been requested and are pending approval.
Due to the size of the MCCX facility, it is divided into zones as determined by inmate security classification, the zones are:

<table>
<thead>
<tr>
<th>Zone</th>
<th>Buildings</th>
<th>Security Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone 1</td>
<td>Bldg. 27</td>
<td>Minimum Trustee, Minimum Direct</td>
</tr>
<tr>
<td>Zone 2</td>
<td>Units 1-9</td>
<td>Minimum Direct, Minimum Restricted</td>
</tr>
<tr>
<td>Zone 3</td>
<td>Units 10-16</td>
<td>Minimum Direct, Minimum Restricted</td>
</tr>
<tr>
<td>Zone 4</td>
<td>Unit 21</td>
<td>SMU</td>
</tr>
<tr>
<td>Zone 5</td>
<td>Units 22-23</td>
<td>Orientation/Minimum Restricted-</td>
</tr>
<tr>
<td>Medium/SMU</td>
<td>Units 24-26</td>
<td>SMU, Maximum Security, MH Level 3</td>
</tr>
</tbody>
</table>

The Library, Gymnasium and chapel are in the old administration/operations building. The remaining areas of this building have been renovated and used for various programs.

The existing compound consist of sixteen (16) housing units. However as identified by the PREA Resource Center workgroup 44 inmate housing units. In August of 2012, the existing annex consisting of four dorm style units was released from the care of MCCX to be repurposed as a community drug court program, reducing MCCX bed capacity by 120.

Morgan County Correctional Complex is a programming and a time-building institution.

Security shift hours are as follows: Day shift 7 am – 3 pm, First shift 6 am – 2 pm, Second shift 2 pm – 10 pm, Third shift 10 pm – 6 am.

Morgan County Correctional Complex has three mobile patrol vehicles 24 hours a day 7 day a week covering approximately 1.1 miles of the institution’s perimeter. There are three 16 – foot fences surrounding the institution, of which the interior fence is a taunt wire, alarm fence. The armory is located just outside the perimeter, near the vehicle sallyport. There is a total of three – armed perimeter post: mobile 1, Mobile 2, Mobile 3. There are monitors in Central Control to observe movements at all security gates and doors. The control room in the Education Building monitors the gate and doors at the TRICOR, Vocational, and Educational Building. Five formal counts are conducted daily. They are at the 5:00 am, 10:30 am, 4:00 pm, 9:15 pm, and 10:30 pm. Security inspections are conducted on all shifts. Any discrepancies are reported to the Associate Warden of Security or the Chief of Security for corrective action. Morgan County Correctional Complex has one (Cert) Correctional Emergency Response Team consisting of 5 members, and one (FBTS) Field Based Tactical Squad consisting of 13 members. Extraction teams consist of available yard officers and maximum-security staff, all of whom are trained annually.

Morgan County Correctional Complex has one main food service building referred to as Building "D" and several satellite Food Service locations. While Building "D" has three inmate dining rooms (each will seat 120 inmates) and a staff dining room with a patio, it also contains a "state of the art" kitchen used to prepare all food within the secure compound including transporting food to the High Security Housing Units, O-Building Dining Room,
Housing Unit 21, Infirmary/Clinic and the Education/Industry Dining Room (seats 120 inmates). There is a full-service kitchen and dining room (seats 128 inmates) in the Minimum-Security Complex (Building 27).

The Food Service Department was contracted to Aramark in September 2016. Aramark staff consists of one (1) Food Service Director, three (3) Food Service Managers, nineteen (19) Cook Supervisors and 253 inmate workers.

The Morgan County Correctional Complex Clinic has an infirmary with a total of twelve cells. Six cells are utilized for medical needs, four are utilized for mental health needs, and two are negative pressure cells. There are triage areas in the High Security Housing Units, Minimum Security Housing Complex, Special Management/ Orientation Security Housing Units, and the Minimum-Security Annex. The Clinic has four exam rooms, one emergency room, one special procedure room (which is used for telemedicine) three dental operatories, one x-ray room, and one laboratory. Sick call is conducted daily in Segregation Housing Units. All other housing units have sick call Monday-Friday. Our Medical Department is contracted through Centurion. We have one (1) Health Services Administrator, thirty-three (33) RNs, thirty-five (35) LPNs, nine (9) CNAs, three (3) medical providers, one (1) medical nurse practitioner, two (2) dentists, two (2) dental assistants, one (1) dental hygienist, one (1) x-ray technician, one (1) medical secretary, one (1) administrative assistant, one (1) case manager, one (1) medical records technician, and ten (10) medical record assistants.

The Behavioral Health Department at Morgan County Correctional Complex is also contracted through Centurion. We have one (1) Behavioral Health Administrator, one (1) psychologist, one (1) psychiatrist, two (2) psychiatric mental health nurse practitioners, three (3) psychological examiners/LCSW, six (6) MBSC, one (1) LADAC, six (6) NLADAC, one (1) rec therapist, and one (1) case manager.

**Recreation**

MCCX: The Main compound leisure time Yard and Gym activities at MCCX include the following:

- Horseshoes
- Softball
- Basketball
- Walking Tack
- Picnic Tables
- Shuffleboard
- Weightlifting
- Volleyball
- Bench Seating
- Soccer

The yard activities are open year-round from 8:30 am until 3:00 pm and after the supper meal during the summer months (weather permitting).

There are Intramural and Varsity Basketball games played on weeknights and weekends. There is a Hobby shop for arts and crafts located in the O-Building Gymnasium for units 2 through 16. There are also Church singings held in the gymnasium. The Gymnasium is open Monday thru Friday 8:30 am to 8:30 pm and is open on Saturday, Sunday, and Holidays from 5:30 pm until 8:30 pm if the yard is closed.

Field day is held in late September or early October of each year at MCCX for the main compound and annex. They have separate competitions but have the same events.
MCCX: The Annex leisure time Yard activities at MCCX include the following:

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horseshoes</td>
</tr>
<tr>
<td>Basketball</td>
</tr>
<tr>
<td>Weightlifting</td>
</tr>
<tr>
<td>Picnic Tables</td>
</tr>
<tr>
<td>Pool Table</td>
</tr>
<tr>
<td>Shuffleboard</td>
</tr>
<tr>
<td>Volleyball</td>
</tr>
</tbody>
</table>

**Religious Programs**

Many Religious programs offered.

**Work Programs**

MCCX: We have 245 positions for Academic Classes and 210 positions for Vocational Classes. TRICOR Plant provides 90 jobs for inmates. We have 33 TRICOR PIE Program inmate positions. We have 64 MEDI (Medical Disability) positions for handicapped inmates that cannot work elsewhere. We have 13 Offender Helper (CCHE) positions to assist inmates that need help in going to sick call, meals, recreation etc. We have 48 Community Service Workers (CSWK) positions that are working in the outlying communities. We have 33 inmates working in the community for free-world supervisors such as Wartburg City, Sunbright City, Kingston City, Rockwood, Morgan County Hwy Dept., Park Service and Oliver Springs City. There are 7 positions for the Work Release (WKRL) program, 50 CMS (Career Management for Success) positions, 16 Group Therapy (GRTH) positions, 106 Therapeutic Community (TCOM) positions, 355 SMUP (security management) positions, along with 528 support jobs.

**Academic and Vocational Programs**

The educational program is multi-dimensional in character. All programs are approved and certified or recognized by the Tennessee Department of Education. The ten vocational courses are also certified or recognized by TDOC, TDOE, and the U.S. Department of Labor Apprentice Program. The academic programs include Adult Basic Education/GED. Current Vocational programs include Commercial Food Service, Carpentry (3 classes), Career Management Success (2 classes), Welding, Masonry, HVAC, TCAT, and Construction Core. College courses are available to inmates through correspondence courses.

**Unit Management Team 1**

Unit Management Team 1 is a large building outside of the secure area of the compound. Building 27 houses 300 minimum trustee and minimum direct offenders while the unit management team consists of (1) Unit Manager, (1) Correctional Clerical Officer, (3) Sergeants, and (9) Correctional Officers (three per shift).

Inmates assigned to the Minimum-Security Complex are required to work. They may have a job in the community if their charge and behavior allow for it or they may work inside the institution if they have a charge that hinders them from community service jobs or our work release program. Some offenders may have classes or programs that have been recommended or are mandatory by the Board of Parole and Probation or due to the results of the assessments given at the classification center.
We offer several options for the offenders residing at the Annex. As mentioned, they can work on a Community Service Crew doing things such as mowing public places such as court houses, post offices, etc. We also have one Work Release program which has stringent eligibility requirements. The Work Release positions are with a lumber company which has 7 positions they fill. These inmates are paid by the Sawmill and they receive real on-job experience. Building 27 also offers GRTH program which is a Substance Abuse program, CMS which is Career Management Success which helps prepare the men for entry back into society, ABE which is a multi-level classroom which allows the men to work toward the HISET testing to get their G.E.D.

We have recently added a Career Center to our Services here at the Annex with our own Reentry Specialist/Specialized Reentry and Work Force Development in hopes of creating the best possible learning atmosphere for those who want to succeed once released. These services are easily accessed during the day Monday through Friday but also in the evenings and on the weekends so that all those who need assistance can be assisted.

The Minimum Security Complex has Unit Management Offices, Chaplain’s office and a full Chapel, officer’s stations, Hobby Shop, inmate barber shop, medical triage area, library, education classrooms, kitchen and dining hall, visitation gallery, visitor reception area, search area, supply closets active and passive dayrooms and (1) detainment cell.

**Unit Management Team 2**

Unit Management Team 2 consists of Housing Units 1 through 9. Housing Units 2 through 9 consists of minimum-restricted inmates, with 54 beds per unit. Housing Unit 1 consists of Protective Custody inmates, and inmates placed on Protective Services Investigation and Transit inmates who are on Protective Custody Status at other institutions. Unit 1 has 54 beds. Housing Units 8 and 9 are (Therapeutic Community) TCOM inmates with a 108-bed capacity. The maximum housing capacity for Team 2 is 486 inmates.

Team 2 consists of (1) Unit Manager, (2) Correctional Counselor IIs, (3) Correctional Counselor IIs, (3) Sergeants, (1) Correctional Clerical Officer, fifteen (15) Correctional Officers (five per shift), and (2) Corporals (assigned to Unit 1).

Inmates assigned to Units 2-9 are job and class oriented. Inmates have access to the library, gymnasium, hobby shop, barber shop, and the recreation yard. They may also participate in various religious and social activities.

All cleaning supplies are issued from the Sanitation Office and are pre-approved through the institutional Fire/Safety Officer. They are stored in a designated storage room/closet and are issued from this room/closet. Copies of MSDS sheets are placed in the chemical storage room.

Cleaning Caddies are available to the inmates by signing them out. Each caddy contains approved cleaning chemicals in a spray bottle and the required personal protective equipment.

**Unit Management Team 3**

Unit Management Team 3 consists of housing units 10 through 16 and has an inmate bed capacity of 380. Minimum Direct, Minimum Trusty, and Minimum Restricted inmates are assigned to these units. Team 3 consists
of (1) Unit Manager, (2) Counselor IIIIs, (3) Counselor IIIs, (3) Sergeants, (1) Correctional Clerical Officer and
(12) Correctional Officers (four per shift).

Inmates assigned to these units are assigned as kitchen workers, or work at the TRICOR Industry Plant. The bed
capacity for these units is 380.

All cleaning supplies are issued from the Sanitation Office and are pre-approved through the institutional
Fire/Safety Officer. They are stored in a designated storage room/closet and are issued from this room/closet.
Copies of MSDS sheets are placed in the chemical storage room.

Cleaning Caddies are available to the inmates by signing them out. Each caddy contains approved cleaning
chemicals in a spray bottle and the required personal protective equipment.

**Unit Management Team 4**

Unit Management Team 4 consists of Building J and Building 21. Building J is located to the right of Building 21
and is primarily used to rec SMU Inmates from Building 22. The library and gymnasium are in Building J. The
offices of (1) Correctional Clerical Officer, (3) Counselor IIIs and the records office are also located in
Building J. There are (4) Correctional Officers and (1) Corporal assigned to building 21 on first and second shifts
and (2) Correctional Officers on third shift.

Building 21 is comprised of 4 pods, each consisting of 14 single bunk cells on the first floor and 18 single bunk
cells on the second floor. Building 21 has a bed capacity of 192 inmates. All four (4) pod house inmates assigned
to the SMU program that are either in the Evaluation Phase or Phase 1. All four (4) pods share a common area
consisting of two classrooms, a kitchen, and a laundry facility. Building 21 has a triage area used by the medical
staff for sick call and medication distribution.

The offices of the Unit Manager, Counselor 3, and (3) Sergeants are in Building 21.

All cleaning supplies are issued from the Sanitation Office and are pre-approved through the institutional
Fire/Safety Officer. They are stored in a designated storage room/closet and are issued from this room/closet.
Copies of MSDS sheets are placed in the chemical storage room in the J Building.

**Unit Management Team 5**

Unit Management Team 5 consists of two (2) 256 bed housing units (buildings 22 and 23), zone yard and
program building. The program building (I Building) has an exercise area, classrooms, and unit team
offices. Building 22 houses 64 beds for phase three of the Security Management Unit, 64 orientation beds, and 64
Cognitive Behavior Intervention Program (CBIP) beds. Building 23 houses 64 Incentive Program beds and 192
General Population beds. Team 5 consists of (1) Unit Manager, (3) Sergeants, (1) Correctional Clerical
Officer. There are four (4) Correctional Officers and one (1) Corporal assigned to buildings 22 and 23 on first
and second shifts and two (2) Correctional Officers on third shift. Staff is available from 6 am to 4 pm Monday
through Friday and there is an institutional schedule that provides coverage for nights, weekends and
holidays. Offices are located within close proximity of the inmates to better assist with problem solving,
answering questions, disseminating information, and directing inmates to appropriate staff when necessary.
All cleaning supplies are issued from the Sanitation Office and are pre-approved through the institutional Fire/Safety Officer. They are stored in a designated storage room/closet and are issued from this room/closet. Copies of MSDS sheets are placed at all officer stations, the chemical storage room and in the Hub office.

**Unit Management Team 6**

Unit Management Team 6 is the Maximum-Security Housing Unit and consists of three totally separate housing units (Buildings 24, 25, 26) each with a capacity of 120 beds in each unit, for a total of 360 beds. Two units are designated for maximum security inmates and the other is designated for punitive, SMU, and Level 3 and Level 4 Mental Health. Close level four is a security classification for inmates given the opportunity to start the process from maximum security back to the general population. These housing units are connected by the “H” Building. The Unit Management offices, medical triage, dental office, close level 4 education classroom, and the kitchen food preparation area are located in the “H” Building. Team 6 consists of (1) Unit Manager, (3) Sergeants, and (1) Correctional Clerical Officer. Housing Units 24, 25, and 26 consist of (1) Corporal and (6) Correctional Officers on first and second shifts, and (2) Correctional Officers on third shift (for each unit).

Housing Unit 24 houses maximum security level inmates (all pods). Housing Unit 25 houses maximum security in A- and B- Pods, Punitive/PC/Segregation in C- Pod, and Transit inmates in D- Pod. Housing Unit 26 houses Protective Custody in A- Pod, Level 3 and 4 Mental Health in B- Pod, and SMU in C- and D- Pods.

Maximum security inmates are offered Adult Basic Education.

All SMU inmates are required to complete 3 different levels before being able to graduate from the program.

All cleaning supplies are issued from the Sanitation Office and are pre-approved through the institutional Fire/Safety Officer. They are stored in a designated storage room/closet and are issued from this room/closet. Copies of MSDS sheets are placed at all officer stations, the chemical storage room, and in the Hub office.

**Programs and Services:**

- Adult Basic Education
- Career Management Success
- Culinary Arts & Hospitality
- HVAC I & II
- Alcohol & Drug Abuse Treatment
- Alcoholics Anonymous
- Inside/Outside Dads
- The Purpose Driven Life
- Celebrate Recovery
- Anger Management
- Impact of Crime on Victims
- Authentic Manhood
- CTE Education
- Carpentry I & II
- Masonry
- Reentry Services
- Group Therapy
- Therapeutic Community
- Narcotics Anonymous
- Financial Management
- Malachi Dads
- Experiencing God
- Cognitive Behavior Intervention Program

Staff is available from 6 am to 6 pm Monday through Friday and from 8 am to 4 pm on weekends and holidays. Offices are located within close proximity of the inmates to better assist with problem solving, answering
questions, dissemination of information, inmate program planning during incarceration for rehabilitation, and re-entry into society.

Inmate Organizations include 7th Step, Varsity Club and Golden Bears Veterans Association.

**Intake:**

The intake process consists of initial interviews with medical staff, STG interviews, clothing issue and processing of inmate property.

**Visitation:**

The visiting schedule for MCCX is as follows:

Visiting hours are 8 am until 3:30 pm, Saturdays, Sundays, and all applicable holidays. Thursday evening visitation hours are from 6:30 pm until 8:30 pm, and can be approved, on a case by case basis, for visitors who are unable to come on the weekends. Appointments must be made through the AWS secretary by noon the Wednesday before. The Warden and Associate Warden of Security may approve special visits for persons not on inmates approved list or other than approved visitation hours. Non-contact visitation for protective custody inmates and population inmates are held in the non-contact booths located in the main visitation gallery. All Maximum-Security visits are done via video conferencing. The inmate is placed in a video room located within their housing units; their visitor(s) are placed in a video booth located in the video visitation room next to checkpoint.

The procedures for adding visitors to the Visiting list are as follows: The inmate mails the visitation application to the respective visitor. The application is to be completed and mailed by the applicant to the visitation supervisor for approval or disapproval.

**Library:**

The Morgan County Correctional Complex library is located on the existing compound, with satellite libraries located at the Minimum-Security Housing Unit, and I and J Program Buildings. The library is open seven days per week including two evenings. The library provides leisure reading materials including current magazine and newspaper subscriptions. We offer a CD-ROM subscription to Westlaw for inmate legal research. The library provides services to inmates in segregation through a request form. The library is managed by three (3) Correctional Clerical Officers and has an inmate staff of sixteen (16). The library utilizes outside resources through an interlibrary loan program with Morgan County Library and Bledsoe County Correctional Complex to supplement our inventory.

**Laundry:**

All laundry from Housing Units 2-15 is sent to a central laundry provided by the institution. Chemicals for the central laundry are locked inside a secure room and dispensed automatically into the machines. The officer assigned to the laundry monitors and inventories the laundry chemicals. Housing Units 21, 22, 23, 24, 25, 26, and the Minimum-Security annex have washers and dryers in each building for their building laundry services.
**Fiscal Services**

Fiscal Services consists of general accounting, trust fund, petty cash, payroll, warehouse, procurement, commissary, and state property.

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**MORGAN COUNTY CORRECTIONAL COMPLEX**

<table>
<thead>
<tr>
<th>Housing Unit</th>
<th>No. of Beds</th>
<th>Single or Multi Cell</th>
<th>Custody Level</th>
<th>Programming</th>
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<td>Min-Med</td>
<td>Protective Custody</td>
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<td>Gen. Population</td>
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</tr>
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<td>21- A</td>
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<td>22- C</td>
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<td>Orientation</td>
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<td>CBIP</td>
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<td>Incentive</td>
</tr>
<tr>
<td>23- B</td>
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<td>MR-Close</td>
<td>Gen. Population</td>
</tr>
<tr>
<td>23- C</td>
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</tr>
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<td>25- B</td>
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<td>Max</td>
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<tr>
<td>25- C</td>
<td>24</td>
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<td>MR-Close</td>
<td>Punitive/PC/Lock-up</td>
</tr>
</tbody>
</table>
MCCX offers the following programs for the inmate population.

Mental Health Supportive Living Unit
Security Management Unit (SMUP)
Restrictive Housing Step Down Program (RHSDP)
Group Therapy (GRTH)
Therapeutic Community (TCOM)
Substance Use Aftercare
Cognitive Behavioral Intervention Program (CBIP)
Tricor (which includes T4C & workforce dev.)

**Educational Programs**
- Adult Basic Education (ABE)
- College Level-Studies

**Vocational Programs**
- Career Management for Success (CMS)
  - Core Carpentry 1&2 (CAP)
  - Core HVAC & Refrigeration (ACH)
  - Core Masonry 1&2 (CMA)
  - Welding (WAC)
  - Foundations/Culinary Arts I, II, & III (CFS)

**TCAT**
- Computer Information Technology (CIT-01)
- Building Trades Construction (BC-01)

**Transition/Center**
- CEC-Career Exploration
- Smart Work Ethics
Personal Finance
Victims Impact
Road Map to a Brighter Future

**Re-Entry Services**
Helps offenders gather resources for preparing for Release.

**Volunteer Services**

### Summary of Audit Findings

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

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

#### Standards Exceeded

<table>
<thead>
<tr>
<th>Number of Standards Exceeded:</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Standards Exceeded:</td>
<td>Click or tap here to enter text.</td>
</tr>
</tbody>
</table>

115.11 Zero Tolerance of sexual abuse and sexual harassment
115.17 Hiring and promotion decisions.
115.31 Employee training
115.41 Screening for risk of victimization and abusiveness
115.34 Specialized Training: Investigations

#### Standards Met

<table>
<thead>
<tr>
<th>Number of Standards Met:</th>
<th>Click or tap here to enter text.</th>
</tr>
</thead>
</table>

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
115.18, 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
115.33, Inmate education
115.35, Specialized training: Medical and mental health care
115.42, Use of screening information
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
115.62, Agency protection duties
115.63, Reporting to other confinement facilities
115.64, Staff first responder duties
115.65, Coordinated Response
115.66, Preservation of ability to protect inmate from contact with abusers
115.67, Agency protection against retaliation
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 Screening
115.82, Access to emergency medical and mental health services
115.83, Ongoing medical and mental health care for sexual abuse victims and abuser
115.86, Sexual abuse incident reviews
115.87, Data collection
115.88, Date review for corrective action
115.89, Data storage, publication, and destruction
115.401 Frequency and scope of audits
115.403 Audit contents and findings
Standards Not Met
Number of Standards Not Met: 0
List of Standards Not Met: Click or tap here to enter text.

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.

Evidence Reviewed (documents, interviews, site review):

1. MMCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART (Sexual Abuse Response Teams)
3. TDOC Index 502.06 PREA Implementation, Education and Compliance
4. MCCX Organizational Chart and TDOC Organization Chart
5. MCCX Index 502.06.2-1 PREA Allegations, Investigations, and SART
6. Interviews with:
   a. TDOC State-wide PREA Coordinator
   b. MCCX PREA Compliance Manager

115.11(a) The agency and facility have a comprehensive written policy that mandates zero tolerance toward all types of sexual abuse and sexual harassment. Index TDOC.502.06 states it is the policy of the TDOC go provide a safe, human, and appropriately secure environment, free from threat of sexual abuse and sexual harassment for all inmates, by maintain a program of prevention, detection, response, investigation, and tracking of all alleged and substantiates sexual assaults and sexual harassment. TDOC has a zero tolerance for incidences of sexual abuse and sexual harassment within its facilities. The Directive clearly outlines the agency’s zero tolerance policy and identifies the agency’s approach to the prevention, detection, and response to sexual assault incidents in their facility. The Directive includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment that are consistent with the PREA standards. The Directive also outlines sanctions for those that have participated in such prohibited behaviors to include staff, contractors, volunteers, and the inmate population.

In addition to TDOC Index 502.06 PREA Implementation, Education and Compliance. The Department also developed TDOC Index 502.06.2 PREA Allegations, Investigations, and SART Sexual Abuse Response Teams (SART). The policy outlines the duties and responsibilities of staff designated to serve on an organized and structure team responsible for developing and maintaining a program of prevention, detection, response, investigation, and tracking of sexual assaults and the persons involved. The policies includes definitions pertaining to PREA, and procedures after receiving an allegation of PREA; multiple methods for inmate reporting, responsibilities of First Responders; SART Response; SART Investigations; Sexual Abuse Incident Review; monitoring for retaliation; administrative investigations; criminal investigations; reporting the status of allegations to inmates; disciplinary sanctions for inmates; sanctions for contractor and volunteers; and allegations occurring in other correction settings.

TDOC 502.06 indicates each PREA Site Coordinator and /or PREA Compliance Manager shall ensure unannounced PREA-free walk (inspection) is conducted monthly in accordance with PREA Inspection Team Worksheet, CR-3821. This inspection shall be conducted to identify and deter sexual abuse and
sexual harassment. By the 15th of each month, the Warden/Superintendent/Designee shall submit the facility’s previous month’s PREA Inspection to the Assistant Commissioner of Prisons. The Assistant Commissioner of Prison/designee shall compile all the facility reports and forward to each Assistant Commissioner, Deputy Commissioner, Inspector General, Statewide PREA Coordinator, and Director of Decision Support: Research and Planning for review.

MCCX 502.06.2-1 was developed to establish standardized procedures in the reporting and investigations of all PREA allegations and role of the Sexual Abuse Response Team. The Head of Agency Designee, State-wide PREA Coordinator and MCCX PCM indicated monthly PREA walks, meetings, and reports are conducted in accordance with TDOC policy and inspection standards such as why an incident occurred in a particular area, and what corrective actions could be applied if applicable. SART review security equipment and submit recommendations for mirrors and video placement that would serves as a level protection for inmates from sexual assault or sexual abuse during the monthly walk through. A work order is submitted as needed and is required to be completed within 30 days of submission. A member of SART also serve on the Sexual Assault Incident Review Team and designated members also serve as victim advocates. Copies of the monthly walk throughs throughout the review period was presented for review. These staff also document the review of standards 115.11 through 115.86.

115.11(b) The agency has designated a State-wide PREA Coordinator with the Office of the Inspector General, who is assigned the duties of overseeing the agency’s efforts regarding PREA in all its facilities. The agency's organizational chart shows the State-wide PREA Coordinator reports directly to the Director Compliance with the Office of the Inspector General. The auditor interviewed the Statewide PREA Coordinator and confirmed he has the time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. It was obvious to the auditor that the State-wide PREA Coordinator plays a positive and productive role in providing training, guidance and assistance to the Associate Warden/Facility PREA Coordinator and MCCX PCM in their roles.

115.11(c) The Associate Warden of Treatment (T) at each TDOC facility also serve as facility PREA Coordinator and reports directly to the Warden. All TDOC facilities also has an on-site PREA Compliance Manager (PCM) who works to ensure the facility’s compliance with the DOJ PREA standards. The facility’s organizational chart was provided for review. The chart shows the MCCX PCM position as a dedicated position who reports directly to the Associate Warden of Treatment (T) and the Warden/Facility PREA Coordinator who also holds the position an Administrative Secretary 2. The auditor interviewed the MCCX PCM and confirmed she does have sufficient time to perform her duties as the facility’s PCM in overseeing the facility's efforts to comply with the PREA standards.

MCCX has been determined as Exceeding the Standard of 115.114. The conclusion is based on the following: policies, organization charts, duties, and responsibilities of the SART serving as an identified response team while maintaining experience as such in conducting a monthly walkthrough of the facility in an effort to identify and making immediate corrective actions rather than upon the review of an incident review of sexual abuse.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)

2. Interviews with the following:
   a. State-wide PREA Coordinator/ Agency Contract Monitor

MCCX does not contract for the confinement of its inmates. However, the Tennessee Department of Corrections does have 4 contracts for the confinement of inmates, and all are monitored by the Contract Monitoring Division within the Office of the Inspector General.

TDOC Index 502.06 states employees of privately managed facilities shall receive PREA training as part of the pre-service and in-service training requirements established by the contractor and approved by TDOD. The Director of Contracts Administration shall ensure that all new TDOD contracts or contract renewals include language requiring compliance with the PREA standards. The TDOD has entered four contracts for the confinement of inmates with a private agency (Core Civic). Interview with the State-wide PREA Coordinator who is also the Contract Monitor indicated he communicate with the
contracting agencies and address any concerns regarding maintaining compliance with all PREA standards. A review of the contracts indicated the requirement for each facility to maintain PREA certification as a condition of the contracts is documented.

The facilities’ most recent PREA audits were submitted as the following: Hardeman County Correctional Facility on August 6, 2020; South Central Correctional Center on February 17, 2020; Whiteville Correctional Facility on September 16, 2020; Trousdale Turner Correctional Center most recent posted PREA audit is noted as March 2018. However, in accordance with an interview with the TDOC State-wide PREA Coordinator, a PREA audit was recently conducted in February and the audit report is pending. Review of the contracts confirmed all contained language that required the contracted facility to comply with the requirements of the Prison Rape Elimination Act.

Based on the review of the contracts, review of agency’s website, audit reports and interview, the facility has demonstrated compliance with all provisions of this standard.

### Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)?  ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the
staffing plan take into consideration: The institution programs occurring on a particular shift? ☐ Yes ☒ No ☐ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

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

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that 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.

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education and Compliance
3. MCCX Index 502.06.2-1 PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART)
4. MCCX Annual Staffing Review
5. Post Assignment Rosters
7. Observation while on-site
8. Interviews with:
   a. Warden
   c. MCCX PREA PCM
   d. Intermediate or Higher-Level Staff
   e. TDOC Statewide PREA Coordinator

115.13(a) (b) (c) TDOC Index 502.06 states Each facility shall develop a staffing pattern that provides for the adequate levels of staff and monitoring to protect inmates against sexual abuse. By July 1st of each calendar year each facility shall assess, determine, and document whether adjustments are needed to the facility staffing plan. This review will follow the guidelines of PREA Standard 15.13 (a), (b) and (c). This review shall be completed on the PREA Annual Staffing Review form CR-3964. The MCCX Staffing Plan addresses the eleven requirements as indicated in this provision. Interviews with the agency TDOC PREA Coordinator, and Warden the facility does consider each element of provision and that upper-level administration as well as the PREA Coordinator review of the staffing plan. TDOC has been granted funding for the installation and upgrade of video monitoring for all facilities as needed within their agency.

The facility staffing plan is developed with minimum operations staffing levels in mind and a daily staff roster is reviewed to ensure adequate staff in accordance with the stated staffing plan. The daily rosters identify positions, the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan.
A copy of the MCCX Post Assignment Roster identify the staffing level while also identifying correctional post as critical, non-critical and those post that are to be rotated after 4 hours. The MCCX Master Post Assignment Schedule, CR3914 for 2020-2021 was submitted by the MCCX Warden to the Assistant Commission of Prison for approval on June 9, 2020. The Warden identified in memorandum there were no changes in critical or non-critical post made on the roster from the previous. MCCX Master Post Assignment Schedule was approved by the Assistant Commission of Prison on July 1, 2020.

An interview with the Warden explained there are numerous reviews and approval steps in the creation of daily correctional services rosters. He indicated the daily rosters are reviewed by the security supervisors, to ensure adequate staffing is assigned to provide security and the safety of staff, the community, and the inmate population. He is required to submit a request to the Assistant Commission of Operations in order to add and/or remove a correctional post. He added, the facility would schedule staff to work overtime rather than be non-compliance with the staffing plan. The staffing pattern is designed to have extra staff available for sick leave, annual leave and providing coverage for inmates on medical trips. Any deviations from the staffing plan would be documented on the daily roster with an explanation.

The auditor randomly selected security staff rosters for various days of various months and did not identified any non-compliance with the staffing plan. All critical post were filled either by overtime and or the reassignment of staff from a non-critical post. Throughout the on-site tour it was noted that staffing was adequate and prevalent throughout the institution.

The staffing plan review is documented on an agency-wide standardized form. MCCX provided a copy of the Staffing Plan. The Plan was reviewed on June 30, 2020 by the Chief of Security, Associate Warden of Security, Associate Warden of Treatment/ Facility PREA Coordinator, TDOC State-wide PREA Coordinator and Warden

The form considers all the criteria required for a staffing plan review as required in this standard and provides areas for narrative, any recommendations, as well as space for signatures by the facility compliance manager and agency wide coordinator. Interviews with the TDOC State-wide PREA Coordinator, Warden and MCCX Associate Warden (T)/PREA Coordinator indicated that the facility does conduct a staffing plan review at least annually.

115.13(d) MCCX Index 502.06.2-1 indicates the shift commander or designee, no less than the rank of Corporal, will conduct daily unannounced rounds on all shifts to identify and deter staff sexual abuse and sexual harassment. Any staff member alerting other staff member of the rounds will be subject to disciplinary action. These rounds will be documented by the shift commander or designee in the unit logbook as “Unannounced PREA Inspection/Security Check” and on the shift report daily.

TDOC #502.06 states Staff, Security Shift Corporal and above, Unit Managers, and /or Administrative Duty Officer, shall conduct and document unannounced round to identity and deter sexual abuse and sexual harassment. The unit/program Logbook shall be annotated with Unannounced PREA Inspection/Security Check when signing into the unit /program area. This documentation shall be made in red ink only. Any staff member alerting other staff members that these unannounced rounds are occurring will be subject to appropriate disciplinary action. Throughout the tour, the auditor reviewed logbooks in all housing units for the previous 12 months and confirmed unannounced rounds were conducted not less than once on each shift by supervisory staff. The documentation of unannounced rounds was noted in red ink. Confirmation of supervisory rounds were also provided during their
interviews. Each supervisory staff stated they alternate their rounds schedule and route regularly that prevents staff and inmate awareness of supervisory staff approaching their housing unit and/or work site.

**Standard 115.14: Youthful inmates**

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

**115.14 (a)**

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

**115.14 (b)**

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

**115.14 (c)**

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

**Auditor Overall Compliance Determination**

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

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

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

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 506.14.2 Housing, Programming of Youth Inmates
3. Observation during onsite tour
4. Interviews with the following:
   a. Warden
   b. MCCX PCM
   c. Inmates

TDOC 506.14.2 indicates for the purpose of the policy only, juvenile offenders are person between the ages of 16 and 18 who are sentenced and committed to the TDOC by court having adult criminal jurisdiction. Review of the PAQ, policy and interviews confirmed the facility does not house youthful inmates. The MCCX PAQ, Warden, and MCCX PCM identified the age range of inmates housed at the facility are between 18-86 years old. Interviews with staff and the inmate population identified indicated no acknowledge of inmates housed at the facility under the age of 18 years old.

Based on the review of the PAQ, policy, observation, interviews and analysis that the facility does not house inmates under the age of 18 years old and therefore, has demonstrated compliance with all provisions of this standard.

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

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

### 115.15 (a)

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

### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
  - ☐ Yes  ☐ No  ☒ NA

- Does the facility always refrain from restricting female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)
  - ☐ Yes  ☐ No  ☒ NA

### 115.15 (c)
Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

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

115.15 (d)

Does the facility have policies that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

Does the facility have procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate’s genital status? ☒ Yes ☐ No

If an inmate’s genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)
Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, Compliance
3. MCCX Index 112.08-1 Personal Hygiene Resources for Inmates
4. TDOC Index 506.06-1 Searches
5. TDOC Index 113.37 Gender Dysphoria
6. TCA Lesson Plan- Personal Searches
7. Training records
8. Observation while on-site
9. Interviews with:
   a. MCCX PCM
   b. Random staff
   c. Inmates

115.15(a) TDOC Index 502.06-1 states that security staff shall be trained on how to conduct cross-gender frisk searches, and searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. TDOC Index 113.37 states that should circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate’s preference in the gender of the officer conducting the search. TDOC Index 506.06-1 Searches states routine strip searches and/or visual body cavity searches will occur in authorized areas. Searches based on reasonable suspicion require the Warden’s authorization. Staff interviews did not indicate any cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff. The PAQ listed zero cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months. MCCX houses male inmates. Inmates interviewed did not report being subjected to cross-gender viewing by staff during a strip search or visual cavity search.

115.15(b) TDOC Index 506.06-1 states, “Female correctional officers may frisk search inmates of both genders”. Male correctional officers may only frisk search male inmates. Interviews with staff and inmate population confirmed the male inmate population is frisk search by both male and female staff members. MCCX does not house female inmates.

115.15(c) Body cavity searches requires prior written authorization from the managing official or designee before conducting a body cavity search. The facility reported zero cross-gender strip or cross-
gender visual body cavity searches of inmates including any exigent circumstances, conducted by security or medical staff in the past 12 months. Staff interview and inmate did not indicate any occurrence of cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff in the past 12 months.

115.15(d) Per MCCX Index 112.08-1 Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. Inmates will be able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them, except in circumstances that require immediate action. During the tour it was noted that the facility implemented procedures that allow inmates to shower, change clothes, and use the toilet without being viewed by staff of the opposite gender. All housing units were observed to have doors and shower curtains in place that allow inmates to use both the bathroom and shower facilities without being observed by staff of the opposite gender. Inmates indicated they were not able to be viewed by opposite gender staff when using the toilet, showering, or changing clothes.

TDOC 502.06-1 states, “Staff of the opposite sex announce their presence when entering a housing unit.” Signage is noted on each housing door that opposite gender staff must announce themselves when entering the housing unit. This practice was observed during the tour. Additionally, during 43 formal interviews and 10 informal interviews with the inmate population, all acknowledged the female staff always announce themselves when entering the housing unit repeatedly. Staff interviews also confirmed it is a common practice of the female staff announcing themselves prior to entering the housing units. There were no occurrences and/or inconsistencies in this practice identified.

115.15(e) TDOC Index 506.06-1 Searches regarding strip searches of transgender and intersex inmate’s states, “A strip search of a transgender or intersex inmate may not be conducted for the sole purpose of determining the inmate’s genital status.” If an inmate’s status is unknown it may be determined by conversation with the inmate, a review of available medical records, or as part of a broader medical examination conducted in private by a licensed medical professional. TDOC 506.06 states if there is uncertainty as to a person’s gender, the responsible officer shall use best judgment as to how the person presents, as male or female, and shall arrange for an officer of the agender to conduct the search. If the subject of the search then objects based on gender, an officer of the person’s apparently preferred gender shall conduct the search. All staff interviewed reported the facility prohibits staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining genital status. There were no inmates identified as intersex at the facility during the review period and/or interview phases. However, there was one inmate identified as transgender and was interviewed. This inmate identified being at the facility for several years and has not had any concerns with improper searches begin ordered by staff to include those for the sole purpose of determining their genital status.

115.15(f) TDOC Index 506.06-1 defines the term “Frisk Search” as a search not requiring the removal of all clothing. It is conducted by running your hands across clothing to detect hidden objects.” Policy notes that frisk searches may be conducted by female staff on male inmates. Strip searches are performed exclusively by staff of the same gender this including a provision for transgender or intersex inmates who may prefer to be searched by a specific gender of staff. The facility provides training on LGBTI and Frisk/ Body Searches, Restraints, and Scanning Devices. Training topics, including definitions, were found to be consistent with the definitions contained in the standards. The Pre-Audit Questionnaire noted that 100% of staff have been trained. Random staff interviews indicate they received training regarding cross gender, transgender, and intersex search procedures. There were no inmates identified as intersex at the facility during the review period, Skype and/or on-site interview
process. The facility’s one inmate identified as transgender confirmed no concerns in the method of being searched by staff that includes frisk and/or visual search. These searches are conducted by female staff as identified as the inmate’s preference.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

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

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

#### 115.16 (a)

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

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

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if “other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
• Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes  ☐ No

• Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes  ☐ No

• Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes  ☐ No

115.16 (b)

• Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☐ Yes  ☒ No

• Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes  ☐ No

115.16 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

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.

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. TDOC Index 103.10.1 Title VI – Limited English Proficiency (LEP)
4. MCCX Rules and Regulations Handbook

5. Translation Services Documentation and Contract

6. Observation while on-site

8. Staff who performed LEP translation services and sign language for Deaf

9. Interviews with:
   a. Agency Head Designee
   b. Random staff
   c. Inmates

115.16(a)(b) TDOC Index 502.06 states staff shall 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, limited reading skill, or who are blind or have low vision. Agency policy also requires that, except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of the first responder duties, or the investigation of an inmate’s allegation; inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive for other inmates. TDOC Index 103.10.1 policy indicates that an assessment during the intake process will determine if the inmate requires language or literacy assistance. The review of “Plan for Providing Inmates with Limited English Proficiency Access to Programs and Activities (As required by the Civil Rights Act of 64) outlines the specifics for ensuring methods are identified for communicating with inmates who are LEP. The plan identifies the duties of staff within the various facility departments to include but not limited to medical/mental health services, classification assignment and hearing; disciplinary procedures, grievance procedures, education /programs. Housing assignment, court appearances, parole hearings program availability. The plan list outside agencies that are available to provides a variety of services for inmates with a range of disabilities to include LEP. A list of bilingual staff is identified within the plan and updated as needed. The inmate will be offered Language Identification Guide to make the determination. An interpreter will be provided through utilization of institution staff, volunteers, or contract interpreters to determine the extent of their proficiency. The staff member will document the provision of an interpreter by name on E-TOMIS Contact Notes (LCDG).

At orientation inmates are provided a copy of the MCCX Rules and Regulations that covers the agency’s zero-tolerance policy. The handbook addresses the if inmates have problems with English or know someone that needs assistance, to contact the LEP coordinator, or the principal as interpreting services are available. Additionally, inmates also participate in a video that specifically covers PREA topics to include the agency’s zero-tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. The video presentation has audio and is also available in Spanish. Sign language services are available through Statewide Visual Communication Services. An Interagency agreement between the State of Tennessee Department of Corrections and the University of Tennessee was entered into on October 1, 2020 to provide interpretation and translation services.

The TDC Agency Head Designee stated in response to the agency’s establishment of procedures to provide inmates with disabilities and inmates who are LEP equal opportunities to participate in or
benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and respond to sexual harassment, she acknowledged these programs can always be strengthened. However, TDOC strives to ensure that all offenders regardless of disability or ability to speak English are afforded equal opportunities to all aspects of the agency’s’ PREA program. Contracts exist for medical, mental health and translation services to provide service to these offenders. Offenders are identified at orientation with a particular need and are given information related to issues they might experience related to PREA.

The following inmates were identified and interviewed within this standard: 2 Limited English Proficient (LEP); 1 - Deaf; 1- hard of hearing; 1- vision impaired; 1- cognitive disabled; 2 - inmates with severe physical disabilities. MCCX staff provided translation in the Spanish language during interviews with the LEP inmates. Another staff member provided sign language translation services during the interview with the inmate identified as Deaf. All inmates identified with disabilities acknowledged they received PREA education in a manner they were able to understand. All inmates stated they were and can read the PREA education posted throughout the facility on the inmate bulletin boards in housing units, on walls, inmate telephones, and in the inmate handbook.

115.16(c) TDOC Index 502.06 states, “Inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate’s safety, the performance of first responder duties, or the investigation of an inmate’s allegation. Contact Note LCDG shall be posted identifying the name of the assistor and their organization. During interviews, staff indicated they were aware that inmate interpreters should not be used regarding a PREA allegation. The auditor presented a variety of scenarios to random staff during the interview process. The 19 random staff indicated they were aware an inmate is not allowed to provide translations services for a another when reporting an allegation of sexual abuse and/or sexual harassment. Staff was aware of the official staff members assigned to provide translation services. Documentation was noted in the E-TOMIS contact notes that identified translation services was provided to an inmate identified as LEP by an approved staff member who is authorized to provide such services.

Based on the review of policies, observation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

**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) 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) Yes *(No)
Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

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

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

115.17 (c)

Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)
▪ Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

▪ Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

▪ Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 301.04 Job Requirements
3. TDOC PREA Self Declaration Form
4. TDOC PREA Questionnaire for Prior Institution Employees
5. Hiring and Promotional Records
6. Criminal History Background Records Check Documentation
7. Interviews with:

a. Human Resource Staff

115.17(a) TDOC Index 301.04 states all applicants for employment or promotions, all contract employees, and all volunteers who may have any contact with inmates shall sign PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819 to ensure compliance with PREA Standards which states that the agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage 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. The Human Resource Manager completes background checks prior to the hiring of all new applicants. She verified that the agency prohibits the hiring or promotion of anyone who do not meet the requirements of this provision. One hundred new employees were hired at MCCX during the review period to include contract staff. Records indicated applicants are required to complete a Self-Declaration questionnaire regarding all the elements of this standard. Eleven personal files were randomly selected for review and confirmed the completion of background checks prior to their employment at the facility.

115.17(b) TDOC Index 301.04 states, “The HRSD shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with a service provider if the individual may have contact with an inmate.” Human resources staff reported that incidents of sexual harassment are considered during the application, interview, background investigation, and orientation processes. Human resources staff indicated this also true for contractors. There were 100 new hires and 76 new hires that included contract staff. The auditor used a roster identifying those and randomly selected 17 Self-Declaration of Sexual Abuse/Sexual Harassment for confirmation of completion prior hiring and/or confirmation of promotion. Records indicate that applicants were asked about the types of behavior described in 115.17(b) regarding sexual harassment.

115.17(c) TDOC Index 301.04 indicates that a NCIC criminal history record check shall be conducted on all prospective departmental, contract, and TRICOR employees. HRD staff will make efforts to contact all prior institutional employers of new employees utilizing the CR-3962 PREA Questionnaire for Prior Institution Employers. The auditors’ review of 10 new TDCO applicants ‘personnel files that confirmed a criminal background check and efforts to contact all prior employers was performed for all applicants. Furthermore, it was noted that prior employer contact was not limited solely to institutional employers. Interviews with the human resource staff indicated they also contact the applicant’s former employer for those in charge of individuals at day care centers, retirement homes, and convalescent centers.

The Human Resource Manager indicated due the shortage of correctional officers, the application process for this position also allows walk-in applicants to apply. However, the applicants are not hired until the background checks has been completed and they are identified as cleared for hire.

Position other than correctional officers continue to only be accepted on-line. Human Resource staff conduct the interview process and if applicable, a background check is completed using the NCIC system. A reference check is completed with all former employers to include other prisons, day care centers, nursing homes, doctor’s offices, jails, retirement centers, and schools if the person is applying for a teacher position.
115.17(d) TDOC Index 301.04 states before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background records check of the contractor’s employees who may have contact with an inmate.” Per an interview with a Human Resource Manager that the hiring process for contract workers is once the contracting agency receives notification that a contractor has been assigned for hire. Upon receiving the name of the contract staff, a background check is completed through the Tennessee Application Processing System (TAPS) then submitted to the Warden for approval followed by returning to the contracting agency. Any person identified with PREA concerns would not be hired. If it was something that has been removed from their records, they are required to deliver supporting documentation for the Warden’s review to decide whether to hire. The auditors’ review of 3 food service (Aramark), 2 mental health (Centurion) and 5 medical (Centurion) background checks for confirmation of completion and efforts to contact prior employers was conducted. Interviews with contract staff confirmed they were required to complete a background check prior to hiring.

115.17(e) TDOC Index 301.04 indicates current employees will be required to submit to an annual background check. The check is to be completed by the end of the month during which the employee’s birth date occurs. The Human Resources Offices of each TDOC work location work will be responsible for compiling a monthly list of employees who have birthdays within each month. Once the list is developed, the information is to be forwarded to the appropriate NCIC operator by the 25th day of the month preceding the birth month in which the checks are to be completed. Additionally, Self-Declaration of PREA Sexual Abuse/Sexual Harassment shall be completed as part of the annual background check.

All current contract employee who has been employed for at least one year will have their annual background checks completed each July. Additionally, a PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-319 shall be completed as part to the annual background check.

Per an interview with the Human Resource Manager, she confirmed the usage of the identified procedures as outlined in policy. Staff are also required to report to the human resource department to sign and submit the TDOC Self-Declaration of Sexual Abuse/Sexual Harassment. Notifications of staff required are forward to their supervisors. Staff are also required to annually review and sign additional TDOC policies and confirmation is maintained by human resource. She added the same process is required and utilized for contract staff while using the TAPS.

115.17(g) TDOC Index 301.04 indicates that a material omission regarding conduct described in this directive or providing materially false information may result in disqualification from further consideration for employment and shall be grounds for termination of employment. Additionally, the Self-Declaration Application Form states I hereby certify that to the best of my knowledge and belief, all the information I provide in this form is true, complete, and made in good faith. I understand that false and fraudulent information provided herein may disqualify me from further consideration for employment and, if employed, may result in termination of employment if discovered later.”

115.17(h) TDOC Index 301.04 states that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute. An interview with human resource staff confirmed 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 upon receiving a question are from another correctional facility. The questionnaire is forward to the facility
investigator for completion. Upon completion, the questionnaire is returned to the inquiring facility by the HRM. The staff member seeking employment must give prior approval before the questionnaire can be forward for inquiry of their previous employment. A PREA Questionnaire for Prior Institution Employers were reviewed that notes the inquiry of prior sexual abuse/sexual harassment allegations and the signature of the applicant acknowledging the release of information.

Based on the review of policies, documentation, interviews and analysis, the facility has demonstrated they exceed in the requirement to conduct background investigation at least every 5 years. Specifically, TDOC policy requires, and the facility ensures a background check is completed annually on all TDOC staff during their birth month in addition to all contract staff annually. Additionally, on a yearly basis each staff to include contract are required to sign a new Self Declaration form.

### Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

#### Auditor Overall Compliance Determination

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

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

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

#### Instructions for Overall Compliance Determination Narrative

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

MCCX Completed Pre-Audit Questionnaire (PAQ)

Interviews with:

Agency Head

Warden

115.18(a) TDOC Index 108.01 states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department’s ability to protect inmates from sexual abuse. The Warden explained when planning substantial modifications to facilities the agency considers PREA requirements to relevant blind spots in building plans. There were no substantial expansion or modification of the existing facility at MCCX since the previous PREA audit February 2018.

An interview with the Agency Head Designee indicated when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, The American Correctional Association (ACA) and PREA standards are given consideration. All recommendations are processed through the chain of command to the Commissioners. She continued in stating the Commissioners does not approve the recommendations without communicating with the Director of Compliance with the Office of the Inspector General and reviewed by the State-wide PREA Compliance Manager of the Office Inspector General. All facilities have cameras and mirrors installed. Additionally, a budget has been awarded to add and upgrade cameras throughout all TDOC facilities.

115.18 (b) An interview with the Warden indicated there has not been any cameras added since the previous PREA audit. However, he has submitted a requested for an additional 116 cameras. At the time of the on-site visit, approval remained pending. He stated the safety of the inmate population, staff and the local community is of the upmost importance and video monitoring can provide additional aid.

Based on the review of policies, observation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

### 115.21 (b)

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

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

### 115.21 (c)

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

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

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

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

### 115.21 (d)

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

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

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

### 115.21 (e)

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

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?
  - Yes ☒ No ☐
115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Office of Investigation and Compliance Evidence Protocol
3. TDOC Index 502.06.3 Medical, Behavior Health, Victim Advocacy and Community Support Services for PREA Victims
4. TDOC Index 502.06.2-1 PREA Allegations, Investigation and Sexual Abuse Response Team (SART)
5. MCCX Index 502.06.2-1 PREA (SART)
6. MOU with The Avalon Center
7. Interviews with:
   a. Nashville General Hospital Emergency Room Charge Nurse
b. MCCX Facility Victim Advocate

c. Warden

d. OIC Special Agent in Charge and Institution Investigator

115.21 (a) TDOC Index 502.06.2 state it is the policy of the TDOC to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential manner in accordance with federal guidelines (Title 28 CFR Part 115). The Agency employs investigators who have received special training in conducting sexual abuse investigations in confinement settings. The Office of Investigations and Conduct Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence. An OIC Institution Investigator is assigned to conduct administrative investigation at all TDOC facilities. The OIC Special Agent is authorized to conduct administrative and criminal investigations. Interviews with the Warden, OIC Special Agent and OIC Institution Investigator identified both administrative and criminal investigations are conducted by TDOC OIC Investigators. Operational Protocol #008 dated July 27, 2019 identifies the Notification and Response Procedure stating “It shall be the protocol of the Investigations Unit to appropriately respond to incidents and/or allegations of sexual abuse which occur on TDOC institutional property. When notification is made in a timely manner, Agents will respond as the situation mandates to the site of examination for the purpose of evidence collection and preservation. The Department’s response to sexual assault follows the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” dated April 2013, or the most current version. (1) Upon notification of alleged sexual abuse within any TDOC institution, the institution shall immediately have the alleged victim examined by qualified medical personnel. After the initial examination and collection of clothing for potential evidence, the alleged victim will be transported to the nearest Emergency Room. The ER physician or SANE will perform an examination utilizing a sexual assault evidence kit provided by TBI. This kit will be retained by the ER staff until received by an IU Agent. (2) The responding Agent shall process the alleged crime scene if feasible, receive the evidence from the attending medical staff, conduct an interview with the alleged victim and suspect at the earliest convenience, and determine the appropriate action to best facilitate the investigation. (3) Upon evaluation of all information and evidence obtained, IU staff shall deliver evidence obtained from the investigation to the TBI Crime Laboratory for evaluation as possible evidence.

115.21(b) TDOC has developed an appropriate protocol to coordinate appropriately with the most recent edition on the U.S. Department of Justice’s Office on Violence Against Women Publication. The TDOC Operation Protocol was revised on July 27, 2019. The Notification and Response Procedure identify the following: (1) It shall be the protocol of the Investigations Unit to appropriately respond to incidents and/or allegations of sexual abuse which occur on TDOC institutional property. When notification is made in a timely manner, Agents will respond as the situation mandates to the site of examination for the purpose of evidence collection and preservation. The Department’s response to sexual assault follows the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” dated April 2013, or the most current version. (2) Upon notification of alleged sexual abuse within any TDOC institution, the institution shall immediately have the alleged victim examined by qualified medical personnel. After the initial examination and collection of clothing for potential evidence, the alleged victim will be transported to the nearest Emergency Room. The ER physician or SANE will perform an examination utilizing a sexual assault evidence kit provided by TBI. This kit will be retained by the ER staff until received by an IU Agent. (3) The responding Agent shall process the alleged crime scene if feasible, receive the evidence from the attending medical staff, conduct an interview with the alleged victim and suspect at the earliest convenience, and determine the appropriate action to best facilitate the investigation. (4) Upon evaluation
of all information and evidence obtained, IU staff shall deliver evidence obtained from the investigation to the Tennessee Bureau of Investigations (TBI) Crime Laboratory for evaluation as possible evidence. (5) The Agent will present all evidence in the case to the appropriate District Attorney for review, adoption, and prosecution of any suspects.

115.21 (c) TDOC 502.06.3 indicate upon receiving a report of an alleged sexual abuse within the 72-hour time frame members SART that includes medical staff and the OIC institution Investigator shall determine if SAFE/SANE response is indicated at an outside medical facility. If the services of an outside medical facility are determined to be warranted, the victim shall be transported by security to an outside medical facility with SAFE/SANE personnel for a forensic examination at no cost to the victim. Upon receiving a report to an alleged sexual abuse outside of the 72-hour time frame, SART members shall determine if SAFE/SANE response is indicated at an outside medical facility with SAFE/SANE personnel. The alleged victim shall be transported only to medical facilities trained and equipped with SANE personnel. If SAFE/SANE personnel cannot be made available, the forensic examination can be performed by other qualified medical practitioners. The medical member of the SART shall document the efforts to provide SANE services. Interviews with the MCCX PCM, medical staff and mental health staff each confirmed MCCX is scheduled to utilize the Methodist Medical Center in Oak Ridge, TN for all forensic examinations. One inmate was escorted to the local hospital for a forensic medical examination during the 12-month review period after reporting he was sexually abused the prior night. The investigative report documents the facility investigator offering the alleged victim the services of a victim advocate in which he declined. The MCCX Behavior Health Administrator has been assigned as the PREA Facility Victim Advocate. The medical documentation supports the forensic medical examination was conducted by a SANE. An interview was conducted with the Methodist Medical Center Emergency Room Charge Nurse who confirmed the medical center has a Sexual Abuse Response Team. Their policy includes procedures to provide services in providing SANE/SAFE. The Sexual Abuse Response Team also consist of a responding victim advocate. Upon the emergency room charge nurse notifying the team, the SANE will advise hospital staff on the time of arrival as they are not assigned permanent shifts at the hospital but are on-call 24/7.

115.21(d) TDOC established a Memorandum of Understanding (MOU) with The Avalon Center on April 17, 2015 that remains in effect. The MOU agrees (1) involvement of trained sexual assault advocates is a component of the standard response to a report to sexual assault and /or a request for help from a survivor of sexual assault. (2) Provide for logistical needs, such as a private meeting space for counseling sessions and security clearance for designated Sexual Avalon Center staff. (3) Respect the nature of privileged communication between the sexual assault advocate and client. (4) Facilitate follow-up and ongoing contact between the client and sexual assault advocate without regard to the presence of status of an investigation. The Avalon Center also agrees to maintain confidentiality of survivors of sexual violence who are incarcerated at Middle Tennessee TDOC Institutions, maintain available crisis counseling through organization’s crisis hotline at any time 24-hours a day, and maintain confidentiality as outlined in the Avalon Center informed consent form. The MCCX Behavior Health Administrator is a Licensed Professional Counselor and serve as a Victim Advocate for the facility.

115.21 (e, f, h) TDOC Index 502.06.3 indicates a PREA victim advocate shall be made available to the alleged victim, when requested, to accompany and support the victim through the forensic medical examination and the investigation process. A designated staff member (Mental Health Services Provider/Licensed Professional Counselor) provided a copy of license and certificate of training was
such. Her license, certification, professional education, and training exceeds the provision of the standard to serve as a victim advocate. Information identifying the facility’s victim advocate is posted on all inmate bulletin boards and on departmental bulletin boards accessible to the staff and the inmate population. An interview with the facility’s victim advocate indicated she has not specifically been utilized as a victim advocate but as a mental health provider, she meets with the inmate population inmates for a variety of crisis issues they have experienced. TDOC Office of Investigations and Conduct is responsible for conducting all administrative and criminal investigations of sexual abuse.

Based on the review of policies, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

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

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

### 115.22 (a)

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

### 115.22 (b)

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

### 115.22 (c)

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

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**
☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

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

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

**Instructions for Overall Compliance Determination Narrative**

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigation and SART
3. Review of PREA Investigative Case Files
4. Interviews with:
   a. OIC Investigators
   b. Warden
   c. Agency Head Designee

115.22(a)(b) TDOC Index 502.06.2 states, “It is the policy of the TDOC to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential manner. The facility shall coordinate actions taken in response to an incident of alleged sexual abuse or harassment among staff first responders and Sexual Assault Response Team (SART), which includes medical and behavioral health practitioners, institutional investigator, and facility leadership. TDOC conduct both administrative and criminal investigations. Interviews with the OIC Institution Investigator and OIC Special Agent in Charge indicated normally the initial investigation begin on the same of the reported allegation. An Office of Investigations and Compliance Institution Investigator is assigned at all TDOC correctional institution to conduct administrative investigations and Office of Investigation and Conduct Special Agents conduct all criminal investigations. All PREA allegations are required to be documented and uploaded in the PREA Allegation System (PAS) within 24 hours of being reported. These investigations shall be conducted within 72 hours of receiving the allegation. The original audit review period was scheduled from January 1, 2020 – January 1, 2020. There were 36 reported PREA allegations during this period. A review of the PREA Allegation Report identify all 36 were reported and an administrative investigation was completed.

Per an interview with the Agency Head Designee, TDOC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harass. The TDOC policy mandates that an entry be made in the PREA Allegation system (PAS). The PAS is used to track the steps in the investigation and the results. Policy also mandates all investigations are completed even if
the offender transfers facilities or the staff member abruptly quits. If a PREA allegation is made, an investigation is completed and documented in the PAS. Both types of investigation are completed in the same manner initially by the OIC Institution Investigator. After the initial response of separating and securing the victims, securing the scene, and collecting, both the victim and aggressor are interviewed. Corroborating evidence is sought, and a determination is made regarding the level of allegation. If the allegation could possibly be a criminal case, the case is referred to the OIC Special Agent for additional review and prosecution if applicable.

TDOC Index #502.06.2 identifies the PREA Allegation System (PAS) as a computer application located the TDOC intranet that is used to enter all inmate-on-inmate and staff-on-inmate allegations of sexual abuse and sexual harassment.

The auditor reviewed the PREA Allegation Report and randomly selected 15 of the 36 reported PREA allegations for review to include sexual abuse and sexual harassment. The 36 PREA allegations concluded with the following investigative findings:

7 inmate-on-inmate sexual abuse cases = 0 - substantiated; 2 unsubstantiated, 4 unfounded; 1 pending.
4 inmate-on-inmate sexual harassment cases = 0 – substantiated; 3- unsubstantiated; 1- unfounded; 0 pending
11 staff-on-inmate sexual abuse = 5 – substantiated; 4 - unsubstantiated; 2 – unfounded; 0 pending
14 staff-on-inmate sexual harassment = 0 substantiated; 10 – unsubstantial; 4 – unfounded; 0- pending

The auditor reviewed the TDOC website at www.Tennesseedepartmentofcorrections. TDOC included a section regarding investigation of sexual assault and sexual misconducts. The department is dedicated to producing quality investigations of alleged sexual abuse incidents. All investigators receive specialized training specific to sexual assault in correctional institutions. The TDOC Law Enforcement Unit, in consultant with the department legal office, aggressively refer substantiated cases of sexual assault by offenders or employees to the local district attorney’s office for criminal prosecution.

115.22(c) TDOC is responsible for conducting all sexual abuse and sexual harassment investigations. Therefore, this provision is not applicable.

Based on the review of policies, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

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**TRAINING AND EDUCATION**

**Standard 115.31: Employee training**

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

115.31 (a)

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

▪ Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment ☒ Yes  ☐ No

▪ Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes  ☐ No

▪ Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes  ☐ No

▪ Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes  ☐ No

▪ Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes  ☐ No

▪ Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes  ☐ No

▪ Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes  ☐ No

▪ Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes  ☐ No

115.31 (b)

▪ Is such training tailored to the gender of the inmates at the employee’s facility? ☒ Yes  ☐ No

▪ Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes  ☐ No

115.31 (c)

▪ Have all current employees who may have contact with inmates received such training? ☒ Yes  ☐ No

▪ Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures? ☒ Yes  ☐ No

▪ In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes  ☐ No

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 110.05 In-Service Training
3. TDOC Index 502.06 PREA Implementation, Education, and Compliance
4. TCA PREA Training Lesson Plans
5. PREA Training Documentation
6. Interviews with:
   a. MCCX PCM
   b. MCCX Training Specialist
   c. Random staff

115.31(a) TDOC Index 502.06 states, “The Tennessee Correction Academy (TCA) will be responsible for the development and distribution of the course lesson plans annually. All lesson plans or materials utilized for pre-service and in-service training on inmate sexual abuse and sexual harassment shall be approved by State-wide PREA Coordinator and TDOC General Counsel. The TDOC Academy Program Curriculum course code GEN-4-18 Lesson Title PREA Inmate Sexual Abuse/Assault is a two-hour course for developed for both pre-service and in-service. The course includes lecture and guided group discussion. The course includes the course objective, the PREA of 2003, definitions, inmates’ right to be free from sexual abuse and sexual harassment, retaliation, understanding the dynamics of sexual abuse/sexual harassment in confinement, vulnerable populations, detecting signs of sexual abuse/harassment and the appropriate reporting response, how to avoid inappropriate relationships with inmates, effective professional communication with inmates to include lesbian, gay, bisexual, transgender, intersex or gender nonconforming and reporting of PREA allegations to outside authorities.
Five hundred and fifty - five staff were employed at MCCX during the review period and completed PREA training as required in the provision of this standard. 115.31 (a).

115.31 (b) (c) TDOC Index 502.06 states, “Such training shall be tailored to the gender of the inmates at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.” Training is designed for officers to be able to function in both female and male facilities. MCCX houses male inmates; however, staff may transfer to any facility in the system. PREA training is part of the annual training curriculum. TDOC utilizes the TCA PREA lesson plans. This training is utilized during both pre-service and in-service and is tailored to both the male and female inmate population. The lesson plans cover the 10 topics specified in this provision. There were no staff identified as transferred from a facility that housed only female inmates to MCCX where male inmates are housed. Therefore, no additional training was required. However, the training prevented in the TDOC Academy Program Curriculum course code GEN-4-18 Lesson Title PREA Inmate Sexual Abuse/Assault was developed for both staff assigned to work with both male and female inmates.

A review of staff training records was performed to confirm staff completed the required PREA training. Random staff interviews indicated that in-service training is provided annually and that PREA is part of this training. 100% of random staff interviewed reported that in-service training contains all the information required by this provision. Anyone who did not complete training or may have been unable to attend for various reasons (i.e. injury, illness, schedule conflict) and would be required to make up any missed training by the required deadline. As of September 2019, seasoned staff are scheduled to complete in-service PREA training on-line. New hires continue to complete PREA training during their orientation in Day 1 CORE Training. Those staff who do not have access to a computer and/or need to be relieved from your assigned duty post, are scheduled weekly for the computer lab. The auditor presented staff with a variety of scenarios during the interview process. The 19 staff selected for random interviews and all facility appointed specialized staff spoke with confidence and was very competent in their responses during their interview about their knowledge of PREA training.

115.31(c) (d) The Department shall provide each employee with refresher training annually to ensure that all employees know the Department’s current sexual abuse and sexual harassment policies and procedures. MCCX PAQ indicates that 100% of staff have received PREA training. An interview with the Training Specialist indicated in-service training continued throughout the heavy months of COVID-19. The PREA training was completed on-line. In-service training is scheduled to completed within each fiscal year. The fiscal year begins on July 1st of each year. Staff who are on extended leave to include sick and military, training is required to be completed prior to July 1st. The LMS system closes out on June 30th of each year. The LMS roster contains the required training of all TDOC employees and contract staff which as Centurion and Aramark. The auditor requested and received an LMS computer generated roster of staff completion of PREA training. This computer-generated noted staff completion of PREA training to include for 2020 and 2021. This list also includes contract staff. In addition to the auditor receiving the Learning Management System (LMS) training, the Employee PREA Training Acknowledge Forms were also presented for 70 staff confirming these forms are required to be completed.

TDOC Index 502.06 states, “The TCA Department and facilities shall document, through employee signature or electronic verification that employees understand the training they have received using Employee PREA Training Acknowledgement, CR-3965. An interview was conducted with the MCCX Training Specialist assigned to ensure all staff complete required training timely. She indicated new staff
are required to complete the PREA training prior to being allowed around any inmates and/or other staff. She has access to all staff training and monitors staff completion regularly.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated exceeds in compliance of this standard. The facility provides refresher PREA training for employee annually rather every two-year requirement. Additionally, PREA education on bulletin boards and throughout the institution, and all staff to include security, non-security, contractor and volunteers are issued PREA refresher cards that are attached to their identification in addition to staff responses during the interview process confirms the commitment of MCCX to TDOC policies and the Department of Justice PREA standards with continuous PREA education.

### Standard 115.32: Volunteer and contractor training

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

**115.32 (a)**

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

**115.32 (b)**

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

**115.32 (c)**

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

### Auditor Overall Compliance Determination

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

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

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

### Instructions for Overall Compliance Determination Narrative

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

1. MCCX Completed Pre-Audit Questionnaire (PAQ)

2. TDOC Index 502.06 PREA Implementation, Education, and Compliance

3. TDOC Volunteer Services Power Point Presentation

4. PREA Training records and Rosters

5. Interviews with:
   a. MCCX Chaplain
   b. MCCX Training Officer
   d. Contractors

115.32 (a), (b) (c) TDOC Index 502.06 states Each facility shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under TDOC sexual abuse and sexual harassment prevention, detection ad response policies and procedures. Volunteers shall receive their PREA training in accordance with Policy #115.01. Training acknowledgement for volunteers and contractor shall be document through signature, on CR-3965, notating that they understand the training received.

115.32(c) Each volunteer and contractor receive their training at the facility. Training acknowledgement for volunteers and contractors is documented through signature on CR-3965 notating that they understand the training received.

Contract staff attend the Non-Academy Pre-service Orientation training for new employees and attend annual in-service training with TDOC staff in Day 1 CORE Training. However, since COVID-19, staff complete the annual PREA training on-line through TDOC. An interview with food service staff who are contracted through Aramark indicated they receive annual PREA training during TDOC in-service. Staff was knowledgeable of TDOC policy against sexual abuse and/or sexual harassment and how to report it.

An interview with the Training Specialist indicated in-service training continued throughout the heavy months of COVID-19. The PREA training was completed on-line. In-service training is scheduled to be completed within each fiscal year. The fiscal year begins on July 1st of each year. Staff who are on extended leave to include sick and military, training is required to be completed prior to July 1st. The LMS system closes out on June 30th of each year. The LMS roster contains the required training of all TDOC employees and contract staff which as Centurion and Aramark. The auditor requested and received an LMS computer generated roster of staff completion of PREA training. This computer-generated LMS documents staff of PREA training to include for 2020 and 2021. This list also includes contract staff. The auditor requested and received a Learning Management System (LMS) computer generated roster of all staff completion of PREA training as the LMS include training for medical, food service and mental health contract staff in addition to TDOC staff.

The MCCX Chaplain stated prior to COVID-19 there were approximately 425 individuals interested in volunteering, however no volunteers have been allowed entry since March 2020. PREA training is provided to volunteer by a power point presentation. He returned to the facility on May 1, 2021 and have begun recertification for approximately 150 volunteers through ZOOM training. He forwards a
packet to the volunteers to complete and return. However, if he doesn’t receive the completed packet, he does not recertify them. Since the beginning of COVID-19 several of the previous volunteers and/or those who shared an interest in becoming one have moved away, discontinued an interest, and/or health conditions that would prevent them from committing. Prior to COVID-19 quarterly PREA training was provided to the volunteers. The volunteers are only required to attend once per year. A copy of the TDOC Volunteer Services Lesson power point presentation was provided to auditor for review that included a session of PREA. Because of COVID-19, volunteers have not been allowed into any TDOC facilities since March 2020. Rosters of completed PREA training by volunteers to include the Volunteer Confidentiality and Policy Agreement Training Certification and in-service training rosters of attendance for 20 volunteers were made available for review by the auditor.

The auditor reviewed a sample of documentation which indicated contractors and volunteers received training based on the services they provide and level of contact they have with inmates.

Based on the review of policies, training lesson plans, completion of training documentation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

### Standard 115.33: Inmate education

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

**115.33 (a)**

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

**115.33 (b)**

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

**115.33 (c)**

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

**115.33 (d)**

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

**115.33 (e)**

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

**115.33 (f)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. TDOC Index 103.10.1 LEP Policy
4. PREA Hotline signs (English and Spanish)
5. MCCX Inmate handbook
6. PREA Sexual Assault Awareness Brochure (English and Spanish)
7. Inmate TDOC Orientation Acknowledgement Forms
8. Observation on site
9. Interviews with:
   a. MCCX PCM
   b. Intake Staff
   d. Random inmates

115.33(a)(b) (c) TDOC Index 502.06 states that all inmates entering the TDOC system shall receive verbal and written information concerning sexual abuse within 24 hours of intake. Each facility shall take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. An interview with Intake Staff identified that upon the inmates’ arrival after completing the visual search and 72-hour risk assessments, he initiates an overview of PREA education to them. The intake staff provides each inmate a facility inmate handbook discusses the orientation sheet with them, issue all a PREA pamphlet and present the PREA video for their viewing. The TDOC inmate handbook provides information on the agency’s zero tolerance policy for sexual abuse or sexual harassment and provides information on how to report sexual abuse and sexual harassment. He continued in stating, the information provided to new arrivals, explains the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Staff identified and it was confirmed through observation that PREA posters are located in the intake area that notes the agency’s zero tolerance of sexual abuse and sexual harassment and various methods of reporting such actions. The inmate acknowledges receipt of observing the PREA video, the inmate handbook and other PREA education via signing the TDOC Orientation Acknowledged form. All PREA information is available in both English and Spanish.

Per the PAQ and MCCX PCM, 946 inmates were admitted to the facility during the 12-month review period. There were 72 inmates whose length of stay in the facility was for 72 hours or more and 611 whose length of stay was longer than 30 days during the review period. An interview with Intake Counselors confirmed the inmates receive a handbook and are shown the PREA video titled “PREA: What You Need to Know.” The inmates are required to sign for the receipt of the education received which is noted on the inmate orientation acknowledgement form. The 49 formal and 10 informal interviews indicated they received the handbook and observed the PREA video upon their arrival at the facility during intake. The inmates also mentioned the PREA information that is posted on the bulletin boards and signage on the walls, and on every telephone providing them with PREA information and how to report PREA allegations. The auditor randomly selected confirmation of 60 inmates who arrived during the review period PREA training. The files were selected for the purpose of evaluating intake.
records. The review of inmate file documentation indicated that inmates received the handbook at intake on the day of arrival.

115.33 (d) (e) TDOC Index 103.10 states that inmates will be provided orientation information in formats accessible for all inmates. Inmates are provided with a Sexual Abuse Brochure in both English and Spanish. A 16 minutes PREA video titled “PREA: What You Need to Know” is played in the intake area upon the inmate’s admission. Inmates sign the Orientation Acknowledgement indicating that they understand the information provided. Overall inmates reported having received comprehensive orientation was completed on their day of arrival. TDOC Index 103.10 and TDOC Index 502.06 states, “The Department shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Interpreter services are available and documented in Contact Note LCDG. Random file reviews indicated that inmates sign the TDOC Orientation Acknowledge forms acknowledging receipt of the intake information and participation in comprehensive orientation. This information is maintained in the inmates’ file and is also documented in the E-TOMIS for each inmate. This information is shared with the inmate population on their day of arrival during the intake process. All inmates interviewed acknowledged receipt of PREA education upon arrival through observance of the PREA video, handbook, and continuous PREA education on bulletin boards throughout the facility and on the inmate telephones. A review of 60 inmate files documentation indicates that 100% received comprehensive orientation upon arrival.

115.33(f) PREA information was observed to be continuously and readily available to the inmate population throughout the facility. PREA signage containing hotline contact information and sexual abuse information was noted as being posted throughout the institution. Signage was observed to be available in English and Spanish. Inmates are provided with personal copies of PREA brochures and the inmate handbook.

Based on the review of policies, inmate files, inmate interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

**Standard 115.34: Specialized training: Investigations**

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

115.34 (a)

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

115.34 (b)

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

▪ Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)) ☒ Yes ☐ No ☐ NA

▪ Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)) ☒ Yes ☐ No ☐ NA

115.34 (c)

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

115.34 (d)

▪ Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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.

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigation, and SART
3. TDOC Index 107.01 Office of Investigation and Compliance Unit Authority, Responsibility, Personnel Selection and Training
4. Documentation of Specialized Training for Agency Investigators
5. Interviews with:

a. OIC Institution Investigator and OIC Special Agent

115.34(a) TDOC 107.01 states: All newly selected OIC Special Agents will attend and successfully complete at a minimum, an accredited law enforcement academy (e.g., Tennessee Correction Academy, Tennessee Bureau of Investigation, Memphis Police Academy, Walter State Community College, etc.) An interview was conducted with the OIC Special Agent in Charge, Middle TN Office of Investigation and Conduct and who identified his previous 34 years as a law enforcement officer prior to his two-year tenure with the TDOC OIC. The OIC Special Agent in Charge previously completed training provided by Tennessee Police Academy, Tennessee Bureau of Investigation and the online PREA training titled: Conducting Sexual Abuse Investigations in a Confinement Setting through the National Correction Institution (NIC). As identified by the OIC Special Agent in Charge, OIC Special Agents are responsible for conducting PREA investigations that may include criminal charges. Copies of completed training was provided for review.

MCCX has an OIC Institution Investigator who conducts administrative investigations. The OIC Special Agents conducts all criminal investigations. Three staff assigned at MCCX have completed the National Institution of Corrections Training title “Conducting Sexual Abuse Investigations in a Confined Setting” that certifies them to conduct administrative investigations to include sexual abuse and/or sexual harassment. Certificates of completion were provided for review. Information covered during investigator training included but was not limited to evidence collection, interviews, documentation, and evidentiary standards. An interview with the designated MCCX OIC Institution Investigator and review of administrative PREA casefiles confirmed these investigations was completed by staff who have completed the required training to conduct the administrative PREA investigations. The two sexual abuse cases pending the receipt of DNA samplings are being completed by an OIC Special Agent.

115.34(b) An interview with the OIC Special Agent in Charge indicated the specialized training for the OIC Special Agents is mandatory and is through the Tennessee Police Training Academy, Tennessee Bureau of Investigations, and the Tennessee Law Enforcement Academy. The lesson plan is intended for use with Department personnel assigned to investigate an allegation of misconduct that involves a sex related offense. This training gives participants information they will need to conduct criminal and administrative investigations compliant with the Prison Rape Elimination Act standards. Training includes the definition, purpose, history of PREA, definitions, first responder duties, medical examinations, comprehensive investigations, evidence collection, interviewing the victim, suspect and witnesses, Miranda rights, Garrity rights, and handling false accusations. The OIC Institution Investigator also identified the inclusion of this provision in the Conducting Sexual Abuse in a Confinement Setting training presented through the NIC.

The State -wide PREA Coordinator provided PREA Investigation Training by utilization of a Power Point to all TDOC staff assigned the following position: OIC Special Agents, TDOC Institutional Investigators, TDOC Associate Wardens of Treatment/Deputy Superintendent, TDOC PREA Compliance Managers, Core Civic Associate Warden of Treatment, and Core Civic Investigators. The training consisted of an 18-slide presentation that discussed the role of the investigator and provided numerous scenarios as table-top activities for discussion on conducting thorough PREA investigations and the determining findings of the scenarios. The training also allows less experienced investigators the opportunity to interact and gather knowledge from more experience investigators. The formation of investigative files was also a topic during the training. In addition to the investigators receipt of the training, the Associate Wardens of Treatment gained knowledge of the PREA investigative method as
some had not received training and/or experience in the review of PREA investigations in their prior roles. The State-wide PREA Coordinator also serve as the Monitoring Agent for Core Civic. To be consistent with TDOC policies regarding PREA investigations, it was beneficial to the agency to include the Core Civic investigators and Core Civic Associate Wardens of Treatment in the training for a clear understanding of the standard, consistency in conducting PREA investigations and the maintenance of the investigative files.

115.34(c) The Department shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The auditor reviewed training records and certification of the OIC Special Agent and OIC Institution Investigator completed specialized training for conducting sexual abuse investigations in a confined setting.

Based on the review of training lesson plans, training records, interviews, and analysis, the facility has demonstrated a level of exceeding in the compliance with all the provisions of this standard. The facility is beyond the standard requirement of specialize training for investigators of sexual abuse allegations performed by the facility, Tennessee Bureau of Investigations, Tennessee Police Academy, NIC on-line courses, and special session conducted by the State-wide PREA Coordinator, MCCX exceeds in the provisions of this standard. The inclusion of the Associates Wardens and Core Civic personnel in the investigative training strength their knowledge and understanding of the investigative process and review of case files.

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

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

115.35 (a)

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

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

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

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

115.35 (b)
▪ If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)

☐ Yes ☐ No ☒ NA

115.35 (c)

▪ Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

☒ Yes ☐ No ☐ NA

115.35 (d)

▪ Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)

☒ Yes ☐ No ☐ NA

▪ Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)

☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education and Compliance
3. TDOC Index 502.06.3 Medical, Mental Health, Victim Advocacy, and Community Support Services for PREA Victims
4. PREA Resource Center Lesson Plan – Specialized Training for Medical/Mental Health Care Standards

5. Medical and Mental Health Staff Training Certificates

6. Interviews with:

   a. Medical and Behavior Health Staff

   115.35(a) TDOC Index 502.06 states all full and part-time medical and mental health care practitioners who work regularly in the facility shall be trained in: how to prevent, detect, and respond to acts of sexual abuse or sexual harassment. Medical and mental health staff are contract employees who must complete the agency’s PREA training and medical and mental health specialized training received from designated supervisory instructor contract staff within the department. The policy states all full and part-time medical and mental health care practitioner who work regularly in the facility shall be trained in: (a) How to detect and assess signs of sexual abuse and sexual harassment; (b) How to preserve physical evidence of sexual abuse; (c) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; (d) How and to who report allegations or suspicions of sexual abuse and sexual harassment; (e) This training shall be documented on the TDOC training Roster, CR-2245, and copies provided to the facility training specialist. Medical and mental health utilized the Instructor’s Curriculum Guide and Lesson Plans September 2013 Specialized Training PREA Medical, and Mental Care Standards presented by the National PREA Resource Center to meet the provisions of this standard for training. A copy of the 100 pages lesson plan was presented for review by the auditor. This information covers four modules (1) Detecting and Assessing Signs of Sexual Abuse and Sexual Harassment; Module 2: Reporting: Module Effective and Professional Responses; Module 4 – The Medical Forensic Examination and Evidence Preservation. The staff are given a posttest after training that is divided into the 4 modules.

   115.35(b) The agency nor the facility conducts forensic medical exams. All forensic examinations are performed off-site at a local medical facility, Nashville General Hospital Meharry in Nashville, TN.

   115.35(c) (d) The auditor reviewed training records showing medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31. Per the MCCX Training Specialist, all medical and mental health staff are required as other TDOC staff to attended and passed the TDOC PREA training. Course documentation is also maintained by the MCCX Training Specialist in the Learning Management System (LMS) and by the Medical and Mental Health rating supervisor. An interview with the MCCX Director of Nursing and Health Services Administrator confirmed medical staff are required to complete PREA training through their contracting agency Centurium and the TDOC PREA Specialized training for Medical and Mental Health. They identified themselves as instructors for the training. The Specialized training is required once but the PREA training is required to be completed annually through the LMS. They indicated prior to COVID-19 the training was completed during CORE Day 1 Training. The auditor also reviewed training certificates indicating all medical and behavior health staff attended specialized training.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.
SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability? ☒ Yes ☐ No

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e) ▪ In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No

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

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

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

115.41 (g) ▪ Does the facility reassess an inmate’s risk level when warranted due to a referral? ☒ Yes ☐ No

▪ Does the facility reassess an inmate’s risk level when warranted due to a request? ☒ Yes ☐ No

▪ Does the facility reassess an inmate’s risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

▪ Does the facility reassess an inmate’s risk level when warranted due to receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness? ☒ Yes ☐ No

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

115.41 (i)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

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.

115.41(a) TDOC Index 502.06.1 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the TDOC to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. The agency uses the PREA Screening System Application located on the TDOC intranet to assess an inmate’s risk of sexual victimization and risk of sexually abusing other inmates. A random sample of 60 inmate PREA Screening System forms was selected for review. 100% of the sample was screened using the PREA Screening form. The initial risk screening assessment is completed upon arrival to MCCX by the intake staff. Due to the global pandemic of COVID-19, there was a limited amount of newly arriving inmates during the review period (76 reported). There was no incoming inmate traffic during the onsite visit for observation of the intake and/or screening for risk of victimization and abusiveness by the intake counselor. However, the intake counselors explained the process of how inmates are screen for the 72-hour PREA risk assessment upon their arrival. Interviews with the counselors indicate the PREA Screening System is utilized to conduct screening for the risk of sexual victimization and abusiveness. Overall inmates interviewed reported being asked questions related to the PREA Screening System form.

MCCX goes beyond the requirement of this standard in the performance of risk screening for victimization and abusiveness of the inmate population. Every inmate who departed the facility for an outside medical trip and/or court appearance who return on the following day after departure receive a new screening for risk of victimization and abusiveness. An example is if an inmate departed the facility on March 15, 2021 at 10:00 p.m., to a local medical facility and return on March 16, 2021 at 12:01 a.m., staff will perform a new screening for risk of victimization and abusiveness. The State-wide PREA Coordinator explained this procedure was put in place to offer an additional safety measure for the
inmate population while allowing the inmate to report any concerns or occurrences of sexual abuse and/or sexual harassment while away from the facility.

115.41(b) TDOC Index 502.06.1 directs that classification or unit management teams from diagnostic classification units will interview and evaluate all inmates for sexually aggressive/victim tendencies utilizing the PREA Screening System Application within 72 hours of arrival at a facility. The PAQ indicated there were 946 inmates admitted to the facility during the 12-month review period. Seventy-four of these inmates’ length of stay was for 72 hours of more and 611 inmates admitted to the facility who length of stay at the facility was for 30 days or more. The auditor requesting a copy of the PREA screening audit tool for review. This form maintains documentation of all inmates’ date of arrival, transport reason, initial facility screening date, 48 hour review of initial screening completed by, within 72 hours of arrival notation of completed reviewing, 15-day review for 30-day re-assessment completed by, 30-day re-screening date completion, mental health referral date and a section for staff comments. Staff presented the tracking sheets for each of the 12-month review period. The transport reasons are documented as: hospital transfer, court, permanently assigned. The comment section documents the reasons for all inmates who were not assessed and/or reassessed as the following: Out to court, less than 24 hours out of facility, transferred date. A random review of 60 inmates risk screening revealed all were screened with 72 hours of their arrival. Specifically, the PREA Intake Screening forms reviewed indicated they were conducted on the day of the inmate arrival at MCCX.

115.41(c) (d) TDOC Index 502.06.1 requires authorized users to utilize the PREA Screening System Application located on the TDOC intranet. User security access to this system is authorized by the Associate Warden of Treatment. The PREA Screening System Application form is the agency-approved standardized screening instrument. The PREA Screening form assigns a numerical point value to questions regarding risk of victimization and risk of abusiveness categories. The form considers the 10 separate inmate risk of victimization factors and risk of abusiveness factors noted in this provision. Each risk factor is assigned a numerical point value based on the information obtained from an interview with the inmate and information from the inmate record. The PREA Screening System Application does not consider whether the inmate is detained solely for civil immigration purposes. However, interviews with the MCCX PCM and review of documentation indicates that the TDOC does not house inmates solely for civil immigration purposes.

115.41(e) The PREA Screening System Application factors considered in the risk of abusiveness category include prior acts of sexual abuse, prior convictions for violent offenses and a history of prior institutional violence or sexual abuse. The instrument also considers a history of violent crimes including pending and current charges and a history of domestic violence including pending and current charges. A review of the PREA Screening System Application revealed that it does consider all the criteria required by this provision. An interview with counselors assigned to conduct risk screening indicated they generally ask the inmate the questions while using the questions in a conversation manner to communicate better with the inmate. This method allows the inmate to feel more comfortable in reporting occurrences during the reassessment process.

115.41(f) TDOC Index 502.06.1 requires unit management staff to re-assess each inmate within 30 days of the inmate’s arrival at the facility using the PREA Screening Application. The PAQ and MCCX PCM indicated that MCCX admitted 611 inmates whose stay was longer than 30 days. Staff who perform risk screening re-assessments indicated that re-assessments are conducted within 7-14 days after the inmate’s arrival at the facility. The staff who conduct risk screening indicated counselors assigned to each of the housing units conducts the 30-day follow-up re-assessments for inmates assigned to their
An interview with staff assigned to conduct the 30-day reassessments identified the set period for conducting the reassessment was 7-14 days after the inmate arrival to the facility. The risk screenings are conducted in a private area in the housing units where the inmate is screened by their assigned Counselor. Per interviews with the Chief Counselor and MCCX PCM each maintain a transport roster to monitor incoming inmates and their required 30-day reassessments. Staff are authorized to conduct the inmate’s reassessment at the between to the 7th and 14th day upon arrival and not later than 30 days after arrival. A random sample of 60 inmate PREA Screening Application forms was reviewed for compliance with the reassessment being completed within 7-14 days of arrival.

115.41(g) TDOC Index 502.06.1 requires unit management staff to re-assess an inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness. The PREA Screening System Application is utilized to conduct any re-assessment. An interview with staff who perform risk screening indicated he completes a reassessment upon receiving new information received or a referral is made due to abuse and/or harassment.

115.41(h) TDOC Index 502.06.1 states inmates will not be disciplined for refusing to answer or disclosing complete information in response to screening questions. Staff who perform risk screening were interviewed reported an inmate is not disciplined for refusing to respond or for not disclosing complete information and stated most inmates are cooperative and provide responses. During inmate interviews, no inmate reported being disciplined for refusing to answer PREA risk screening questions.

115.41(i) TDOC Index 502.06.1 indicates screening information is strictly need-to-know basis. Access to the PREA Screening System Application is controlled through authorized user security access. Unit Management staff will ensure screening information is entered in the PREA Screening System Application. Per the State-wide PREA Coordinator, Counselors have access to conduct the risk assessments but cannot review the responses in E-TOMIS after the input is upload. The counselors can only observe the inmate’s score once uploaded. Per staff assigned to conduct risk screening indicated the information is on a need to know to provide the appropriate services to the inmate such as the inmate counselor, the chief counselor, medical and behavior/mental health and security supervisors. Additionally, count room staff’s access to E-TOMIS does not include viewing of the inmate’s responses to the assessment but only allow their viewing of the inmate scoring.

Per an interview with the State-wide PREA Coordinator, a weekly report “Monitoring Due Report” is automatically forward to each TDOC institution via E-TOMIS that is automatically generated to the MCCX PCM, Associate Warden (T), Chief Counselor and himself. The monitoring of victims and aggressors are conducted every 90 days for a minimum of 12 months, and each require approval by the State-wide PREA Coordinator for removal. The victim may request removal prior to 12 months of completion however, this option of removal from monitoring is not available to an aggressor. Negative conduct, additional sexual abuse allegations are some of the circumstances that may prolong an aggressor monitoring to extend beyond 12 months.

The practice of staff performing an additional screening for risk of victimization and/or abusiveness for all inmates who depart the facility and their return to the facility the following day as an additional safety measure for the inmate population exceeds the provisions of this standard.

**Standard 115.42: Use of screening information**
115.42 (a)

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

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

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

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

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

115.42 (b)

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

115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

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

115.42 (e)
- Are each transgender or intersex inmate’s own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes □ No

**115.42 (f)**

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

**115.42 (g)**

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

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

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.1 PREA Screening, Classification, and Monitoring
4. TDOC Index 113.37 Gender Dysphoria
5. TDOC Index 112.08 Personal Hygiene Resources for Inmates

Interviews with:

a. Agency Head Designee
b. MCCX PCM
c. Counselors assigned to conduct risk screening.
d. Inmate identified as Transgender.
e. Intake/Screening Staff

115.42(a) TDOC Index 502.06.1 states, “Decisions concerning individual housing assignments and
group activities for inmates who enter TDOC and identifies as a sexual aggressor or prior sexual victims
are under the supervision the unit management/Associate Warden/Deputy Superintendent/Designee.
Housing, cell assignments, work, education, and program assignments shall be made with the goal of
keeping separate those inmates at high risk of being sexually victimized from those at high risk of being
sexually aggressive. The different zones within the complex have different housing units designated as
orientation housing units where inmates are evaluated for their assigned housing unit. The facility does
not house victims and abusers together. Staff who perform screening reported inmates at risk of
victimization are separated from inmates at risk of abusiveness based on the risk assessment score.
Those who are at risk of victimization cannot be housed with those who are at risk of abusiveness. When
the Job Coordinator attempt to assign inmates’ job or staff attempt to assign inmate who are
incompatible, they receive notification that they are incompatible and the E-TOMIS system will not
allow the inmate to assigned to jobs and/or cell assignment together. Additionally, per the MCCX PCM,
staff does not house inmates identified prior victims and those identified as prior aggressors are not
assigned together in housing and/or job assignments.

115.42(b) TDOC Index 502.06.1 Decisions concerning individual housing assignments and group
activities for inmates who enter TDOC and are identified as Sexual Aggressors or Sexual Victims are
the responsibility of the unit management team. This information is strictly need-to-know basis and
housing, cell assignments, work, education and program assignments shall be made with a goal of
keeping separate those inmates at high risk of being sexually victimized from those at high risk of being
sexually aggressive. If behavioral health intervention is indicated, a referral shall be made in accordance
with Policy #113.82, utilizing Institutional Health Services Referral, CR-3431. No inmate will be double
celled until the required screening has been completed. Inmates who are deemed sexual aggressors or
sexual victims will be appropriately housed until assessed by behavioral health professionals or
classification. Once an inmate is identified as a Sexual Aggressor or Sexual Victim at any time during
his/her incarceration, the inmate shall be evaluated for appropriate housing and programs.

115.42(c) TDOC Index 502.06.1 states decisions to assign a transgender or intersex inmate to a facility
for male or female inmates and in other housing and programming assignments are made on a case-by-
case basis. TDOC Index 113.37 states Facility and housing assignments hall be made on a case-by-case
basis and documented on pages 1 and 2 of the PREA Housing and Program Review, CR-4086, considering the patient’s health and safety, as well as potential management and security concerns. An inmates’ own views regarding safety shall be solicited and considered. Inmates who have completed surgical sexual reassignment therapy prior to incarceration shall be placed in a correctional facility as determined by the Gender Dysphoria, Transgender, Transsexual, Intersex, and Gender Non-Conforming Accommodation Review Committee. For the purposes for facility placement, self-inflicted genital mutilation does not constitute surgical sexual reassignment therapy and does not qualify an inmate for placement in a facility for opposite-gender inmates.

115.42(d) (e) TDOC Index 502.06.1 indicates that placement for inmates identified as transgender or intersex shall be considered on a case-by-case basis. Theses identified inmates shall be reclassified every six months by the assigned counselor to review any threats to safety experienced by the inmate. The inmate’s own views with respect to his safety shall be given serious consideration. There was one inmate identified as transgender and no inmates identified as intersex designated to MCCX within the 12-month audit period nor during the on-site visit for an interview. There were 2 inmates identified as transgender at the facility. Both inmates had been at MCCX less than 3 months. The inmates’ Counselor was interviewed and reported the transgender inmates’ own views of safety is considered. A reassessment would be completed bi-annually. The two inmates identified as transgender were not housed in the same housing units. TDOC Index 502.06.1 indicates that a transgender or intersex inmate's own view with respect to personal safety shall be seriously considered. Interviews with counselors who perform risk assessment indicated stated they were unaware of an inmate identified as intersex being designated at MCCX.

115.42 (f) TDOC 112.08 states Transgender and intersex inmates shall be given the opportunity shower separately from other inmates. Inmates will be able to shower, perform bodily function, and change clothes without nonmedical staff of the opposite gender viewing them, except in circumstances that require immediate actions.

115.42(g) TDOC Index 113.37 Gender Dysphoria states, “Lesbian, gay, bisexual, transgender, or intersex inmates may not be placed in dedicated facilities, units, or wings solely based on such identification or status. There was one inmate identified as transgender and one inmate who was identified as bi-sexual. There were zero inmates identified as intersex and/or gay. MCCX is a male facility and does not house female inmate (lesbian). Per an interview with the MCCX PREA Coordinator inmates identified as gay, bisexual, transgender, or intersex would not be placed in dedicated housing units. TDOC nor MCCX are not pursuant to a consent decree, legal settlement, or legal judgement in the housing of 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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA

▪ If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA

▪ If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA

115.43 (c)

▪ Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

▪ Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

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

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

115.43 (e)

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

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)

2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART

3. TDOC Index 113.37 Gender Dysphoria, Transgender, Transsexual, Intersex, and Gender Non-Conforming Conditions

4. Interviews with:
   a. Warden
   e. Staff who supervise segregation
   f. Screening Staff

115.43(a) TDOC Index 502.06.2 states any use of restrictive housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements set forth in this policy and coordinated by the unit management team. Protective Services Investigative Routing, CR-3241 shall clearly indicate the basis of concern for the inmate’s safety and the reason why no alternative means of separation can be arranged. This housing assignment shall not ordinarily exceed a period of 30 days. The PAQ noted that there have been zero inmates held in involuntary segregated housing in the past 12 months. An interview with the Warden revealed, he was aware of the requirements pertaining to the placement of inmates at high risk of sexual victimization in involuntary segregated housing, but this practice is not appliable to MCCX. The facility does not use involuntary segregated housing for inmates determined to be at a high risk of victimization. An interview with staff who supervise inmates in segregated housing also confirmed the facility does not use involuntary segregated housing for inmates who are identified at a high risk of victimization. Alternate housing arrangements would be made. Per staff who supervise segregation and the Warden if the alleged aggressor is known, the aggressor would be placed in segregation pending the investigation and transferred to another housing or another institution if needed.

115.43(b) TDOC Index 502.06.2 states that inmates placed in restrictive housing for this purpose shall have access to programs, education, and work opportunities to the extent possible. If inmate access to
programs, privileges, education, or work opportunities is restricted, the facility shall document what opportunities have been limited, the duration of the limitation, and the reasons for such limitations. This shall be documented on LCDG Contact Notes. An interview with staff who supervise inmates in segregated housing indicated no restriction are imposed on inmates. The inmate would have access to education (GED program), legal aid, minimum of 1 hour outside recreation in covered and secured recreation areas with telephone access.

115.43(c) The PAQ noted that no inmates were held in involuntary segregated housing for longer than 30 days in the past 12 months awaiting completion of assessment. The Warden indicated involuntary segregated housing is not used for inmates at high risk for sexual victimization unless the victim cannot identify the aggressor. Staff utilize other methods to include making alternate housing arrangements within other housing units.

115.43(d) An interview with the Warden dedicated the facility has not utilized involuntary segregated housing for inmates who are determined to be at a high risk of victimization and this process has not been utilized during the 12-month review period. However, policy does provide guidance in TDOC Index 502.06.2 which states if an extension is necessary, the SART member shall clearly document in the PREA Allegation System application the basis for concern for the inmate’s safety; the reason why no alternative means of separation can be arranged; and the need for emotional support services for inmates or staff who fear retaliation for reporting sexual abuse, or sexual harassment, or for cooperation with investigations. However, if the victim cannot identify the aggressor for the alleged victim safety, he would have to be housed in involuntary segregation for no more than 7 days and/or the completion of the investigation.

115.43(e) TDOC Index 502.06.2 states every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. In an interview with the Warden, he was aware of the requirement for 30 days reviews, however, the facility would not utilize involuntary segregated housing for an inmate who has been identified at a high risk for sexual victimization if the aggressor can be identified. Interviews with staff assigned to supervise segregation and the OIC Institution Investigator indicated the alleged victim would remain on the compound and the alleged abuser would be place in segregated housing pending an investigation. There were no inmates placed in involuntary segregation based on being identified at a high risk of victimization.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

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**REPORTING**

**Standard 115.51: Inmate reporting**

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

**115.51 (a)**
- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No

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

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

### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

### 115.51 (c)

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

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

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

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

#### Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOCS Index 502.06.2 PREA Allegations, Investigations, and SART
3. PREA Tip line Posters
4. Notices to all MCCX staff, contract staff and inmate population
5. PREA Posters
7. Interviews with:
   a. Random staff
   b. MCCX PCM
   c. Formal and Informal Inmate Interviews

115.51(a) TDOCS Index 502.06.2 states the Department shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment. These include but are not limited to: (a) Reporting directly to staff; (b) Facility PREA Tip Line; (c) Third-party reporting; or (d) Written communication. The Inmate Rules and Regulations Handbook contains information on how to report sexual assault. Formal and informal inmate interviews indicated all inmates were aware of the available reporting options. They indicated there is signage throughout the complex for calling the PREA Hotline which was the most common response. Random staff interviews indicate all staff were aware of the internal and external reporting options available to the inmates and themselves.

115.51(b) Per an interview with the MCCX PCM and TDOCS Index 502.06.2 indicate TDOC and MCCX allow inmates to make a report of sexual abuse or sexual harassment to an outside governmental entity that is not affiliated with the agency or that is operationally independent from agency leadership. This information is made available through the Inmate Rules and Regulation Handbook and inmate bulletin boards throughout the facility. The handbook states (1) the inmate can make a confidential report on the PREA Tip Line through the inmate telephone system by dialing *9222. (2) You may contact the Behavior Health Administrator, Amanda Simms, or (3) You can make a confidential report to outside agencies by writing: Avalon Center 196 10th Street Crossville, TN 38555; (4) Or through the inmate telephone system by daily *9555. This is a confidential call and will not be recorded. A Sexual Victim Advocate will be always available by calling this number. Information posted on bulletin boards addressed to all MCCX staff, contract staff and inmates identified methods of internal/external PREA reporting as; reporting directly to staff members(s); PREA Tip Lines *9222 and/or *9555, third party, and written communication. The memorandum also the Avalon Center and the Just Detention International C/O Cynthia Totten, Esq. CA Attorney #199266 at 3325 Wilshire Blvd., Suite 340 Los Angeles, CA 90010. Per the MCCX PCM the Avalon Center receiving a PREA call through the PREA Hotline numbers *9222 and/or *9555, the inmate’s telephone pin number is not identified. All calls to
the Avalon Center can remain anonymous and the information received is forwarded to the OIC Facility Investigator immediately for investigation.

MCCX does not house inmates detained solely for civil immigration purposes.

115.51(c) TDOC Index 502.06.2 indicates staff shall accept reports made verbally, in writing and all staff are required to report immediately to their supervisor any knowledge, suspicion, or information, anonymously, and third parties. All allegations shall be documented within 24 hours of becoming known to facility staff in the PREA Allegations System (PAS). Random staff interviews stated inmates could report sexual abuse or sexual harassment either verbally, in writing, anonymously, and via third parties. Staff indicated they would document verbal reports of sexual abuse or sexual harassment immediately and definitely prior to the end of their shift.

115.51(d) TDOC Index 502.06.2 indicates that staff may privately report sexual abuse and sexual harassment of inmates to the Central Office PREA Tip Line (615-253-8178). Interviews with random staff indicated that staff are knowledgeable in how to privately report sexual abuse or sexual harassment. Most staff cited the PREA hotline and/or notifying a supervisor as the primary method to make a private report of sexual abuse or sexual harassment. The auditor noted all staff carry a PREA Refresher Card attached to their ID Badge.

Based on the review of policies, documents, website, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.)</td>
<td>✗</td>
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<td>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.)</td>
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<td>115.52 (d)</td>
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<td>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.)</td>
<td>✗</td>
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<tr>
<td>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.)</td>
<td>✗</td>
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<td>115.52 (e)</td>
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<td>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.)</td>
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<td>Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party file 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.)</td>
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<td>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.)</td>
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<td>115.52 (f)</td>
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<td>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.)</td>
<td>✗</td>
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<tr>
<td>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.).</td>
<td>✗</td>
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After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes  ☐ No  ☐ NA

After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes  ☐ No  ☐ NA

Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes  ☐ No  ☐ NA

Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes  ☐ No  ☐ NA

Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes  ☐ No  ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

☐  Exceeds Standard  (Substantially exceeds requirement of standards)

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

☐  Does Not Meet Standard  (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 501.01 Inmate Grievance Procedures
3. Interviews with:
   a. MCCX PCM
   a. Grievance Chairperson
115.52(a) TDOC Index 501.01 indicates the agency has an administrative remedy program that may be used to file an allegation of sexual harassment or sexual abuse. It states an inmate may submit a grievance alleging sexual abuse at any time. Per the PAQ, and an interview with the MCCX PCM identified there zero inmates submitted PREA allegations in the form of grievances during the review period. All grievances alleging PREA allegations will be immediately forwarded to the Associate Warden of Treatment/Facility PREA Coordinator and OIC Institution Investigator for completion of an investigation.

All information received in relation to sexual abuse and/or sexual harassment would immediately be submitted to the Associate Warden (T) who forwards it to the OIC Institution Investigator for an immediate investigation. All correspondence with the inmate would be conducted by the OIC Institution Investigator. Per the OIC Institution Investigator, the allegation is required to be logged in the PREA Allegation System (PAS) within 24 hours and the investigation is required to be completed within 72 hours. The inmate is notified of the findings of the investigation upon completion of the investigation within 3 days of being reported.

115.52(b) TDOC Index 501.01 states applicable time limits shall apply to any portion of a grievance that does not allege an incident of sexual abuse. All reported allegations of sexual abuse and/or sexual harassment are required to be logged in the PREA Allegation System (PAS) within 24 hours and the investigation is required to be completed within 72 hours. The inmate is notified of the findings of the investigation being completed within 3 days of reporting.

115.52(c) TDOC Index 501.01 states that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the compliant and such grievance shall not be referred to a staff member who is the subject of the complaint.

115.52(d) TDOC Index 501.01 states a final decision on the merits of any portion of a grievance alleging sexual abuse shall be issued by the Associate Warden of Treatment within 90 days of the initial filing of the grievance. Computation of the 90-day limit shall not include time used by inmates in preparing the grievance. The inmate shall be notified by the Associate Warden of Treatment if an extension is needed. At any level of the grievance if the inmate does not receive a response within the time allotted to reply, including any extension, the inmate may consider the absence of a response to be a denial at that level. All grievances in regard to PREA allegations all are automatically forward for an investigation by the OIC Facility Investigator and are required to be completed within 72 hours.

115.52(e) TDOC Index 501.01 states third parties shall be permitted to assist inmates in filing grievances related to allegations of sexual abuse and shall also be permitted to file such grievances on behalf of the inmate. If a third-party file such a grievance on behalf of an inmate, that inmate shall agree to have the grievance filed and document such on the Inmate Grievance form. The inmate shall be required to personally pursue any subsequent steps in the grievance process. The inmate may decline to have the grievance processed on his/her behalf and the decision shall be documented on the original Inmate Grievance.

115.52(f) TDOC Index 501.01 states after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the grievance chairperson shall immediately forward the grievance to the Associate Warden of Treatment for any corrective action to be taken. The grievance chairperson will provide a response within 48 hours and a final decision within five calendar days. Per the PAQ and MCCX PCM there were no emergency grievances alleging substantial risk of imminent sexual abuse filed during the review period. However, the initial response and final decision
would be provided within the PREA Allegation System (PAS) and shall document the facility’s determination as to whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. All grievances in regard to PREA allegations all are automatically forwarded for an investigation by the OIC Facility Investigator and are required to be completed within 72 hours.

115.52(g) TDOC Index 501.01 states an inmate may be disciplined for filing a grievance related to alleged sexual abuse only when it is demonstrated that the inmate filed the grievance in bad faith. An interview with OIC Institution Investigator explained although policy allow disciplinary sanctions of inmates who file the grievance in bad faith, no inmates have received disciplinary actions for this action.

Random interviews with inmates identified they are aware of the grievance process and that they could file an emergency grievance and all PREA grievances will be investigated immediately. This is explained in the Inmate Rules and Regulations Handbook and is posted on the PREA posters. Grievance boxes are available in housing units for inmates to submit such.

Based on the review of policies, documents, website, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

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

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

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

115.53 (b)

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

115.53 (c)
▪ Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No

▪ Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims
3. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
4. MOU with The Avalon Center
5. MCCX Rules and Regulations Handbook
6. Posted Memorandums

115.53 (a) (b) (c) TDOC Index 502.06.3 Inmates Access to Facility and Outside Confidential Support Services: (1) The name and contact information of the facility’s Inmate PREA Victim Advocate shall be posted on each housing unit bulletin board. The facility shall ensure that inmates are provided access to outside victim advocate for emotional support services related to sexual abuse by giving inmates the mailing address and telephone numbers, including toll-free hotline numbers, were available, of local, state, or national victim advocacy or rape crisis organization and, for persons detained solely for civil immigration purposes, immigrant services agencies.

(2) The Facility PREA Coordinator shall ensure that inmates are informed, prior to giving them access, of the extent to which such communications will be monitor and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility shall enable reasonable communication between inmates and these organizations and agencies, in a confidential
manner as possible. A Notice was identified posted on all inmate housing unit bulletin boards that identified the Behavioral Health Administrator as the PREA Facility Victim Advocate.

(3) The TDOC shall attain memoranda of understanding (MOU) or other agreements with community services providers that are able to provide inmates with confidential emotional support services related to sexual abuse. Memorandum of Understanding are to be approved by the TDOC General Counsel.

TDOC has established a Memorandum of Understanding (MOU) with the Avalon Center signed by the TDOC Commissioner on April 17, 2015. The MOU remains in effect provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. Language in the MOU documents the involvement of trained sexual assault advocates as a component of the standard response to a report to sexual assault and/or a request for help from a survivor of sexual assault. The MOU also agree to maintain confidentiality of survivors of sexual violence who are incarcerated in the facility while maintaining available crisis counseling through organization’s crisis hotline at any time and/or 24 hours a day and counseling may take place in person or by telephone. The Inmate Rules and Regulations Handbook and notices posted on bulletin boards throughout the facility accessible to staff and the inmate population the MOU Notice states to report incidents of Sexual Abuse to an outside agency or to obtain confidential victim advocacy services you may call The Avalon Center *9555 while noting the call is confidential and TDOC will not record this call. This MOU Notice is posted in English and Spanish.

Each inmate upon arrival to MCCX is given a Rules and Regulations Handbook which outlines methods of reporting PREA allegations and staff responses to the report. The information is provided in English and Spanish. It states “MCCX will provide multiple ways for inmates to report sexual abuse or harassment and identify the inmate may contact the Avalon Center at 196 10th Street Crossville, TN 38555 or by dialing *9555. Calls to this number cannot be monitored. If you do not feel comfortable telling a staff member you may call the MCCX Tip Line (*9222). This contact information is available and visible to inmates through posters, inmate handbooks, and on the inmate bulletin boards.

MCCX does not house persons detained solely for civil immigration purposes.

Based on the review of policies, documents, and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

**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.

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 506.06.2 PREA Allegations, Investigations, and SART
3. MCCX `Inmate Rules and Regulation Handbook
4. TDOC website
5. Interviews with:
   a. Random Inmates
   b. Third Party Reporting

115.54(a) TDOC Index 502.06.2 states, The Department shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment. It indicates that third-party reporting is included in the ways to report. It states this information shall be made available through the Inmate Rules and Regulations Handbook. MCCX Inmate Rules and Regulations Handbook indicates that any MCCX employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies. The reported incident may be in writing, verbal, anonymous or from third parties. A review of the PREA investigative case files revealed various inmates utilized a method of third-party reporting to report their PREA allegation. These third-party methods included family members and letters to outside agencies. Per an interview with the Just Detention International, staff identified they had not received any correspondence from inmates and/or staff at MCCX during the review period.

The auditor reviewed the agency’s website at https://www/tn.gov/correction/sp/prison-rape-eliminaiton-act.htm1. The website identify the Agency’s Response to Sexual Assault or Sexual Misconduct Allegations to include: Employee have a duty to report all rumors and allegations of sexual abuse through the chain of command; Institution Sexual Assault Response Team (SART) ensure alleged victims of sexual abuse receive immediate medical attention; The facility SART ensure alleged victims of sexual abuse receive a mental health evaluation; All allegations of sexual abuse will be reported to Internal Investigations for investigation; In addition to the facility PREA Tip lines, TDOC has established a Tip line for third-party reporting of sexual abuse and sexual assault at (615) 253-8178.

Interview with inmates revealed most were aware that a third-party such as family member, friend, or another inmate could report PREA allegations.
Based on the review of policies, documents, website, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

### OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

**Standard 115.61: Staff and agency reporting duties**

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Interviews with:
   a. MCCX Warden
   b. TDOC State-wide PREA Coordinator
   c. MCCX PCM
   d. Random staff
   e. OIC Institution Investigator
   f. Medical and Mental Health Staff

115.61(a) TDOC Index 502.06.2 states, “All staff are required to report immediately to their supervisor 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 TDOC, retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with staff indicated they are aware of their responsibility and duty to report any and all knowledge of PREA allegations. Staff carry a PREA refresher card on their badge with reporting guidelines. The 19 random staff selected for interview indicated they would immediately report to the Shift Commander and complete a documented report of their awareness to include from third-party as soon as possible and always prior to departing from their shift. Non-security staff identified they would report the information to their direct supervisor, SART Coordinator, in addition to the Shift Commander.

115.61(b) TDOC Index 502.06.2 states staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. TDOC utilizes a PREA Allegation System (PAS) on their intranet. Selected staff have access. Staff interviewed was aware of the extent in which information of sexual abuse and/or
sexual harassment should be shared only with authorized staff necessary to make treatment, investigation and other security and management decisions.

115.61(c) TDOC Index 502.06.2 states, “Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse as outlined in this policy and to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.” Interviews confirmed medical and mental health staff are aware of their duties required by this provision and this information is shared with the inmate upon the initiation of services and their limitation of confidentiality and duty to report. Interviews with the Behavior Health Administrator, Health Services Administrator, and Director of Nursing indicated neither had been directly informed by an inmate they were sexually abuse. However, an interview with the Mental Health Clinical Director identified upon the 2nd time speaking with an inmate currently on suicide watch, he reported he had been sexually abused. The first responder duties continued as the inmates were already separated and had used the restroom. All identified notifications would be made to each other in addition to Warden, OIC Facility Investigator, Shift Commander, and the Associate Warden (T) /PREA Coordinator.

115.61(d) MCCX does not house inmates under the age of 18 years old. The average age range of inmates at MCCX are between the ages of 18 – 86 years old. However, if an alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the Department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. TDOC received guidance from Adult Protective Services which indicates that TDOC may investigate within their facilities.

115.61(e) TDOC 502.06.2 states, Facility staff shall report all allegations of sexual abuse and sexual harassment, including third-party, and anonymous reports, to the OIC Institution Investigator for an investigation. The auditor used a variety of scenarios regarding staff awareness of PREA allegations to include by third party within the community, and/or an inmate and/or an anonymous phone call. All staff interviewed immediately responded they would report the allegation to the Shift Commander, SART Coordinator and/or higher-ranking staff. Per the OIC Institution Investigator, and OIC Special Agent in Charge, each conduct thorough investigations of all PREA allegations in the same manner regardless of how the incident was reported.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

### Standard 115.62: Agency protection duties

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

**115.62 (a)**

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

**Auditor Overall Compliance Determination**

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

Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Interviews with:
   a. Agency Head Designee
   b. Warden
   c. Random staff

TDOC Index 502.06.2 states “If facility staff receives information that an inmate is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the inmate. The auditor interviews with both random and specialized staff indicated they would remove the inmate from the area of threat immediately and/or remain with the inmate until the appropriate staff arrived to assist in the separation of inmates due to the custody level of some. They continued in stating they would immediately notify the Shift Commander. Staff to include contract and volunteers are issued and carry a PREA Refresher Training card on their badge which list the steps to take to protect an inmate. The facility stated in the PAQ that there has been no instance where an imminent threat was reported.

An interview with the Agency Head Designee indicated TDOC has an immediate response system in place. Sexual safety is taken seriously by the agency. The first step would be to separate the at-risk individual from the potential risk and protect them from harm. There are specific areas of the compound that are designated as protective custody (PC). A protective custody investigation will be initiated, and any issues identified. The inmate will remain housing in PC until the risk is eliminated by a transfer of the potential threat or until the offender expresses, they are no longer fearful and want to return to the compound.

The Warden indicated all inmates are pre-screened when they arrive and annually to identify them as a prior aggressor of sexual abuse and/or a prior victim of sexual abuse. The inmate risk scoring is reviewed prior to every cell change in order to ensure inmates at risk of being sexual abused are not housed with inmates who are identified as prior aggressors of sexual abuse. In the case an inmate is identified as subject to sexual abuse, the inmate would immediately be removed from any area of area. This could include the removal of the threat if identified. Based on the circumstances, actions may include alternate housing as a possibility and/or an inmate would be transfer if deemed necessary.
There were no incidents reported where an inmate was subject to a substantial risk of imminent sexual abuse that required immediate action from staff.

Based on the review of policies, documents, lesson plan, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

### 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.

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. PREA allegation logs and files
4. Interviews with:

a. Agency Head Designee

b. Warden

c. OIC Institution Investigator

115.63 (a) TDOC Index 502.06.2 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden of the facility that received the allegation shall notify the head of the facility where the alleged abuse occurred. In interviews with the Warden and OIC Institution Investigator indicated they would make the notification immediately to the affected institution.

Per the Agency Head Designee, the designated point of contact is the State-wide PREA Coordinator who in turn will notify the Warden, the Facility PREA Coordinator, and the OIC Facility Institution Investigator. She added the TDOC routinely receive referrals from outside Rape Crisis Centers.

115.63 (b) TDOC Index 502.06.2 indicates that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. In an interview with the OIC Institution Investigator, he stated upon notification that an incident had previously occurred at MCCX, he would initiate an investigation of the reported allegations.

115.63 (c) TDOC Index 502.06.2 states the facility shall document that it has provided such notification. The OIC Institution Investigator indicated the notification would be made via email and telephone call.

115.63 (d) TDOC Index 502.06.2 states “The Warden who receives such notification shall ensure that the allegation is investigated in accordance with TDOC policy. Interview with the Warden indicated that he would ensure the notifications are made and documented. Per the PAQ, review of 15 PREA investigative casefiles, an interview with the Warden, an investigation of the reported allegation would be completed. He concluded there were notifications received at MCCX of an occurrence at another institution during the 12-month review period.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

**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.

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. MCCX Index 502.06.2-1 PREA Allegations, Investigations, and SART
4. TDOC TCA Lesson Plan on PREA
5. Interviews with:
   a. Warden
   b. PREA Compliance Manager
   c. Non-Security First Responder
   d. Random staff
115.64(a) TDOC Index 502.06.2 and MCCX Index 502.06.2-1 indicate that the first security staff on scene of an alleged sexual abuse shall separate the alleged victim and abuser. The security staff shall preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the alleged sexual abuse occurred within a 72-hour period of reporting, the security shift supervisor who is notified of the allegation shall initiate the Sexual Abuse Incident Check Sheet, CR-3776. First responders’ duties of an employee are also a section of training in the 2-hour Pre-Service or In-Service PREA TCA Lesson Plan.

115.64(b) TDOC Index 502.06.2 states, “If the first staff responder in not a security staff member, he/she is required to instruct the alleged victim not to take any actions that could destroy physical evidence and then immediately notify the shift commander. All staff interviewed, including non-custody staff, were aware of their responsibilities as first responders. All reported they would immediately separate inmates and maintain sight of a victim, do what they could to preserve a crime scene including advising involved inmates not to shower, change clothing, brush teeth, eat, drink, or use the toilet. All staff are trained as first responders and wear a pocket card on their badge that list the steps to take when responding to an allegation that an inmate was sexually abused. There were no security staff nor non-security staff who served as a first responders where the alleged aggressor and alleged victim were separated.

The auditor reviewed 15 PREA investigative casefiles to include reported allegations of sexual abuse. There were 0 instances in where security and/or non-security staff served as a first responder that included separating the alleged abuser and aggressor. One inmate reported an allegation of sexual abuse within the time where the physical evidence was retained, and a forensic medical examination was conducted. An interview with the Clinical Director of Mental Health who stated he served as a first responder to an inmate report of sexual abuse after speaking with the inmate the 2nd time. He continued in stating the inmate reported the incident had previously occurred prior to him being on suicide watch and the inmate had access to water and the toilet. The Shift Commander and medical was notified.

Based on the review of policies, interviews and analysis, the facility demonstrated compliance with all the provisions of this standard.

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**Standard 115.65: Coordinated response**

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

115.65 (a)

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

**Auditor Overall Compliance Determination**

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

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

**Instructions for Overall Compliance Determination Narrative**

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)

2. MCCX Index 502.06.2-1 PREA Allegations, Investigations, and SART

115.65 MCCX Index 502.06.2-1 identifies the purpose of the policy is to establish standardized procedures o request, approve, and govern the actions, reporting procedures, and authority of MCCX regarding PREA investigation and the role of Sexual Abuse Response Team (SART). The SART is a coordinated response team comprised of medical and mental health practitioners, facility investigators, a facility security leadership. At MCCX this team consists of the Associate Warden of Treatment, the Health Services Administrator/Director of Nursing, Mental Health Administrator/designee, the Chief of Security /designee, and one of the Institutional Investigators. The policy dictate MCCX shall investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential manner in accordance with federal guidelines (Title 28 CFR Part 115). The policy outlines the procedures to be take upon all reports of PREA allegations.

The policy outlines the procedures to be completed by the staff first responder within 72 hours, the SART Response duties, the Investigation process to include logging entries in the PAS, notification of investigative findings in writing to the inmate and completion of the Sexual Abuse Incident Review Report within 30 days of the investigation conclusion.

Based on a review of the policy, interviews and analysis, the facility has demonstrated compliance with this standard.

**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
• Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. Tennessee Code Annotated 50-1-207
3. Interviews with:
   a. Agency Head Designee

115.66 (a) TCA Code 50-1-207 states “Prohibition against requiring any employer or employee to waive their rights under the National Labor Relations Act or require acceptance or agreement to any provisions that are mandatory or non-mandatory subject of a collective bargaining under Federal law. The Agency Head designee reported there is a historical agreement at MCCX, but it does not grant protection for staff during any allegation of misconduct.

Based on a review of the code, interviews and analysis, the facility has demonstrated compliance with this standard.

**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 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 program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)
In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes  ☐ No

115.67 (e)

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

115.67 (f)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Retaliation Monitoring forms
4. Interviews with:
   a. Agency Head Designee
   b. Warden
   c. MCCX PCM
   d. Staff charged with Monitoring Retaliation

115.67 (a) TDOC Index 502.06.2 indicates that inmates and staff who are involved in reporting sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other inmates or staff. Appointed members of the facility SART shall monitor staff and inmates for protection from retaliation utilizing PREA Retaliation Review (Inmates)
for inmates, CR-3963, and PREA Retaliation Review (Staff), CR-3982, for staff. The Associate Warden (T)/PREA Coordinator and the Chief Counselor are the designated retaliation monitors at MCCX.

115.67(b) TDOC Index 502.06.2 indicates that the facility shall 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. Per interviews with the Agency Head Designee and Warden, they stated there are multiple options available to protect inmate and staff from retaliation. The Warden indicated the least restrictive manner possible to remove the potential threat is to be used in an expedient manner. This could require a housing relocation of the alleged aggressor, potential administrative leave if the alleged aggressor is a staff person, and or relocate the aggressor to another facility. If there was an incident in which retaliation was suspected, he would ensure immediate information gathering by facility investigator and separation would be authorized if necessary, to protect the alleged victim.

115.67(c) (d) TDOC Index 502.06.2 states, “For at least 90 days following a report of sexual abuse, the Department shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse. Departmental monitoring shall involve looking for any changes that may suggest possible retaliation by inmates or staff. Institutional SART members shall act promptly to remedy any such retaliation. TDOC Index 502.06.2 also states that monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. This monitoring shall include, but not be limited to inmate disciplinary reports; inmate housing or programming changes; or negative performance reviews or reassignments of staff. The auditor reviewed 15 of 39 PREA investigative casefiles. All investigative casefiles contained the retaliation monitoring completed. Retaliation monitoring was completed for all alleged victims of sexual abuse and sexual harassment where the investigative findings were determined as Substantiated and/or Unsubstantiated. The investigative files also include emails identifying well-being checks were conducted by the inmate detail supervisors and higher-level supervisory staff. The Retaliation Monitoring forms included inmate name and case number, the facility, victim, report date, retaliation monitor and preliminary protection measures. The tracking portion of the form identifies housing changes, programming changes, disciplinary record, etc., as items to monitor, and provides an area for reporting at 30 days, 60 days, final 90 days, and space for extended monitoring if required. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates. It was noted that retaliation monitoring was completed for both sexual harassment and sexual abuse reported allegations that was not determined as unfounded. Emails initiated by the MCCX PCM was forwarded to an inmate’s receiving institution as he was transferred prior to the completion of 90-days. The emails requested well-being assessment for the remaining retaliation monitoring and responses were received. PREA investigations are normally initiated immediately upon awareness, and retaliation monitoring had not begun and was not required for Unfounded reported PREA allegations. There were 0 inmates placed on extended monitoring for the past 12 months for retaliation monitoring.

Based on the review of policies, retaliation forms, interviews and analysis, the facility has demonstrated compliance with all provisions of this standard.

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

“All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**
115.68 (a)

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Interviews with:
   a. Warden
   b. MCCX PCM
   c. Staff who supervise segregation
   d. Screening Staff

115.68 (a) TDOC Index 502.06.2 indicates that any use of restrictive housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of this policy and coordinated by the unit management team. Protective Services Investigative Routing, CR-3241, shall clearly indicate the basis of concern for the inmate’s safety and the reason why no alternative means of separation can be arranged. Every Protective Custody placement is, by policy reviewed every 30 days. Inmates placed in restrictive housing for this purpose shall have access to programs, education, and work opportunities to the extent possible. If inmate access to programs, privileges, education, or work opportunities is restricted, the facility shall document what opportunities have been limited; the duration of the limitation; and the reasons for such limitations. This shall be documented on LCDG Contact Notes. Per the PAQ and interviews with the Warden, staff who supervise segregation and MCCX PCM, there were 0 inmates who allege to have suffered sexual abuse placed in involuntary segregated in the past 12 months.
Based on the review of policies, interviews and analysis, the facility has demonstrated compliance with this standard.

### 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

115.71 (g)

• 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 (h)

• 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 (i)

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

115.71 (j)

• 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 (k)

• Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. PREA Casefiles
4. Interviews with:
   a. OIC Special Agent in Charge and OIC Institution Investigator
   b. MCCX PCM, PREA Coordinator, Warden, Investigators

115.71(a) TDOC 502.06.2 states it is the policy of TDOC to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential manner in accordance with federal guidelines (Title 28 (CFR Part 115). Staff shall accept reports made verbally, in writing, anonymously, and from third parties. Allegations shall be documented within 24 hours of becoming known to facility staff in the PREA Allegation System (PAS). These investigations shall be conducted within 72 hours of receiving the allegation. SART team members/investigators who have received special training in conducting sexual abuse investigations in confinement settings shall investigate all allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. An interview with OIC Special Agent in Charge indicated all reported PREA allegations are investigated, and it does not matter how the allegation was reported or by who reported the allegation. He stated the OIC Special Agents usually immediately initiated the investigation, but the length of the investigation can depend on the circumstances of the case. There were 36 reported allegations of sexual abuse and/or sexual harassment reported during the 12-month review period. The auditor selected a random 15 for review. The investigative cases were completed normally within 1 day – 3 weeks of the reported allegation, depending on the circumstances of the case.

115.71(b) TDOC 502.06.2 states, “where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations.” A Sexual Abuse Response Team (SART member who have received special training in conducting sexual abuse investigations in confinement settings shall investigate. The OIC Institution Investigator is a member of the SART and conduct all administrative investigations of alleged sexual abuse and sexual harassment. Interviews were conducted with both the OIC Institution Investigator and OIC Special Agent in Charge. Administrative investigation is typically investigated by the OIC Institution Investigator. However, if the case appears criminal in nature, the OIC Special Agent is notified and continue with the investigation. If the allegation does not appear to be criminal, the OIC Institution Investigator views, the video, collect witness statement, review inmate telephone calls, conduct staff interviews, review grievances, review
the history between the victim and aggressor, review disciplinary sanctions, and provided medical services as needed. A review of the 15 completed PREA investigations revealed the OIC Institution Investigator and OIC Special Agent work closely together during the investigation of the sexual abuse allegations.

115.71(c) TDOC Index 502.06.2 indicates that OIC Special Agents shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. A review of investigation files demonstrated that the investigators utilized all available evidence and data. Physical evidence (DNA) was collected for two reported sexual abuse allegations. These cases remained pending throughout the post audit process.

115.71(d) TDOC Index 502.06.2 states when the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. An interview with the OIC Special Agent in Charge indicated as a sworn law enforcement officer, the OIC Special Agents are not required to consult with the prosecutor prior to conducting compelled interviews. He added, it depends on the circumstances of the case whether he would consult with the prosecutor. He added the Office of Investigations and Conduct have a great working relationship with State Assistant District Attorney and both are available to meet as needed.

115.71(e) TDOC Index 502.06.2 states, “The credibility of a victim, suspect, or witness, shall be assessed on an individual basis, and shall not be determined by the person’s status as inmate or staff. Inmates who allege sexual abuse shall not be required to submit to a polygraph examination or other truth telling devices as a condition for proceeding with the investigation of such an allegation.” Review of investigation files did not indicate the use of a polygraph or other truth-telling device or examination. Investigators interviews stated that credibility of an alleged victim, suspect, or witness is considered on an individual basis. Additionally, neither investigator indicated any circumstance when an inmate victim would be required to submit to a polygraph examination. A review of the 15 PREA investigative case files did not reveal any indication that the alleged victim was requested to participate in a polygraphy or other truth-telling device.

115.71(f) TDOC Index 502.06.2 indicates that administrative investigations shall include an effort to determine whether staff actions or failures to act facilitated the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative findings. A review of administrative investigations and sexual abuse incident reviews demonstrated the investigators and SART team members include a review to determine the effect of staff actions and/or failures as it pertains to the reported allegation. An interview with both the OIC Institution Investigator and the OIC Special Agent in Charge confirmed they include detailed information in the investigative report if a staff ‘s actions or lack of responsibilities contributed to facilitating the abuse. There were no noted entries within the investigative cases where staff actions and/or failure in performing proper duties that contributed to the reported PREA allegations.

115.71(g) TDOC 502.06.2 states that criminal investigations shall be documented in a written report which contains a thorough description of physical, testimonial, and documentary evidence. The review of the PREA investigative casefiles and interviews with both the OIC Institution Investigator and OIC
Special Agent in Charge there are two pending sexual abuse cases that the findings of the DNA samplings have not been returned and these cases are currently listed as criminal investigations.

115.71(h) TDOC Index 502.06.2 states, “Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. There were 5 staff-on-on inmate Substantiated allegations of sexual abuse determined during the 12-month review period. The TDOC employees, and contract workers are pending criminal charges.

115.71(i) TDOC Index 502.06.2 states that such investigative records shall be retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five additional years. This practice was confirmed by the OIC Institution Investigator and OIC Special Agent in Charge. Administrative investigative case files are maintained in the PAS at the facility level and criminal investigations are maintained at the Office of Investigations and Conduct. Per the OIC Special Agent in Charge, the investigative cases are maintained in his file room at the main office in Nashville, TN for 10 years or longer.

115.71(j) TDOC Index 502.06.2 states that the departure of the alleged abuser or victim from the employment or control of the facility or Department shall not provide a basis for terminating an investigation. Interviews with both the OIC Institution Investigator and OIC Special Agent in Charge confirmed although staff may resign and/or an inmate may be released and or transferred during an investigation, the investigation continues to include the arrest and prosecution of staff when applicable. One staff-on-inmate sexual abuse included an inmate victim who had previously been released from TDOC. The allegation of staff-on-inmate sexual abuse was reported after the inmates’ departure. The investigation was concluded as substantiated based on the staff member own admission.

115.71 (k)(l) The Office of Investigations and Conduct is part of the Tennessee Department of Corrections and conducts its own criminal as well as administrative investigations into cases of sexual abuse and sexual harassment. Therefore, this provision is not applicable, per interviews with the OIC Investigators, Warden, Associate Warden (T) /Facility PREA Coordinator and MCX PCM and review so the PREA investigative casefiles. Per the OIC Special Agent in Charge circumstances of an outside agency investigating a case within the TDCO would possible be an investigation involving a death cases that involve homicide. In those cases, the OIC Special Agent would ask the outside agency to participate in the investigation if there could be a conflict of interest. He added, if there are any indication of Civil Right violations, the Federal Bureau of Investigations would be contacted.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all provisions of this Standard.

**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.

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Investigation files
4. Interviews with:
   a. OIC Institution Investigator and OIC Special Agent

115.72(a) TDOC Index 502.06.2 states, “The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.” A review of the investigations indicates that the Department does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse and/or sexual harassment are substantiated. Per interviews with the OIC Special Agent in Charge and OIC Institution Investigative a preponderance of evidence is the standard necessary to substantiate an allegation of sexual abuse or sexual harassment.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with this standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

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

115.73 (c)

Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate’s unit? ☒ Yes ☐ No

Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

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

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

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination
☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

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

**Instructions for Overall Compliance Determination Narrative**

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TDOC PREA Status Notification CR-3984
4. Interviews with:
   a. OIC Institution Investigator and OIC Special Agent in Charge
   b. Warden

115.73(a) TDOC Index 502.06.2 states following an investigation into an inmate’s allegation that he or she suffered sexual abuse in a facility, the Department shall inform the inmate in writing as to whether the allegation has been determined to be Substantiated, Unsubstantiated or Unfounded. Interviews with the Warden, OIC Special Agent in Charge and OIC Institution Investigator confirmed at the conclusion of the PREA investigation, inmate victim is notified of the investigative findings. There were 36 PREA allegations reported with 35 cases completed by the facility during the 12-month review period. The auditor’s random selection of 15 cases that included both sexual abuse and sexual harassment allegations. The inmate victims were notified of the investigative finding with the exception of the one inmate whom TDOC sentence had expired prior the reported allegation. TDOC was not required to notify the former inmate at that point.

115.73(b) The agency conducts its own criminal as well as administrative investigations into cases of sexual abuse and sexual harassment. Therefore, this provision is not applicable.

115.73(c) TDOC Index 502.06.2 states that following an inmate’s allegation that a staff member has committed sexual abuse, the Department shall subsequently inform the inmate in writing whenever: the staff member is no longer posted within the inmate’s unit; the staff member is no longer employed at the facility; the staff member has been indicted on a charge related to sexual abuse within the facility; and the staff member has been convicted on a charge related to sexual abuse within the facility. There were 5 substantiated staff-on-inmate sexual abuse determined during the 12-month review.

115.73(d) TDOC Index 502.06.2 indicates that following an investigation into an inmate’s allegation that he or she suffered sexual abuse in a facility, the Department shall inform the inmate in writing
whenever the facility learns that an alleged abuser has been indicted on a charge related to sexual abuse within the facility. The auditor reviewed 15 of the 35 completed PREA case files and confirmed all inmates were notified in writing of the investigative findings. There were 5 Substantiated allegations of staff on inmate sexual abuse. The TDOC PREA Allegation Status Notification forms documented the following: The employee is no longer posted with the inmate; The employee is no longer employed at the facility; The employee has been indicated on a charge related to sexual abuse within the facility. The inmate victims acknowledged by signature receipt of the information. One inmate was released prior to reported allegation, however, staff identified as the aggressor was also involved in another staff-on-inmate substantiated sexual abuse case.

115.73(e) TDOC Index 502.06.2 states that all notifications shall be done in writing using Inmate PREA Allegation Status Notification, CR-3984, and the inmate shall acknowledge by signature that he/she has received such notification. The notification shall become part of the allegation file. If the inmate refuses to sign the acknowledgement, an additional staff member shall sign and date acknowledging the inmate refusal. Interviews with the Investigative staff indicated both were aware of the agency requirement for notifications to be made by a member of the Sexual Abuse Response Team. The auditor reviewed the investigative files and a copy of the notification and documentation of an inmate transfer prior to the investigative findings were included in the PREA investigative case file. The review of the case files also confirmed in most cases the inmate did sign as receipt of notification of the investigative finding. However, in those cases where the inmate refused to sign, a second staff member served as a witness to his notification and refusal.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with this standard.

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**DISCIPLINE**

**Standard 115.76: Disciplinary sanctions for staff**

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. PREA Investigative Casefiles
4. Dismissal – Gross Misconduct Mail to Staff
5. No entry memorandums issued for contract staff
3. Interviews with:
   a. Warden

115.76 (a-d) TDOC Index 502.06.2 states staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse, sexual harassment, or PREA policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual touching only after conclusion of investigation. Sanctions shall be 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. All terminations for violations of the Department’s sexual abuse or sexual harassment policies, or resignations by staff who would 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. Per interview with the Warden, employees are disciplined based on the outcome of sexual misconduct investigation. The facility would use progressive discipline 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.

Per the investigative staff and the MCCX PAQ, throughout the review period there were 5 Substantiated PREA investigations of sexual abuse of staff-on-inmate. TDOC staff were issued a letter that serves as official notice of their dismissal from the TDOC for gross misconduct, with an effective date.

Based on the review of policies, interviews and analysis, the facility is compliant with all provisions of this standard.

### 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.

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. PREA Allegation System Case Logs
4. PREA Investigative Case Files
6. Interviews with:
   a. Warden

115.77(a), (b) TDOC Index 502.06.2 states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies and if found to have engaged in sexual abuse or sexual harassment of an inmate shall be prohibited from further contact with any inmate. TDOC Index 115.01 states if after an investigation it is necessary to limit the services of a volunteer, the approving authority shall notify the volunteer in writing of such action. The approving authority may terminate the services of a volunteer, and such termination shall apply to all institutions. Per an interview with the Warden, volunteers and contractors would be prohibited from further contact with any inmates and prohibited from entering the facility until the completion of the investigation is determined. Further actions would be determined upon the investigative findings that include reporting the individual to relevant licensing bodies as applicable. Per a review of the PAQ, and the PREA Allegation System Report, and interviews with the OIC Institution Investigator, there were 2 substantiated staff-on-inmate sexual abuse cases during the review period. These cases included 1 contract Register Nurse and 1 contract Food Service staff. The substantiated allegations were reported to their contracting agencies and the Warden issued memorandums to the Front Entry Checkpoint identifying these contract workers were immediately not allowed on state property.

During the post audit phase, an additional substantiated finding of staff-on-inmate sexual abuse case was determined for another food service contract worker. She was immediately not allowed on state property and indicted.

Volunteers had been allowed entry into the facility since March 2020 throughout the on-site visit. There were no reported allegations of sexual abuse and/or sexual harassment against volunteers. However, an interview the Warden confirmed during his tenure as Warden, a volunteer was discovered communicating with an inmate through letters. She was immediately removed as a volunteer and denied entry into MCCX and other TDOC facilities.

Based on the review of policies, interviews and analysis, the facility is compliant with all provisions of this standard.

**Standard 115.78: Disciplinary sanctions for inmates**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**
115.78 (a)  
- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

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

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

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

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

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

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Review of PREA Investigative Case Files
4. PREA Allegation Report
5. Interviews with:
   a. Warden
   b. Mental Health Staff

115.78(a) TDOC Index 502.06 states, “Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Per the MCCX PAQ, review of PREA Case Logs, and PREA Allegation Report, and interview with the OIC Institution Investigator, there were 0 investigative finding of Substantiated against an inmate for sexual abuse and zero Substantiated sexual harassment findings during the 12-month review period.

115.78(b) & (c) TDOC Index 502.06.2 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. There were no Substantiated PREA reported allegations to compare disciplinary sanctions of inmates.

115.78(d) TDOC Index 502.06.2 states, If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Per an interview with Behavior Health Administrator indicated mental health staff offer a large range of services to use in referring inmates identified as an aggressor. However, sex offenders are referred to a Sexual Offender Treatment Program at another TDOC facility. The inmates may refuse the services at any time; however, the program would be higher recommended.

115.78(e) TDOC Index 502.06.2 states an inmate may be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact. There were 0 inmate-inmate sexual abuse case with an investigative finding of substantiated.
The Warden explained inmates are determined to have committed sexual abuse are subject to sanctions under the disciplinary process at the facility level and are indicted pending criminal prosecution within the court system for their actions.

115.78(f) TDOC Index 502.06.2 states, "For the purpose of disciplinary action, a report sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting and incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation." There were no inmates who received disciplinary action for reporting a false allegation of sexual abuse and/or sexual harassment during the 12-month review period.

115.78(g) TDOC Index 502.06.2 states, “Any prohibition on inmate-on-inmate sexual activity shall not consider consensual sexual activity to constitute sexual abuse.” Per interview with the Warden, the facility does not consider consensual sexual activity between inmates to be sexual abuse. There were no incidents reported of consensual sexual activity that was determined to constitute sexual abuse during the 12-month review period.

Based on a review of policies, interviews and analysis, the facility is compliant with all provisions of this standard.

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.

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims
3. TDOC 113.84 Clinical Assessments, Mental Health Appraisals, and Psychological Testing
4. E-TOMIS Entries
5. PREA Mental Health Referrals
6. Interviews with:
   a. MCCX PCM
   b. Medical and Behavioral Health Staff
   c. Staff who perform screening for risk of victimization and abusiveness
   d. Inmates that disclose victimization during PREA Screening
115.81 (a) (b) (c) TDOC Index 502.06.3 states that, "If the screening process indicates that an inmate has experienced prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a referral to a medical and behavioral health provider within 14 days of the screening. TDOC Index 113.84 states that each mental health appraisal conducted as part of the initial classification or reclassification process shall be documented on Mental Health Intake Appraisal, CR-3772. The PAQ indicated that 100% of inmates that reported prior sexual victimization were offered a follow-up meeting with a mental health provider. All inmates were documented as seen by mental health not later than the second day after the referral was noted and in most instances the inmate was seen on the day the referral was made. Interviews with Counselors and Behavior Health staff confirmed inmates are seen by Behavior Health staff within 7 days after the referral are made. The date of the completed referral is also documented in E-TOMIS. Three inmates were interviewed who reported prior victimization. Each stated they were seen by mental health within days of being referred.

115.81(d) TDOC Index 502.06.3 indicates that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and behavioral health practitioners and other staff, as necessary, to make informed treatment plans and security and management decisions, including housing, work, work, education, and programs assignments, or as otherwise required by Federal, State, or local law. Per interview with the MCCX PCM, and Counselors indicated the specific details related to sexual victimization or abusiveness is strictly limited. Staff have access to the identification of victims and abusers as necessary to inform treatment plans and security management decisions, including housing, work, work, education, and program assignments. The Job Placement Coordinator can only view an inmate’s incompatibles for job placement.

115.81(e) CORIZON Policy on Procedure in the Event of Sexual Assault states, medical and mental health practitioners must obtain informed consent from an inmate who reports abuse or shows sign of having been abused before reporting that knowledge or suspicion up the chain of command. TDOC Index 502.06.3 states that Medical and Behavioral Health providers shall obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in the institutional setting. In addition, interviews with both medical and mental health staff verified that staff do obtain informed consent from inmates before reporting any knowledge or suspicion of sexual abuse. They stated if the incident reported involved a minor they are required by law to report.

Based on a review of policies, interviews and analysis, the facility is compliant with all provisions of this standard.

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

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

115.82 (a)

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

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

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.

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)

2. TDOC Index 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims

4. Interviews with:
   a. MCCX PCM
   b. Medical staff/ Behavior Health Staff
   c. Inmates who disclosed during risk screening
115.82(a) TDOC Index 502.06.3 states victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and behavioral health providers, according to their professional judgment. The CORIZON Health Lesson Plan for PREA states an initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted. Following any report by an inmate concerning sexual assault, the inmate will be brought to medical for an examination to address any immediate medical needs. The clinician will identify and triage inmates that require medical intervention, and provide treatment (First Aid type, ice bandages etc.) necessary to stabilize the inmate prior to and during transfer to a facility for forensic examination. An interview with the Health Services Administrator (HSA) and Director of Nursing verified that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Each stated the inmate is seen immediately upon being notified as medical staff are on duty 24/7 and available to the inmate population. If the inmate alleges sexual abuse, medical staff will only provide emergency care with no services that would disturb any physical evidence. Services provided are within policy and upon the inmate return to the facility, medical staff would follow the recommendations made by the SANE/SAFE and/or attending doctor at the local hospital and the facility doctor. The HSA indicated services are provided in accordance with medical professional judgement. An interview with the Behavior Health Administrator indicated upon receiving referrals, staff have up to 7 days to see the inmate, however, effort is made to see them within a couple of days upon being notified. He, as the Behavior Health Administrator is on call 24/7 for emergency services and therapy is offered 7 days a week at the facility.

115.82(b) TDOC Index 502.06.3 states, “If no qualified medical staff are on duty at the time of a report of a recent abuse is made, a correctional officer trained to render first aid may help as needed.” Medical staff are on duty 24/7 at MCCX and medical services are provided as needed. All staff selected for interviews were aware that medical staff would be notified of reported PREA allegations and response immediately. Their description of actions taken included notifying the Shift Commander and medical supervisors while keeping the victim safe and separated from the abuser. Per the Health Services Administrator, medical staff is on duty 24/7 daily to include weekends.

115.82(c) TDOC Index 502.06.3 indicate inmate victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests and timely information about, and access to, all pregnancy-related medical services that are lawful in the community. MCCX house male inmate only. However, an inmate who alleged penetration was transported to a local hospital for the completion of a forensic medical examination. Medical documentation supports the alleged victim was tested and received medication for sexually transmitted infections.

115.82(d) TDOC Index 502.06.3 indicates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation. Interviews with medical staff also verified that the services would be provided at no cost. Based on the review of policies, documentation, interviews and analysis, the facility is compliant with all provisions of this standard.

**Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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

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

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

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

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

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

115.83 (g)
- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No
If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)

☑ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDQ Index 502.06.03 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims
3. Interviews with:
   a. PREA Compliance Manager
   b. Medical staff and Behavior Health Staff
   c. Inmates who reported sexual assault/abuse

115.83(a) TDQ Index 502.06.3 addresses the requirements of this standard. If the screening process indicates that an inmate has experienced prior sexual victimization, or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a referral to a medical and/or behavioral health provider within 7 days of the screening. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. An interview with medical staff indicated they would meet with the victim upon their return to the facility and follow-up services would be based on the individual’s treatment needs.

115.83(b) TDQ Index 502.06.3 indicates that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. TDQ facilities offer follow-up services within the correctional facilities. Per the Health Services The inmate would continue with follow-up services within the facility until their departure. Behavior Health staff
would initial the follow-up services within the community through the County Health Department in the inmate’s community to determine available services.

115.83(c) Interviews with medical staff and mental health staff, all indicated the level of care provided to the inmate population is nothing less than equal to the level of care within the communities.

115.83(d) & (e) MCCX houses male inmates. Therefore, this provision of the standard is not applicable.

115.83(f) TDOC 502.06.3 states inmate victims of sexual abuse, while incarcerated, shall be offered test for sexually transmitted infections and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. One inmate who alleged penetration was transported to a local hospital for the completion of a forensic medical examination. Medical documentation supports the alleged victim was tested and received medication for sexually transmitted infections.

115.83(g) TDOC Index 502.06.3 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Per mental health and medical staff interviews, the victim would not occur any financial cost for treatment services. Inmates are not held responsible for the financial cost of services rendered.

115.83(h) TDOC Index 502.06.3 states all facilities shall attempt to conduct a behavioral health evaluation of all known inmate-on-inmate abusers within 14 days of learning of such abuse history. They shall be offered treatment when deemed appropriate by behavioral health providers. Interviews with staff who perform risk screening for victimization and abusiveness, indicated inmates who disclose prior sexual abusiveness, as well as inmates who disclose prior sexual victimization, are offered a referral to Behavioral Health. An interview with Behavior Health Administrator, upon receiving a mental health referral to include an inmate is identified as an aggressor through an investigation, an updated evaluation would be conducted within 7 days of the referrals. The inmate is given the option of being evaluated but can refuse.

### DATA COLLECTION AND REVIEW

**Standard 115.86: Sexual abuse incident reviews**

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

115.86 (a)

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

115.86 (b)

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

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2-1 PREA Allegations, Investigations, and SART

3. TDOC Sexual Abuse Incident Review Report

4. Interviews with:
   a. Warden
   b. MCCX PCM
   c. Incident Review Team Member

115.86(a)(b)(c) TDOC 502.06.2 states, the facility shall conduct a Sexual Abuse Incident Review Report, CR-3985, at the conclusion of every sexual abuse investigation, including investigations in which the allegation has not been determined as Substantiated, unless the allegation has been determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include the Warden/Superintendent/designee, Associate Warden of Treatment/Deputy Superintendent/Assistant Warden at privately managed facilities, facility and OIC Institution Investigator, line supervisor, and medical/mental health professionals. These individuals are members of the Sexual Assault Response Team (SART) whom duties include but not limited to meeting monthly to discuss and review Substantiated and Unsubstantiated sexual abuse cases. There were zero Substantiated sexual abuse investigations for both staff on inmate and inmate on inmate. However, two sexual abuse investigations remained pending throughout the post audit process. There were 5 staff on inmate Substantiated sexual abuse findings and 1 inmate-on-inmate Substantiated sexual abuse finding. A review of the 15 investigative PREA case files confirmed the SART conducted Incident Reviews for all sexual harassment and sexual abuse investigations with the exception of Unfounded sexual harassment finding except for the 4 sexual harassment cases that was determined as Unfounded. The reviews were thorough, followed the requirements of this standard and were completed within well within 30 days of the completed investigation that included the day of the completed investigation and not more than 14 days after the completed investigation.

MCCX Index 502.06.2-1 identifies the purpose of the policy is to establish standardized procedures o request, approve, and govern the actions, reporting procedures, and authority of MCCX regarding PREA investigation and the role of Sexual Abuse Response Team (SART). The SART is a coordinated response team comprised of medical and mental health practitioners, facility investigators, a facility security leadership. At MCCX this team consists of the Associate Warden of Treatment, the Health Services Administrator/Director of Nursing, Mental Health Administrator/designee, the Chief of Security /designee, and one of the Institutional Investigators. The review of the completed Incident Reviewed verified the incident review committee consisted of the noted SART members.

115.86(d) (e) TDOC 502.06.2 requires that the team consider if the incident or allegation was motivated by race, ethnicity, gender identity, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or other group dynamics at the facility, that the team examine the area in the facility where the incident allegedly occurred to determine if there are physical plans issues that may have contributed to the incident and assess staffing levels in the area and whether monitoring technology should be deployed or augmented to supplement supervision by staff in these areas. The team is required to prepare and submit a report of findings to the Warden that identifies problem areas, necessary corrective action, and recommendation for improvement. The auditor reviewed the sexual abuse incident review reports that on occasions SART members made notations in the comment section.
of their assessment in monitoring technology, review of the area in the facility where the incident allegedly occurred to assess whether physical barriers to the area that may have enable abuse, adequacy of staffing levels in that area during different shift, whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse, and/or consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBT identification, status or perceived status, or gang affiliation, or was motivated or caused by other group dynamics of the facility may have enabled the abuse. A copy of the incident review is scanned and electronically forwarded to the State-wide PREA Coordinator for consideration of approval.

Based on the review of policies, incident reviews, interviews and analysis, the facility is compliant with all provisions of this standard.

### 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.

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)

2. TDOC Index 502.06 PREA Implementation, Education, and Compliance

3. 2018 Annual SSV PREA Report

4. Interviews with:
   a. TDOC State-wide PREA Coordinator

   115.87(a) TDOC Index 502.06 states that staff shall collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. TDOC shall aggregate the incident-based sexual abuse data at least annually. Per an interview with the State-wide PREA Coordinator, data is collected by the Decision Support: Research and Planning Development Department using the Department of Justice annual reporting format and the set definitions identified in TDOC Index #502.06.

   115.87(b) TDOC Index 502.06 indicates that the TDOC shall aggregated the incident-based sexual abuse data at least annually. The PREA Coordinator shall ensure that data collected is securely retained. The TDOC PREA Coordinator shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.

   115.87(c) The State-wide PREA Coordinator provided a copy of their most recent 2018 SSV report that demonstrated that the data collected by the facility is at least sufficient to answer all questions on the survey conducted by the Department of Justice, the Survey of Sexual Violence. Per an interview the Department of Justice has not requested a more recent copy of the Agency’s Survey of Sexual Violence.

   115.87(d) TDOC Index 502.06 states, that TDOC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews.

   115.87(e) TDOC Index 502.06 states, “The TDOC PREA Coordinator shall ensure that data collected is securely retained. TDOC shall make all aggregated sexual abuse data, from TDOC facilities and private
facilities with which it contracts, readily available to the public at least annually through the TDOC website.

115.87(f) TDOC 502.06 indicates that a report prepared by the State-wide-PREA Coordinator shall be prepared utilizing the Department of Justice annual format. The State-wide PREA Coordinator provided the auditor a copy of the 2018 SSV-2 which demonstrated the information was submitted to the Department of Justice timely and stated the DOJ has not requested a more recent copy of the SVV-2. However, a copy of the 2019-2020 Annual PREA Report was submitted for review.

Based on the review of policies, incident reviews, interviews and analysis, the facility is compliant with all provisions of this standard.

### 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.

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOD Index 502.06 PREA Implementation, Education, and Compliance
3. 2018 Annual SSV PREA Report
4. Interviews with:
   a. TDOD State-wide PREA Coordinator

115.87(a) TDOD Index 502.06 states that staff shall collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. TDOD shall aggregate the incident-based sexual abuse data at least annually. Per an interview with the State-wide PREA Coordinator, data is collected by the Decision Support: Research and Planning Development Department using the Department of Justice annual reporting format and the set definitions identified in TDOD Index #502.06.

115.87(b) TDOD Index 502.06 indicates that the TDOD shall aggregated the incident-based sexual abuse data at least annually. The PREA Coordinator shall ensure that data collected is securely retained. The TDOD PREA Coordinator shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.

115.87(c) The State-wide PREA Coordinator provided a copy of their most recent 2018 SSV report that demonstrated that the data collected by the facility is at least sufficient to answer all questions on the survey conducted by the Department of Justice, the Survey of Sexual Violence. Per an interview the Department of Justice has not requested a more recent copy of the Agency’s Survey of Sexual Violence.

115.87(d) TDOD Index 502.06 states, that TDOD shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews.

115.87(e) TDOD Index 502.06 states, “The TDOD PREA Coordinator shall ensure that data collected is securely retained. TDOD shall make all aggregated sexual abuse data, from TDOD facilities and private facilities with which it contracts, readily available to the public at least annually through the TDOC website.
115.87(f) TDOC 502.06 indicates that a report prepared by the State-wide-PREA Coordinator shall be prepared utilizing the Department of Justice annual format. The State-wide PREA Coordinator provided the auditor a copy of the 2018 SSV-2 which demonstrated the information was submitted to the Department of Justice timely and stated the DOJ has not requested a more recent copy of the SVV-2. However, a copy of the 2019-2020 Annual PREA Report was submitted for review.

Based on the review of policies, incident reviews, interviews and analysis, the facility is compliant with all provisions of this standard.

An interview with the Agency Head Designee indicated the Annual PREA Report is prepared by the State-wide PREA Compliance Manager and submitted through the Director of Compliance for the Commissioners’ review and approval. Once approved, the report is posted on the TDOC website.

### 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.

Evidence Reviewed (documents, interviews, site review):

1. MCCX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. Agency website
5. Interview with:
   a. TDOC State-wide PREA Coordinator

115.89 (a-d) TDOC Index 502.06 addresses the requirements of this standard. The directive indicates the TDOC PREA Coordinator shall ensure that data collected is securely retained. The TDOC is responsible for completing an Annual report and when approved by the Commissioner it is made available to the public through the Department’s public website. The report should redact information that would present a clear and specific threat to the safety and security of a prisoner before publication indicating the nature of the redacted information and related personal identifiers shall be removed prior to being made public. Securely maintain incident-based and aggregate data ensuring only authorized personnel have access to the information. The TDOC State-wide PREA Coordinator shall maintain sexual abuse data for at least 10 years after the date of the initial collection.

Per an interview with the State-wide PREA Coordinator, he also indicated the data is securely maintained for at least 10 years in computerized system and only authorized personnel has access. The auditor reviewed the agency website at https://www.tn.gov/correction/sp/prison-rape-elimination-act.html verified the 2019-2020 Annual Report was published. A review of the annual reports indicated there were no personal identifiers included.

Based on the review of policy, website, annual report, interview and analysis, the facility is compliant with all provisions of this standard.

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**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.

TDOC Index 502.06 PREA Implementation, Education, and Compliance was reviewed and meets the requirement of this standard. The directive requires the PREA Coordinator to ensure that Department PREA-related activities comply with federal PREA standards in the following areas, Audits, and Auditing and corrective action. This the second year of third audit cycle for MCCX. The Agency oversees 10 facilities and the agency website had PREA audit reports posted for all facilities during the past audit cycle. The auditor had been provided with extensive files prior to the audit, for review to support a conclusion of compliance with PREA standards. During the on-site visit, during the pre-audit and post audit phases, the auditor reviewed and received sufficient sampling based on the size of the facility of case records, training records, investigative reports, additional program information and documents. The auditor interviewed an excess of the required number of staff and inmates based on the population and all were knowledgeable regarding PREA requirements that included staff and inmates. The auditor was given access to and the opportunity to tour and visit all areas of the Complex. Inmates confirmed their observation of the notice of audit posted throughout the institution that noted the procedure to submit confidential correspondence to the auditor. Per an interview with mailroom staff, inmates could forward confidential correspondence to the auditor in the same manner as mail addressed to legal counselor. However, the auditor did not receive any the correspondence from staff and/or the inmate population.

Based on the above, the facility has demonstrated substantial compliance with all provisions of this standard.

**Standard 115.403: Audit contents and findings**

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that have 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.

Per TDOC directives and standard requirements, TDOC ensures all final reports will be published on their websites to be available to the public. A review of the TDOC website at www.tn.gov/correction/sp/prisonrape-elimination-act.html contained the final 15 previous PREA reports completed for TDOC. Final reports were published on the agency website within 90 days of issuance to include those facilities that are contracted by the TDOC.

Based on the above, the facility has demonstrated substantial compliance with this standard.
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 ___________________________  July 5, 2021
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 .