

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

Interim  Final

Date of Report May 10, 2019

## Auditor Information

Name: Debra D. Dawson Email: dddawsonprofessionalaudits@gmail.com

Company Name: 3D PREA Auditing & Consulting, LLC

Mailing Address: P.O. Box 5825 City, State, Zip: Marianna FL 32447

Telephone: (850) 209-48778 Date of Facility Visit: December 3-5, 2018

## Agency Information

Name of Agency: Governing Authority or Parent Agency (If Applicable):

Tennessee Department of Corrections State of Tennessee

Physical Address: Rachel Jackson Building City, State, Zip: Nashville, TN. 37243

Mailing Address: 320 Sixth Avenue North City, State, Zip: Nashville, TN 37243

Telephone: 615-741-1000 Is Agency accredited by any organization?  Yes  No

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

Municipal  County  State  Federal

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

Agency Website with PREA Information: <https://www.tn.gov/correction/article/prison-rape-elimination-act-of-2003>

## Agency Chief Executive Officer

Name: Tony C. Parker Title: Commissioner

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

## Agency-Wide PREA Coordinator

Name: Blake Pollock Title: Agency PREA Coordinator

Email: blake.h.pollock@tn.gov Telephone: 615-982-5398

<b>PREA Coordinator Reports to:</b> Kim Gulden, TDOC Director of Compliance	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 10
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**Facility Information**

**Name of Facility:** Northwest Correctional Complex

**Physical Address:** 960 State Road 212

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

**Telephone Number:** 731-253-5000

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
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<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
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<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
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**Facility Mission:** Northwest Correctional Complex’s mission is to effectively operate as a programming institution to serve the public by providing adult and juvenile male offenders opportunities to prepare themselves for eventual release from the facility as productive members of society while adhering to recognized professional standards that manage and support the mission of the Tennessee Department of Corrections.

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

**Warden/Superintendent**

<b>Name:</b> Shawn P. Phillips	<b>Title:</b> Warden
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<b>Email:</b> shawn.p.phillips@tn.gov	<b>Telephone:</b> 731-253-5111
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**Facility PREA Compliance Manager**

<b>Name:</b> Jason Tittle	<b>Title:</b> Compliance Manager
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<b>Email:</b> Jason.W.Tittle@tn.gov	<b>Telephone:</b> 713-253-5113
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**Facility Health Service Administrator**

<b>Name:</b> Christi Gregory	<b>Title:</b> Health Service Administrator
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<b>Email:</b> CGregory@CenturionTn.com	<b>Telephone:</b> 731-253-5021
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**Facility Characteristics**

<b>Designated Facility Capacity:</b> 2460	<b>Current Population of Facility:</b> 2,275
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<b>Number of inmates admitted to facility during the past 12 months</b>	1217
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<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>		1085	
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>		1210	
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>		266	
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18: 16-17</b>	<b>Adults: 18-85</b>	
<b>Are youthful inmates housed separately from the adult population?</b>		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>		19	
<b>Average length of stay or time under supervision:</b>		5 years	
<b>Facility security level/inmate custody levels:</b>		Minimum Trustee to Medium	
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>		491	
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>		174	
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>		3	
<b>Physical Plant</b>			
<b>Number of Buildings: 46</b>		<b>Number of Single Cell Housing Units: 3</b>	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		29	
<b>Number of Open Bay/Dorm Housing Units:</b>		0	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		120	
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>			
565 video cameras are located throughout the housing units, inner compound and outer compound.			
<b>Medical</b>			
<b>Type of Medical Facility:</b>		Infirmiry Care Facility	
<b>Forensic sexual assault medical exams are conducted at:</b>		Contracted with Jackson Madison County General Hospital	
<b>Other</b>			
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>		239 Volunteers/101 Contractors	
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>		1	

# Audit Findings

## Audit Narrative

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

The Prison Rape Elimination Act (PREA) Reaccreditation Audit for Northwest Correctional Complex (NWCX) is located at 960 State Road 212 Tiptonville, Tennessee. The PREA audit was coordinated through the Tennessee Department of Corrections (TDOC) Office of Compliance and 3D PREA Auditing & Consulting upon notification of being awarded the contract. The PREA Reaccreditation audit was previously scheduled for November 27 – 29, 2018. However, due to three staff assaults at the annex and the facility on lockdown status just days prior to the scheduled audit, the audit was rescheduled for December 3-5, 2018. Department of Justice (DOJ) Certified PREA Auditor Debra Dawson was assigned to conduct the audit. A line of communication was developed between the TDOC PREA Coordinator, PREA Compliance Manager and assigned auditor. Communication was maintained via phone, and email regarding the Pre-Audit Questionnaire (PAQ), posting of audit notice and audit logistics. The auditor was provided a physical plant schematic for a pre tour scheduling itinerary. However due to security concerns continuing at the main compound, an alternate schedule of touring and interviewing was necessary. Specifically, the main compound was in continued lockdown status along with staff performing area and inmate searches due to the recent (3) three serious assaults by the inmate population.

A secured Drop Box with files was forward to the auditor by the Agency PREA Coordinator Mr. Tom Joplin. The files contained the PAQ and supporting documentation for each of the 43 standards. The auditor reviewed the PAQ which had links to TDOC policies, facility procedures, various TDOC forms, memorandums, training curriculum, organizational charts, and other PREA related materials utilized by the facility in an effort to demonstrate compliance. However, the auditor made requests for additional material and documentation related to PREA during the review of documentation in an effort to determine compliance of the standards. The facility has a Memorandum of Understanding (MOU) with W.R.A.P. (Wo/Men's Resource & Rape Assistance Program) a Nonprofit Organization/ Public Service in Jackson, TN that serves 19 counties in TN. The auditor contacted W.R.A.P. in reference to reports made by inmates and available services with them. The auditor also reviewed the TDOC PREA website.

The site visit began Monday, December 3, 2018, at 8:00 a.m., with an entrance meeting with Associate Warden of Security/Acting Warden Mike Reeves, Associate Warden of Treatment (T)/Facility PREA Coordinator Steve Jones, Agency PREA Coordinator Tom Joplin, and PREA Compliance Manager, Jason Tittle.

Immediately following the entrance meeting at approximately 8:45 a.m., the auditor was escorted by the PREA Compliance Manager and Agency PREA Coordinator to tour the Annex (Site 2), and the minimum-security unit (NRU). The auditor conducted interviews with both staff and inmate population at the Annex (Site 2) and minimum-security unit (NRU) on December 3-4, 2018. On December 4 -5, 2018, the auditor toured and interviewed both inmates and staff at the main compound. The auditor extended her hours of work into the late night to ensure completion of staff and inmate interviews after touring each site.

The tour consisted of touring the 46 buildings that compose the NWCX. This included areas of 32 housing units, recreation, food service, education, library, segregated housing, infirmary, maintenance, administrative business, security operations, visitation, food service, laundry, warehouse, commissary, chapel, supply, intake area, zone support, day rooms, and all other areas accessible to the inmate population at the complex three (3) sites. The PREA notice was verified by the PREA Compliance Manager as being posted on October 3, 2018, and well in excess of six week prior to the schedule audit. The postings were observed on bulletin boards throughout the facility at the main compound (Site 1), the Annex (Site 2), and the minimum-security unit (NRU) and accessible for viewing by staff, inmate population and visitors. The PREA posters provided methods on how to make confidential and toll-free reports using the PREA Tip Line by dialing \*9222, contacting the NWCX Inmate PREA Victim Advocate, and how to make a confidential report to outside agencies by writing W.R.A.P. at 512 Roland Avenue Jackson, TN 38301 or dialing \*9555.

On the first day of the audit there were 2,275 inmates at NWCX with 1303 designated at the main compound (Site 1); 707 (11) Juveniles at Site 2; and 265 inmates at NRU. Security staffs are assigned to work two 12-hour shifts; 6:00 a.m. – 6:00 p.m. and 6:00 p.m. – 6:00 a.m. Supervisory security staff are assigned various shifts. Security staff was selected from each shift for interviews. Security staff is allotted 445 positions. NWCX had a staff compliment of 331 security staff and 164 non-security staff. There were 131 vacancies within the security department. There are 170 positions allotted for non-security with 6 vacancies during the site visit.

Medical staff is contracted through Centurion. The Food Service Department is contracted through Aramark . Mental Health staff is contracted through Corizon. The facility is allotted 68 medical positions. However, 60 of these positions were filled at the time of the site visit. Mental health is allotted 19 positions; all 19 positions were filled during the site visit. Optometry is allotted one position and this position was filled during the site visit. The Food Service Department is allotted 21 positions; all 21 positions were filled during the site visit.

The auditor conducted interviews with security, non-security from the various departments, specialized staff, contractors and volunteers. Twenty-five (25) random staff interviews and 30 specialized staff interviews were conducted. Those specialized staff included: (1) Agency Contract administrator; (4) Intermediate or Higher-level Facility Staff; (1) Line Staff who supervise Youthful Inmates; (2) Program Staff with work with youthful inmates; (1) Contract Acting Health Service Administrator; (1) Contract Director of Nurses; (1) Contract Acting Mental Health Administrator; (1) SANE; (1) Volunteer; (1) Investigative staff; (2) Staff who perform screening for risk of victimization and abusiveness; (1) Staff who supervise inmates in segregated housing; (1) Incident review team member; (1) Designated staff member charged with monitoring retaliation; (2) security staff who have acted as first responders; (4) Intake staff; (1) Human Resource Manager; (1) PREA Compliance Manager; (1) PREA Coordinator; (1) TDOC Commissioner; (1) Acting Warden.

The selection of inmates for random interviews was determined by a random selection from unit rosters while selecting a diverse group of inmates. Rosters identifying inmates within the targeted interview category was presented by the PREA Compliance Manager. A total of 51 inmate interviews were conducted at NWCX. Twenty-eight (28) inmates were selected for random interviews. Twenty-three (23) inmates were interviewed from the following targeted groups: (2) Limited English Proficient; (4) Inmates identified as Transgender; (5) Inmates who reported sexual abuse; (3) Inmates identified as Who Reported Sexual Victimization During Risk Screening; (6) Youthful inmates; (1) Inmate identified as hard of hearing; (1) Inmate with a physical disability; (1) Inmate identified as low vision. The auditors received zero correspondences from inmates requesting to be interviewed and/or reporting concerns in regard to PREA. In addition to 51 formal inmate interviews, the auditor conducted 15 informal interviews with the inmate population on their rights and understanding of PREA standards.

An interview with the Institution Investigator and a review of allegations of sexual abuse and/or sexual harassment identified fifteen (15) PREA allegations were reported and investigated within the prior 12 months of the initial audit.

One (1) investigation involved an allegation of sexual abuse involving staff on inmate. The investigation was concluded as Unsubstantiated.

There were fourteen (14) inmates on inmate allegations reported during the past 12 months of the initial audit cycle. Ten of these allegations were reported as inmate on inmate sexual abuse. Two allegations were reported for inmate on inmate sexual harassment. Five (5) cases was determined to be Unsubstantiated and seven (7) was determined to be Unfounded. Two reported allegations of inmate on inmate sexual abuse remained open pending DNA test resulting.

Standard 115.15: Limits to cross-gender viewing and searches (d). Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit was determined "Does Not Meet" the standard. Interviews with the inmate population and female security staff confirmed female staff does not always announce they are entering the male housing units

Standard 115.15: Limits to cross-gender viewing and searches (f) was determined "Does Not Meet" the standard. Interviews with staff and a review of the in-service training curriculum confirmed all staff are not/have not received training on 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. Specifically, how to conduct searches of transgender and intersex inmates was not included and discuss during in-service training. Interviewed security staff who had been hired within the last three (3) years received the required training during pre-service training while at the Academy. Those with more than three (3) years of tenure had not received such training.

Standard 115.33: Inmate Education was determined "Does Not Meet" the standard. The PREA Compliance Manager was unable to provide the auditor request documentations confirming a random list of 30 inmates had received PREA Orientation.

Standard 115.41: Screening for risk of victimization and abusiveness was determined "Does Not Meet" due to a review of the TOMIS program to determine whether PREA risk screening were being conducted within 72 hours of the inmates' arrival, followed up by a reassessment within 30 days. Twenty-six inmate's files were reviewed by the auditor. Twenty-three of the twenty-six files confirmed

that inmates had not received PREA risk screening in accordance to the standards and TDOC policy 502.06.1 PREA Screening, Classification, and Monitoring.

Standard 115.42: Use of screening information was determined “Does Not Meet” the standard. Due to screening staff not conducting screening go risk of sexual victimization and abusiveness as required in standard 115.41, staff did not ensure the safety of inmates prior to assigning them to housing assignments, bed assignments, work assignments, education assignments, nor program assignments. A file review of four (4) transgender files confirmed three (3) they had not been reassessed in accordance to the standard. One (1) of the transgender inmate was a recent arrival.

Standard 115.81: Medical and mental health screenings; history of sexual abuse was determined “Does Not Meet” the standard. Standard 115.81 reference screening pursuant to 115.41 screening for risk of sexual victimization and abusiveness which is not being conducted. Information provided by the inmate during the screening process in 115.41 is used to make a determination of follow-up meetings for the inmate population to mental health practitioner and/or medical. Standard 115.41 was determined as “Does Not Meet” due to confirmation the screening of inmates was not conducted in accordance to TDOC Policy 502.06.1 and the PREA standards in 115.81.

A review of NWCX 2016 PREA Audit Report indicated standards 115.41 and 115.42 noted the screening was not completed as required and a corrective action plan was implemented for thirty days. NWCX will be placed in a tentative corrective action plan period of 120 days, but not to excess 180 if compliance is not met at 120 days. This corrective action period applies to each standard determined as “Does Not Meet.”

TDOC website [www.tn.gov/PREA](http://www.tn.gov/PREA) PREA Policy provides additional information by clicking on the topic hyperlink.

At the conclusion of the site visit on December 5, 2018, an exit meeting was held to discuss the audit findings. Those in attendance were TDOC PREA Coordinator Tom Joplin, Correctional Administrator Debra Johnson, Associate Warden of Treatment/Facility PREA Coordinator Steve Jones, PREA Compliance Manager Jason Tittle, Associate Warden of Security/Acting Warden Mike Reeves, Office of Compliance Zac Pounds, and Office of Compliance Blake Pollock. The auditor explained the continuation of the audit process that would follow the on-site visit. The auditor explained further review of documentation of practice, policy and procedures will continue and that a determination of compliance with standards could not be determined until a complete review. The auditor did share the findings in regard to standards 115.15, 115.33; 115.41; 115.42 and 115.81, due to several discrepancies note during the site visit with each of these standards. The auditor also explained that any standard findings of “Does Not Meet” during the audit would require corrective action period.

There was a change in the assignment of Agency PREA Coordinator during the corrective action. Mr. Blake Pollock assumed the duties as the Agency PREA Coordinator. Also during the corrective action period, NWCX Warden Shawn Phillips returned to NWCX after an extended absence and resumed his duties as Warden.

The delivery of the interim report was submitted to the facility on January 19, 2019. On January 22, 2019, a committee of administrative staff throughout the Agency to include TDOC Central Office, Warden, management staff and line staff worked together as team to implement the necessary changes needed that ensured NWCX became compliant with the PREA standards identified as “Does not meet the standard.” Staff received intensive refresher training, policy review and closely monitored

supervision their duties. The organized committee, Warden, facility management staff and line staff did a phenomenal job in their successful effort in meeting all standards by receiving Meet the Standard for 115.15; 115.42; 115.81 and Exceed the Standard of 115.33 and 115.41.

An open line of communication was maintained with Mr. Pollock throughout the corrective action process. The auditor was extremely impressed with Mr. Pollock's motivation, positive attitude, responsiveness, drive and determination and was essential in NWCX meeting the achievement of compliance.

## 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 Northwest Correctional Complex (NWCX) is located on approximately 250 acres in rural Lake County, Tennessee, along the Mississippi River near the Kentucky border. The facility is approximately two miles outside Tipton, Tennessee, which is approximately 30 miles west of Dyersburg, Tennessee. The complex has three adjacent but physically distinct units: the main compound (Site 1), the annex (Site 2) and the minimum-security unit (RNU). The annex was originally opened as the Lake County Regional Correctional Facility in 1981. The main compound and the minimum-security unit were originally opened as the Northwest Correctional Center in 1992. In 1997, all three existing facilities were consolidated under one Warden and designated as the Northwest Correctional Complex. The complex houses inmates with custody levels of minimum trustee through medium custody.

The complex's rated capacity is 2,460. Site 1 has a maximum capacity of inmates 1422. This area count was 1303 inmates on the first day of the site visit. Site 2 has a maximum capacity of inmates 738. The area count on the first day of the site visit was 707 to include 11 juveniles. The NRU maximum capacity is 300. The count on the first day of the site visit was 265 inmates. The total count of inmates at NWCX on the first day of the site visit was 2,275.

There is a total of 46 buildings with 32 being housing units at the complex. All general housing units are doubled celled. The buildings at the main compound and the minimum-security unit are constructed of concrete. The housing units within the main compound have two-tiered rows of cells on the two to four wings, mostly in a double-bunked configuration. At these two units, there are two separate housing units in one building. The segregation unit (HSA) has four different units housed in one building. In the high security area, there are 120 beds and in the protective custody area there is 128 beds. The segregation unit is at the main compound and does have single celled units. There is also an overflow segregation unit at the annex. There is a total of 16 buildings between the main compound and the minimum-security unit. The minimum-security unit is located outside and adjacent to the secure perimeter and houses 300 inmates. There is a central dining area at the main compound and also at the minimum-security unit.

The annex has a total of 30 buildings. Sixteen (16) of these are housing units and are arranged along a circular walkway. Housing units at the annex are rectangular, brick and mortar buildings with metal roofs and are single story, stand-alone buildings. Most cells are doubled bunked and each housing unit can hold 47 inmates. The end housing unit Building #16 houses juvenile offenders (16 and 17-year-old) There



were eleven (11) juvenile offenders designated during the site visit. All inmate programs with the exception of recreation is conducted within half of the unit. Building #16 is divided into the front of the unit is designated as juvenile offenders' cells and the rear of the housing is designed for program areas.

One of the building houses an overflow of protective custody from the main compound. At the Annex there is a satellite kitchen in each housing unit and the inmates are fed on their housing unit.

## Summary of Audit Findings

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

The auditor determined five (5) standards received the finding of "Does Not Meet" during the initial PREA audit process. These standards are 115.15; 115.33; 115.41; 115.42; 115.81. NWCX was placed in corrective action for a tentative period of 120 days for each standard. The auditor will review documentation and maintain a line of communication with the PREA Compliance Manager and Agency PREA Coordinator for monitoring of compliance throughout the corrective action period and prior to the end of the 120-day period. If NWCX does not show full compliance with each standard, the corrective action will continue for an additional 60 days. The corrective action period will not exceed 180 day. The auditor will work with the Agency PREA Coordinator, Associate Warden of Treatment/Facility PREA Coordinator, and PREA Compliance Manager to develop achievement methods for compliance.

115.15 (d) Limits to cross-gender viewing and searches. PREA training will be shown on monitors on the front lobby monitor screens; discussed during shift exchange, and during in-service training. Opposite gender (female) announcement of entering the housing will be enforced by supervisory staff.

115.15 (f) Limits to cross-gender viewing and searches: The in-service curriculum has been revised to include how to conduct cross-gender pat down searches in a professional and respect manner, in the least intrusive manner possible, consistent with security needs. A PREA video provides training on the large monitors in the front lobby at each site. The in-service curriculum now includes how to conduct searches of transgender and intersex inmates in a professional and respectful manner. Supervisors received training documentation from the PREA Resource Center to provide training to staff in these areas during shift exchange and supervisory rounds. Staff are acknowledging and documenting receipt of training receiving.

115.33: Inmate Education: Facility staff has begun numerous training techniques to ensure compliance of PREA education to the inmate population at all three (3) sites at NWCX. Inmates are reporting to a designated area in small groups to watch the PREA video "What You Need to Know" in both English and Spanish with closed caption. The inmates will complete PREA Orientation and will sign the appropriate forms, and forms will be properly maintained by the designated staff.

115.41 Screening for risk of victimization and abusiveness: TODC Policy 502.06.1 PREA Screening, Classification, and Monitoring training and operational functions of the TOMIS will be provided to all intake and staff who perform screening for risk of victimization and abusiveness. Monitoring of staff's

compliance will be conducted by the Chief Counselor, reviewed by the PREA Compliance Manager, and monitored by the Agency PREA Coordinator.

115.42 Use of screening information: TODC Policy 502.06.1 PREA Screening, Classification, and Monitoring, and training on the operational functions of the TOMIS will be provided to all intake and staff who perform screening for risk of victimization and abusiveness. Monitoring of staff's compliance will be conducted by the Chief Counselor and continued review by the PREA Compliance Manager, Associate Warden (T)/ Facility PREA Coordinator and Agency PREA Coordinator.

115.81 Medical and mental health screenings; history of sexual abuse: TODC Policy 502.06.1 PREA Screening, Classification, and Monitoring, and training on the operational functions of the TOMIS will be provided to all intake and staff who perform screening for risk of victimization and abusiveness. Monitoring of staff's compliance will be conducted by the Chief Counselor and random review will be conducted by the PREA Compliance Manager. Upon completion of proper screening by intake staff and staff assigned to conduct risk assessment screening, information obtained during the assessment of inmates with a history of sexual abuse will be referred to medical and mental health for the appropriate screening.

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

**Number of Standards Exceeded:** 2

115.33 Inmate education; 115.41: Screening for risk of victimization and abusiveness

**Number of Standards Met:** 41

115.11: Zero Tolerance of sexual abuse and sexual harassment: PRE Coordinator; 115.12: Contracting with other entities for the confinement of inmates; 115.13: Supervision and monitoring; 115.14: Youthful inmates ; 115.15: Limits to cross-gender viewing and searches; 115.16: Inmates with disabilities and inmates who are limited English proficient; 115.17: Hiring and promotions decisions; 115.18: Upgrades to facilities and technologies; 115.21 Evidence protocol and forensic medical examinations; 115.22: Policies to ensure referrals of allegations for investigations; 115.31: Employee training; 115.32 Volunteer and contractor training; 115.34: Specialized training :Investigations; 115.35 Specialized training: Medical and mental health care; 115.42: Use of screening information; 115.43: Protective Custody; 115.51: Inmate reporting ; 115.52 Exhaustion of administrative remedies; 115.53: Inmate access to outside confidential support services; 115.54 Third-party reporting; 115.61 Staff and agency reporting duties; 115.65: Agency protection duties; 115.63: Reporting to other confinement facilities; 115.64: Staff first responder duties; 115.65 Coordinated response; 115.66: Preservation of ability to protect inmates from contract with abusers; 115.67: Agency protection against retaliation; 115.68: Post-allegation protective custody; 115.71: Criminal and administrative agency investigations; 115.72: Evidentiary standard for administrative investigations; 115.73: Reporting to inmates; 115.76: Disciplinary sanctions for staff; 115.77: Corrective action for contractors and volunteers; 115.78: Disciplinary sanctions for inmates; 115. 81 Medical and mental health screenings: history of sexual abuse: 115.82: Access to emergency medical and mental health services; 115.83: Ongoing medical and mental health care for sexual abuse victims and abuser; 115.86: Sexual abuse incident reviews;

115.87: Data collection; 115.88: Data review for corrective action; 115.89: Data storage, publication, and destruction;

**Number of Standards Not Met:** 0

### **Summary of Corrective Action (if any)**

115.15 (d) A memorandum was also forward to all staff by the Warden noting TDOC Policy 502.06 and the Required Duties (#13), all staff of opposite gender, will announce their presence upon entering any housing unit or living unit

115.15 (f) Limits to cross-gender viewing and searches: The corrective action was effective for 120 days. The facility provided documentation which supported their achievement in meeting the mandate of this standard. Compliance was confirmed through the delivery of staff refresher training of TDOC Policy 502.06, Prison Rape Elimination Act (PREA) Implementation, Education, and Compliance and NWCX General Post Order, Section D. Additionally, training was provided to staff to include during in-service, shift exchange, video presentations on monitors in the front lobby of each site on how to conduct correct cross-gender pat-down searches and searches on transgender and intersex inmates in a professional manner and respectful manner and in the least intrusive manner possible, consistent with security, and review of NWCX General Post Orders. Upon completion of this training, staff were/are required to print and sign their name acknowledging receipt of refresher training. Compliance was confirmed through the submitted documentation of staff's signatures and acknowledgement of training.

115.33; Inmate Education: The corrective action was effective for 120 days to implement practices and procedures to support all inmates received/receive PREA training and was successful in meeting the mandate of this standard. Due to the inability of staff to produce documentation of the inmates' receipt of PREA training, facility staff began training sessions for the entire inmate population and coordinated accountability of the training documents. Inmates were placed on lay-ins and reported to the visiting room by housing unit pods to view the PREA video "What You Need to Know," and receive an oral and written PREA information that included: 1) Zero-tolerance policy regarding sexual abuse or harassment; 2) How to report incidents or suspicions of sexual abuse or harassment; 3) The right to be free from both sexual abuse/harassment and retaliation for reporting such incidents and 4) Agency policies and procedures for responding to incidents of sexual abuse/harassment. Upon completion of the PREA training sessions, each inmate signed a NWCX PREA Education form and a TDOC Orientation Acknowledgement form that they received and understood the PREA information given to them. In addition to the inmates' signature, staff who certified receipt of training was documented that included a staff witness, Correctional Counselor, Clinical Service Designee, and Associate Warden of Treatment/Chief. The continued practice and procedure of ensuring all inmates receive PREA education is monitored by the Chief Counselor, PREA Compliance Manager and forwarded to the New Agency-wide PREA Coordinator, Mr. Blake Pollock for further review of compliance.

115.41: Screening for risk of victimization and abusiveness: The corrective action was effective for 120 days. The facility demonstrated practices and procedures were put in place to ensure compliance with the standard and was determined to exceed in meeting the mandate of this standard. Intensive training was mandated for staff assigned to conduct risk screening. The performance of their duties was strictly monitored by facility management and the Agency PREA Coordinator. Intensive monitoring was conducted in a successful effort to exceed in meeting the standard. A detailed PREA screening audit worksheet was developed that included the arrival date of each inmate, 30 day follow up risk screening, and referrals as required to medical and/or mental health. There were 453 inmates who arrived at NWCX during the corrective action period who received their initial screening within 72 hours and their 30-day follow-up risk screening within two weeks of arrival. The Counselors referred 97 of the 453 inmates to mental health due to the responses the inmates provided during their PREA risk screenings.

There were 1272 inmates assigned to the facility prior to the audit delinquent in PREA risk screening in accordance to TDOC policy 502.06.1 PREA Screening, classification, and Monitoring. The 1272 inmates identified received a PREA risk screening by staff who perform screening for risk of victimization and abusiveness. The facility's achievement of exceeding in meeting the mandate of this standard was confirmed through supporting documentation provided by the Agency PREA Coordinator and the review of rosters noting inmates' arrival/departure printouts, initial facility screening printouts and facility rescreening printouts of inmates completed within the TOMIS program. Staff did a phenomenal job in their successful effort in exceeding this standard.

115.42: Use of screening information: The corrective action period was effective for 120 days. Staff confirmed they have developed the practice and procedure to follow policy in accordance with TDOC 502.06.1- PREA Screening, Classification, and Monitoring and the PREA standard by properly utilization of an Objective Screening Instrument that led to the auditor's determination their success in meeting the mandate of the standard. A review of arrival /departure printout, initial facility screening printout, facility rescreening printout and institutional health services referral were provided to the auditor for all inmates who arrived at NWCX during the corrective action period (453). Additionally, 1272 inmates who were assigned to the facility and identified as delinquent in receipt of their initial and/or 30-day follow-up PREA risk screening were screened by staff who perform screening for risk of victimization and abusiveness. Although the timeframe was outside of policy and the PREA standard, the facility staff applied corrective action to correct the identified problem to their best ability. Staff utilized information from the risk assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Information obtained during the screening is used by staff to make individualized determinations on how to ensure the safety of each resident. Transgender or intersex resident's housing is considered on a case-by-case basis, placement considers the residents health and safety, and whether the placement would present management or security problems in accordance with TDOC policy and PREA standard 115.42.

115.81: Medical and mental health screenings; history of sexual abuse: The corrective action period was effective for 120 days. Supporting documentation of staff performing inmate screening for risk of victimization and abusiveness properly in accordance to conducting these assessments in accordance to TDOC policy and pursuant to 115.41 was provided. There were 453 inmates who arrived at the facility during the corrective action period. Ninety-seven of these inmates were referred to medical and/or mental health based on their responses during the PREA risk screening. Proper risk screening in accordance to TDOC policy and pursuant to 115.41 enabled medical and mental health to conduct follow-up meeting within 14 days of the inmate's arrival. Prior to the corrective action period inmates

were not screened in accordance to policy and pursuant to 115.41 prevented inmates being offered and/or receiving appropriate medical and mental health referrals. Documentation of medical and mental health referrals were submitted for review in addition to documented medical and mental health referrals. Identified inmates were screened by medical and mental health normally within a day or two but always within 7 days of intake screening while exceeding in meeting the mandate of each element within this standard.

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

In accordance with the review of TDOC Policies 506.06 PREA Implementation, Education, and Compliance; 502.06.2 PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART), the auditor determined TDOC and NWCX has written policies and procedures in place to support the Agency's mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to the conduct of such. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of inmates with sanctions for those found to have participated in these prohibited behaviors.

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

In accordance a review of the TDOC Organization Chart; and NWCX Organization Charts confirmed DOC has designated an upper-level Agency PREA Coordinator, (Correctional Program Director 2) with authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all facilities. An interview with the Agency PREA Coordinator, confirmed he has sufficient time to fulfill his obligations in the development, implementation and maintaining oversight of the agency's compliance with PREA standards in all TDOC facilities. The Agency PREA Coordinator explained he is assigned to monitor all 10 TDOC facilities.

The NWCX is one of several facilities managed by TDOC. The Associate Warden of Treatment at each of the 10 Agency facilities is assigned as the facility PREA Coordinator. A PREA Compliance Manager

is also assigned at each of the Agency's facilities. A review of the NWCX organizational chart revealed the assigned PREA Compliance Manager has an official title as Correctional Compliance Manager for PREA and the American Correctional Association. He confirmed he is allotted sufficient time to complete his duties as the Compliance Manager. He has direct access to the Warden to report any and all PREA issues.

The Agency PREA Coordinator indicated he frequently communicates with each facility PREA Coordinator/Associate Warden (T) and PREA Compliance Manager in an effort to monitor and maintain compliance with the PREA standards. Their interaction occurs through annual meetings, emails, telephone calls, memorandums, and policy reviews. Communications is also maintained directly with the Warden as needed. He provides direction on operational procedures in the field and maintains a continuous open line of communication with all.

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

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

### 115.12 (a)

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

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

Documentation of Contracts for TDOC facilities was reviewed by the auditor. Each of the contracts and/or modification of contracts for confinement of inmates in private agencies, and other entities to include government agencies documented the contracting agency shall comply with PREA Standards for Adult Prisons and Jails and report any inmate's sexual assault or sexual harassment to the TDOC and in accordance with TDOC policy. The requirement is noted in all new contracts and upon renewal of existing contracts; these contracts are modified to include the requirement. Section E.19 was added which dictates requirements in PREA standards. Specifically, the contract states the contractor must comply with the Prison Rape Elimination Act (PREA) of 2003 (Federal law 42 U.S. C. 15601 et. seq), with all applicable Federal PREA standards, and with all State policies and standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within facilities/programs/offices owned, operated, or contracted. The Agency contracts with four CORE Civic Services facilities. The TDOC Agency PREA Compliance Manager who serves as the Agency Contract Administrator monitors all new and renewed contracts for confinement services to determine PREA compliance. Services are provided to Tennessee Department of Corrections through the following CORE Civic facilities South Central Correctional Facility; Hardeman County Tennessee; Whiteville Corrections; Trousdale County, Tennessee; and The Next Door, Inc. NWCX does not have a current contract with an entity to house its inmates.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No



- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

### 115.13 (b)

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

### 115.13 (c)

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with the review of the NWCX staffing plan; TDOC 502.06 PREA Implementation and Compliance; CR-3964 PREA Annual Staffing Review and Master Roster; Log Book Entries and interviews with the PREA Compliance Manager, PREA Coordinator, and Acting Warden, NWCX meets the mandate of this standard. The auditor determined policies and procedures are in place that confirms NWCX has developed, documented, and makes its best efforts to comply on a regular basis with a

staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, NWCX has taken into consideration: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); 6) The composition of the inmate population; 7) The number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11) Any other relevant factors. During an interview with the Acting Warden, he confirmed the facility has a staffing plan that provides an adequate staffing level to protect inmates against sexual abuse by the use of staff supervision, placement of mirrors, and video surveillance that monitor inmate activities throughout the facility. Interviews with the Associate Warden (T) and Investigative Staff, confirmed the facility currently has approximately 565 cameras.

In accordance with the review of TDOC Policy 502.06; Staffing Plan; interviews with the Acting Warden, Associate Warden (T)/Facility PREA Coordinator, Agency PREA Coordinator, and PREA Compliance Manager, policy and procedures are in place that require each facility to develop a staffing pattern that provides for the adequate levels of staffing and monitoring to protect inmates and residents against sexual abuse. Each calendar year by July 1<sup>st</sup>, each facility shall assess, determine, and document whether adjustments are needed to the facility staffing plan. The review will follow the guidelines of CFR 113.13 (a), (b) and (c). A written report shall be provided to the Assistant Commissioner of Prison and the TDOC PREA Coordinator of the findings of this review. A copy of NWCX Staffing Plan dated April 25, 2018, was provided to the auditor for review. The Staffing Plan was established pursuant to paragraph (a) of this section that gave consideration of the 11 areas noted in regard to the physical layout and daily operational needs of the facility.

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

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

In accordance with TDOC 502.06, any staff member alerting another staff member that these unannounced rounds are occurring will be subject to appropriate disciplinary action. A review of the logs and interviews with supervisory staff confirmed the unannounced rounds are not completed in a pattern and are not consistently made during the shifts. A variation of conducting rounds is utilized in an effort to

identify and deter staff sexual abuse and sexual harassment. The practice of conducting unannounced rounds and the violation of staff advising others of such rounds was confirmed during interviews with the Associate Warden (T)/Facility PREA Coordinator and intermediate level supervisory staff.

## 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.*

In accordance with TDOC 506.14.2 Housing and Programming of Youthful Offenders; Review of the Juvenile Housing Unit Program Schedule, Tour of designated housing unit assigned to juveniles; Observation of controlled movement of juvenile offenders on the compound; Interviews with juvenile offenders, Line staff who supervise juvenile offenders, Education and Program Staff who work with youthful offenders, the auditor determined TDOC and NWCX meets the mandate of this standard. Building #16 is designated as the juvenile custody housing unit. Half of building #16 is utilized for juvenile housing and the second half is utilized for juvenile program areas. Juvenile offenders are not required to be placed in isolation for compliance with this standard. Nineteen juvenile offenders were assigned to NWCX during the past 12 months of the initial audit. Eleven (11) juvenile offenders were assigned during the site visit. The designated housing unit, program areas within the housing unit and restricted controlled recreation movement allows the assurance of not compromising sight, sound, and physical contact with the adult inmates. On the occasions, adult male inmates are assigned to complete facility repairs within the juvenile offenders housing unit. During these times, the juvenile offenders are secured in their cells and/or away from the area requiring repair. Staff maintains direct supervision of the juvenile offenders at all times. Any communication between juvenile offenders and the adult male population is prohibited.

The juvenile offenders are not placed in isolation unless they have committed a prohibited act of agency rules and are not held in isolation for more than 14 days. Youthful offenders receive all meals, educational programs, homework and personal time/showers, social skills groups, and medical care within their housing unit. Youthful offenders receive forty-five (45) minutes of recreation Monday – Friday during the am and pm shifts. They are escorted by security staff to the facility recreation area during a controlled movement when adult inmates are secured throughout the facility.

Each of the eleven (11) juvenile offenders was assigned single cells. Single stall showers are installed in the unit for privacy during showing. There are no shared dayrooms, common area space, shower area, or sleeping quarters utilized by both adult and juvenile offenders. Although the juvenile offenders and adult inmates utilize the same recreation area, their time of usage is different.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  Yes  No

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

NWCX is designated as a male prison and does not house female inmates. Therefore, staff does not conduct cross-gender pat-down searches of female inmates. Additionally, due to NWCX being a male facility, female inmates' restriction of access to regularly available programming or other out-of-cell opportunities is not applicable to this standard.

A review of camera placement and monitoring screens by the auditor ensured there were no violations of privacy that allowed viewing of showers, toilets, change of clothing or performing bodily functions by staff of the opposite gender. Suicide cells within the infirmary are the only locations that allow staff to view the toilets via direct observation and/or video. Male security staffs are the only ones assigned to this post.

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

In accordance with TDOC 305.03- Employee/Offender Interaction; TDOC 502.06 PEA Implementation & Compliance; TDOC 506.06; 502.06.2-1 2; review of Training Program Curriculum for pre-service, and in-service, the Agency has policy against conducting a strip search on a transgender and/or intersex offender for the sole purpose of determining genitalia status. A review of the submitted PAQ and

interviews conducted with staff and the inmate population, confirmed no cross-gender strip searches or cavity searches were completed at the NWCX during the last 12 months.

The auditor reviewed staff training records for 2018, which confirmed staff received PREA training. During formal and informal interviews with security staff line staff and supervisors, the auditor asked staff to demonstrate upper torso procedures for conducting pat-down searches on transgender and intersex inmates. Only security staff who had recently completed the TDOC academy was able to properly demonstrate the correct procedures. Staff interviewed and documentation of the in-service training curriculum confirmed staffs are not receiving training on conducting cross-gender pat-down searches and transgender and intersex inmates in a professional and respectful manner. Specifically, this training was noted as only being taught to staff who had been interviewed and hired within the past 3 years. Staff who have been with the TDOC over three (3) years stated they have not received training on conducting cross-gender pat-down searches, and transgender and intersex inmates due to it not being discussed during the annual in-service training. The denial of receiving training on cross-gender pat-down searches, and searches of transgender and intersex inmates was confirmed during the interview process with both security line staff and security supervisory staff and review of the in-service agenda.

The auditors toured the facility spending a significant amount of time in inmate living areas throughout the facility. The staff compliment consists of a male and female population. During interviews with the male inmate population approximately 75% stated the female staff does not announce themselves upon entering the housing units. During interviews with some of the female security staff, confirmed their awareness of policy requirement but they choose not to make the announcement.

#### **Corrective Action:**

(d) The auditor recommended staff receive additional training on the importance, requirement of PREA standards, and TDOC policy which require staff of the opposite sex (females) to announce themselves upon entering the male inmates housing units. Training sessions for security staff were recommended during staff meetings, during supervisory rounds and during security staff shift exchanged.

At the conclusion of the 120-day corrective action as described in the Summary of Corrective Action, NWCX demonstrated their success in Meeting the Standard of 115.15 (d).

#### **Corrective Action:**

(f) The auditor, Correctional Administrator, Acting Warden, Associate Warden (T)/Facility PREA Coordinator, Agency PREA Coordinator and PREA Compliance Manager discussed various methods in providing training to staff on how to conduct cross-gender pat-down searches and searches on transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. This training will be added to the in-service training as a 2.0-hour course with the search procedures, training provided during shift exchange, via video on monitoring screens in the front lobby of each site. At the end of the corrective action period, staff will provide documentation of staff rosters in attendance of in-service training that include how to conduct cross-gender pat-down 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. Security supervisors will also include this training during the shift exchange daily to provide training to all security staff.



At the conclusion of the 120-day corrective action as described in the Summary of Corrective Action, NWCX demonstrated their success in Meeting the Standard of 115.15 (f).

## **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.*

In accordance with TDOC 502.06 – PREA Implementation and Compliance; TDOC 103.10.0 Title VI – Limited English Proficiency (LEP); LEP Plan for NWCX (English and Spanish Versions); NWCX List of

Bi-Lingual staff; Account with Linguistica International Sustainable Language Services; Educational Programs; The Tennessee Relay Center for the Deaf; a List of Local College and University that offer services and PREA video "What You Need to Know" in English and Spanish with closed caption, NWCX meets the mandate of this standard. The auditor determined NWCX take appropriate steps to ensure inmates with disabilities (including inmates who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

An interview with the PREA Compliance Manager indicated although there are a variety of services available to communicate with inmates who are identified with a variation of disabilities, none have been identified who required services outside the facility. Services outside the facility would be provided by the assigned counselor to ensure language and or learning barriers are conquered. The auditor interviewed two inmates who were identified as limited English proficient. The auditor obtained the assistance of a bi-lingual staff to interpret during the interview. The auditor also interviewed an inmate identified as low vision. He confirmed he received a handbook and was able to read it in addition to PREA posters.

The Linguistica International Sustainable Language Services (866-908-5744) are available 24 hours 7 days a week to provide translation services in 350 languages over the phone, via video conference and/or through document translation. The Tennessee Relay Center for the Deaf provides services via telephone. NWCX has Limited English Proficiency Plan establish to provide translation services. A list of staff assigned to the NWCX is available for Spanish translation. Dyersburg State Community College and the University of Tennessee at Martin are available to assist NWCX with inmates identified as having hearing impairments or blind/low vision.

The Education Department provides Title 1 and Special Education services to the inmates. The Mental Health Department provides services for a Level of Care 3; Supportive Living Unit.

Each inmate arriving at the NWCX receives a facility orientation booklet, available in English or Spanish. This booklet provides an overview of the agency/facility rules and general information in addition to the Agency's PREA policy. It outlines to the inmates how to report, to whom to report incidents of sexual abuse and sexual harassment without fear of being punished for reporting.

In accordance with TDOC 502.06; staff shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances such as an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder duties or investigation of the inmate's claim. Only staff assigned at NWCX serve as Spanish translators since the previous PREA audit. A memorandum was submitted by the Warden in both English and Spanish directed to all staff and the inmate population identifying three (3) staff who are designated to assist in communicating with Non-English-speaking inmates. One of the identified bi-lingual staff served as an interpreter for the auditor during an inmate interview. During an interview with a limited English proficient inmate, he stated he was given a handbook written in Spanish that contained PREA information.

The auditor also conducted an interview with an inmate who identified himself as 95% deaf. During the interview process, the inmate stated he could communicate with a verbal understanding of another as long as he could read their lips. He continued in reporting, he received a handbook to read, and could read the posters located in the facility.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

#### 115.17 (b)

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

#### 115.17 (c)

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

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

In accordance with TDOC Policy 301.04; CR-3819; CR-3962; interviews with Human Resource Staff, Acting Warden, Associate Warden (T)/Facility PREA Coordinator, and PREA Compliance Manager, in addition to the review of random selected personnel files confirmed compliance with this standard. It was confirmed NWCX does not hire or promote anyone who has contact with inmates and does not enlist the services of any contractor or volunteer who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution that has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Additionally, a review of the policies and application process confirms the hiring of an individual identified in this standard is strictly prohibited.

In accordance with TDOC Policy 301.04; an NCIC is completed on all individuals prior to an offer of employment in an effort to detect any prohibited cause of hiring. Specifically, the Agency assigns a staff member to complete all NCIC and forward them to the Human Resource Department for further review. In addition to conducting a background check on all possible new hires and/or employees seeking promotion, employees are required to complete a Self-Declaration of Sexual Abuse/Sexual Harassment annually.

These policies require a criminal background check be conducted on everyone (employee, contractor, volunteer) who enters any Tennessee facility regardless if he/she has contact with an inmate or not. These specific hiring policies prohibit hiring or promoting anyone or enlisting the services of any contractor: (1) that engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) anyone who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Anyone found under these circumstances entry is prohibited into TDOC facilities.

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

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

### 115.18 (a)

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

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with TDOC 108.01 Facility Construction, Renovation and Physical Plant Maintenance, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. The Agency did not design or acquire a new facility or planned any substantial expansion or modification for or to the existing NWCX facility since the last PREA audit in March 2016. The Agency and NWCX meets the mandate of this standard.

There is a capital project awaiting approval that would update and install additional cameras. Currently the facility has 565 cameras and numerous convex mirrors that provides assistance to staff in the prevention, detection and monitoring of sexual abuse/harassment.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)



- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of TDOC 502.06.2; TDOC 502.06.3; it is confirmed that policies mandate all investigations conducted within any TDOC facility adhere to investigative and evidence protocols based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011.

The TDOC Office of Compliance and Investigations assign an Institution Investigator at each facility to conduct investigations. The Institution Investigator is supported by the next ranking TDOC Investigator, Special Agent within the TDOC Office of Compliance and Investigations

Forensic examinations, for NWCX victims of sexual assault, are provided at Jackson Madison County General Hospital. During an interview with the SANE Practitioner at Jackson Madison County General Hospital, she stated the hospital does provide forensic medical examinations for the local community and NWCX. She continued in stating an attempt is always made to have a SANE on duty and/or on call. However, in instances a SANE is not available the emergency room nurses follow the guidelines for conducting forensic examinations. TDOC policy allows for qualified medical practitioners to perform the forensic medical examination.

The TDOC has successfully obtained a Memorandum of Understanding between NWCX and W. R.A.P. and inmates utilize these services. An interview with a staff at the Crisis Center confirmed receiving approximately four (4) calls a week from the inmate population within TDOC. She continued stating Sexual Abuse Coordinators visit the facility once a week or once every other week based on the inmate's request. If an inmate is transferred to another TDOC facility within one of the 19 counties they provide services, continued services arrangements with a Sexual Abuse Coordinator in that area. If the inmate is transferred outside the attending 19 counties in TN, the Sexual Abuse Coordinator will provide the inmate with a list of available Crisis Center Support services available in the inmate's new area.

The Chief Counselor has been designated as the facility's PREA Victim Advocate which is posted for inmate and staff awareness. Copies of training certification to fulfill her responsibilities in serving as a Victim Advocate was provided to the auditor. Appropriate training was provided through the PREA Resource Center. The training included supporting the victim through the forensic medical, examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals if necessary. Additionally, TDOC has a Memorandum of Understanding with W.R.A.P. to provide immediate support and crisis intervention to incarcerated survivors of sexual assault by W.R.A.P. Crisis and Support Line. W.R.A.P. maintains a 24 hour a day seven (7) days a week crisis hotline staffed by advocates: (1-800-273-8712) and the inmate population can access the crisis center by dialing \*9555. The auditor interviewed four (4) inmates who had report allegations of being sexually

abuse. One inmate reported he received services from W.R.A.P. The remaining three (3) inmates stated they did not receive victim advocate services from the facility PREA Victim Advocate nor W.R.A.P.

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

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

#### 115.22 (a)

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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with TDOC 502.06.2- Prison Rape Elimination Act (PREA) Allegations, Investigations, and Sexual Abuse Response Team (SART); PREA Investigation Checklist; 502.06.1 – Prison Rape Elimination Act (PREA) Screening, Classification, Education and Monitoring; 502.06.3 Medical, Mental Health, Victim Advocacy and Community Support Services for PREA Victims; Interviews with TDOC Commissioner; Associate Warden (T)/Facility PREA Coordinator; Investigative Staff; and review of agency's PREA website; the auditor determined that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment received. The TDOC Commissioner indicated once an allegation is received, it is investigated by the Office of Investigative Compliance. The Office of Investigative Compliance has authority to conduct investigations of both administrative and criminal cases of sexual abuse and sexual harassment. Special Agents have arresting authorizing for the Agency and are involved in investigations where criminal charges may be referred for possible criminal prosecution.

An interview with the Institution Investigator and a review of allegations of sexual abuse and/or sexual harassment identified fifteen (15) PREA allegations were reported and investigated within the prior 12 months of the audit.

One (1) investigation involved an allegation of sexual abuse by a staff member on an inmate. The investigation was concluded as Unsubstantiated.

There were fourteen (14) inmates on inmate allegations reported during the past 12 months of the audit cycle. Ten allegations were reported for inmate on inmate sexual abuse. Two allegations were reported for inmate on inmate sexual harassment. Five (5) cases was determined to be Unsubstantiated and seven (7) was determined to be Unfounded. Two reported allegations of inmate on inmate sexual abuse remains open pending DNA test resulting.

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

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with the review of the TDOC 1101.01 Pre-service (basic) Training Policy and Employee Orientation; PREA Posters; PREA Staff Interview Audit Tool; Tennessee Correction Academy Program Curriculum Course Code; GEN 4-18, is being utilized for both pre-service and in-service training PREA training to each TDOC staff. It was determined the Agency's training methods, practices and policy requirements meets the mandate of this standard. Subject matter includes: (1) The Agency wide zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) An offender's right to be free from sexual abuse and sexual harassment; (4) Staff and offender's right to be free from retaliation for reporting sexual abuse and sexual harassment; (5)

recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with offenders; (9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

NWCX is designated as an adult male correctional facility. Training is tailored to the gender of the male inmate population. Upon the transfer of staff from a female correctional facility, they are required to complete training tailored to the male inmate population at NWCX. There was zero staff assigned at NWCX who transferred from a previously assigned female correctional facility.

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

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

All staff received PREA training during pre-service and again annually during in-service training. Security staff receives additional PREA training during shift exchange by the shift supervisors. NWCX has developed a PREA Staff Interview Audit Tool that is utilized to ensure the understanding of a staff's knowledge of TDOC PREA policy and understanding of their duties. Staff receive PREA cards as a reference guide to utilize as a 1<sup>st</sup> responder. Staff are required to provide an overview of received PREA training during the interview process.

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

The auditor reviewed NWCX training records for FY 2017 and FY 2018. The training cycle of each fiscal year is July – June. The PREA in-service training is conducted on Day 1 of CORE Training. The required mandated PREA in-service training was provided to all staff working at the facility during those times. Staff who may be out for long-term absence resulting in them missing training, is required to receive the training upon their return to duty.

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

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

### **115.32 (a)**

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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.*

NWCX has 101 contractors and 239 volunteers who have contact with the inmate population. There are 68 positions allotted for medical staff. Sixty positions are filled. Mental Health is allotted 19 positions. All 19 positions are filled. One position is allotted for an Optometry and this position is filled. Food Service is allotted 21 positions and all positions are filled.

A sample review of PREA training documentation for 35 contractors was conducted. The auditor reviewed 20 contract medical staff (Centurion), 10 contract mental health staff (Corizon) and five (5) contract food service staff (Armark) which confirmed PREA training. A random sample of 40 volunteers support PREA training was completed and documented on the TDOC CR-2935. The review of the training curriculum supports volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The documentation indicated their receipt and understanding of the Zero tolerance policy. The Agency's Chaplain provides annual PREA to the volunteers in October of



each year. Those who have not completed the required training by the end of the year are removed as a volunteer. Contractors are also required to complete mandatory PREA training annually that is conducted by TDOC. Interviews conducted with contracting staff that included: Acting Health Service Administrator; Acting Mental Health Administrator; Food Service Supervisor; Food Service Director; and Director of Nursing. Interviews were also conducted with volunteers to include Volunteer Chairman of the Resource Board, and religious services volunteers. Contractors acknowledged receipt and understanding of PREA by signing the Employee PREA Training Acknowledge Form. Volunteers acknowledged receipt and understanding of PREA education by signing the TDOC Volunteer Confidentiality and Policy Agreement Training Certification.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

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

#### 115.33 (d)

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The following were considered during the review to determine compliance with this standard: TDOC 502.06 PREA Implementation, Education and Compliance, Interviews with staff and the inmate population; TDOC NWCX Inmate Rules and Regulations Handbook (English and Spanish), Observation of PREA posters; Review of TDOC Orientation Acknowledgement; NWCX Inmate PREA

Education. The inmate's handbook and PREA posters were available in both English and Spanish. TDOC 502.06 clearly states facility staff shall ensure the 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 skills, or who are blind or have low vision. The TDOC NWCX Rules and Regulations Handbook provide specific PREA education to be provided during the PREA Orientation. However, interviews with approximately 80% of selected random and target inmates reported they only received the TDOC NWCX Rules and Regulation Handbook and had not received any additional PREA Orientation or PREA education other than the available PREA posters.

The information collected by the auditor from the inmate population was discussed with Associate Warden (T)/Facility PREA Coordinator and PREA Compliance Manager. After further inquiry, it was discovered the facility intake staff/counselors was provided with a PREA video "What You Need to Know" through the PREA Resource Center to provide as PREA education tool. However, it was concluded that Intake staff/screening staff had previously discontinued showing the video but acknowledged providing the inmate population with an NWCX Inmate Rules and Regulations Handbook which include limited PREA education. Specifically, inmates were only given the Inmate Rules and Regulation Handbook and the observation of PREA posters.

The auditor requested documentation review of 35 random inmate's acknowledgement of NWCX Inmate PREA Education and Orientation Acknowledgement conducted prior to the site visit. However, the PREA Compliance Manager confirmed this documentation could not be located and/or was unavailable for submission prior to the completion of the interim report. Therefore, due to NWCX not providing the requested documentation for the time period requested to support the inmates' receipt of PREA education, NWCX failed to comply with this standard in sections d. and e. and was determined as "Does Not Meet Standard." However, at the conclusion of the corrective action period, NWCX was successful in Exceeding Standard 115.33 Inmate Education.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

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

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with TDOC 502.06.2; Training Curriculum and Certification of documented training, the auditor confirmed the investigative staff received PREA Specialized Investigator training as required and meets the mandate of this standard. TDOC investigative staff receives intense training through the Tennessee Bureau of Investigations. During interview with the investigator, he provided the auditor with detailed contents of the Investigative training received. The curriculum and training information included

course topics on techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Training records support the completed training.

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

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

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

### 115.35 (b)

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

### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

### 115.35 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

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

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

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

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

determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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



#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

There were 1210 inmates who entered the facility either through intake or transfer within the past 12 months of the audit whom stay was 72 hours or more. There were 1085 inmates who entered the facility either through intake or transfer within the past 12 months of the audit whom stay was for 30 days or more.

The PREA risk screenings are available for intake staff/counselors to utilize during the screening of inmates. Intake Staff are required to review all information the facility may have or have access to. Staff are required to specifically look for any abusiveness or prior victimization that may be noted. The assessment begins by asking the offender: (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the offender has previously been incarcerated; (4) whether the offender's criminal history is exclusively nonviolent; (5) whether the offender has prior convictions for sex offenses against an adult or child; (6) whether the offender is or is perceived to be gay, lesbian, bisexual,

transgender, intersex, or gender nonconforming; (7) whether the offender has previously experienced sexual victimization; (8) for his own perception of his vulnerability; (9) and conducts an assessment of the physical build of the offender. However, the PREA risk screenings are not consistently being utilized in accordance to TDOC 502.06.1- PREA Screening, Classification, and Monitoring, and this PREA standard.

Interviews with a random sampling of inmates indicated they did not receive a risk assessment upon their arrival and/or not received a second assessment within the first thirty (30) days of assignment at NWCX. The auditor requested an intake staff/counselor to retrieve PREA screening assessments while in a housing unit via the TOMIS program. However, the staff member was unfamiliar with the program and was not able to retrieve the desired information. Therefore, the auditor requested the Chief Counselor appointment another intake staff/counselor with more experience to assist the auditor in the retrieving inmates' records.

The auditor conducted interviews with screening staff and the Chief Counselor. The auditor requested a counselor to utilize the TOMIS program to retrieve a list of random inmates selected by the auditor to review their PREA screening assessments. The review of TOMIS confirmed a large selection of inmates throughout the facility had not received PREA risk screening assessment in accordance to TDOC 502.06.1- PREA Screening, Classification, and Monitoring, and this standard. The discrepancies noted PREA risk screening assessments were regularly conducted outside the 72 hours period, outside the 30-day follow-up period, and/or not conducted at all. Specifically, the auditor conducted a review of 26 inmates' arrival date and PREA screening results through the TOMIS system. The auditor confirmed 23 of 26 inmates PREA risk screening did not meet the standard. The initial PREA risk screening was conducted past 72 hours, past 30 days and/or not at all. Examples of the findings are listed below:

Inmate arrived at NWCX on 6-18-18. The initial PREA screening was conducted six months later on 12-14-18, and the second PREA screening was conducted five days later on 12-19-18.

Inmate arrived at NWCX 12-22-16. The initial PREA screening was conducted three and a half months later on 4-6-17. There was no notation of a second PREA screening being conducted.

Inmate arrived at NWCX on 3-1-17. The initial PREA screening was conducted a year later on 3-1-18, and the second PREA screening was conducted approximately nine months later on 12-19-18.

Inmate arrived at NWCX on 10-12-16. The initial PREA screening was conducted on 9-15-17, and the second PREA screening was conducted on 10-10-18.

Inmate arrived at NWCX on 02-28-18. The initial PREA screening was conducted on 9-14-18, and the second PREA screening was conducted on 9-18-18.

Inmate arrived at NWCX on 5-17-16. The initial PREA screening was conducted on 5-23-16, and the second PREA screening was conducted on 9-18-18.

Inmate arrived at NWCX on 11-15-17. The initial PREA screening was conducted on 12-17-18, and the second PREA screening was conducted on 12-20-18

Inmate arrived at NWCX on 7-11-18. The initial PREA screening was conducted on 12-14-18, and the second PREA screening was conducted on 12-19-18.

**Corrective Action:** The facility will be placed on a 120-day corrective action period to ensure staff receives proper training in conducting timely PREA risk screening and use of the TOMIS program to document the assessments. The 120-day corrective action period will allow ample time to provide supporting documentation of successful training and completion of their assignments as their normal practice. The auditor will receive copies of all inmate movement within the 120-day period and will use these rosters to select PREA risk screening assessments for review throughout the end of the corrective action period. Monitoring of intake staff/counselors will be conducted by the Chief Counselor. If the facility fails to meet the standard at the 120-day mark, the corrective action period will extend an addition 60 days for a total not to exceed 180 days corrective action.

At the conclusion of the 120-day corrective action as described in the Summary of Corrective Action, NWCX demonstrated their success in Exceeding the Standard of 115.41

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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A review of TDOC 502.06.1- PREA Screening, Classification, and Monitoring; TDOC 113.37 Gender Dysphoria, Gender Dysphoria PCN 14-43; PCN 15-15; Sexual Aggressor/Victim Classification Screening; PREA Risk Screening Forms; Review of TOMIS program; Interviews with Intake Staff; Chief Counselor, Associate Warden (T)/Facility PREA Coordinator was considered in making the determination of compliance with this standard. The Agency and NWCX has policy in place to provide guidance in meeting the mandate of this standard. However, the auditor did not confirm compliance with all measures of this standard.

A random selection of inmates PREA risk screening through the TOMIS program, revealed screening staff failed to utilize the electric system which identifies victims/abusers and prevents them from being assigned in housing units/cells together. The screening system is based on a point system to identify an inmate as a victim or an aggressor. TDOC policy 502.06.1 requires this information is reviewed prior to assigning inmate housing, bed, work, and education assignments. It is determined that NWCX does not use the information from the risk screening assessment required by 115.41 with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive to inform 1) housing assignments; 2) bed assignments; 3) work assignments; 4) education assignments; and 5) program assignments.

TDOC 113.37 P. 5 notes screening staff are to make individualized determinations about how to ensure the safety of each inmate. NWCX screening staff was determined not in compliance with standard 115.41 due to not consistently and/or not timely utilizing TOMIS system to conduct PREA risk screening as required. Therefore, it was not possible for staff to make an individualized determination about how to ensure the inmate's health, and safety of each inmate housing, bed, work, and education and program assignments prior to placement in accordance to TDOC policy and this PREA standard.

The auditor conducted interviews with four (4) inmates who identified as transgender and reviewed their assessments and reassessment. Although, the standard and Agency policy require each transgender or intersex inmate to be reassessed at least twice each year to review any threats to safety experienced by the inmate, there was no documentation in the TOMIS program to confirm compliance with this standard. Examples are as noted below:

One transgender inmate arrived at NWCX on 5-17-16. His initial assessment was conducted on May 23, 2016, and his 30-day follow-up assessment was conducted on September 18, 2018. No other assessments were documented.

An inmate identified as transgender arrived at NWCX on August 10, 2018, his initial assessment was conducted on August 17, 2018, and his reassessment was conducted on September 7, 2018.

Another inmate identified as transgender arrived at NWCX on May 17, 2016. His initial assessment was conducted on May 23, 2016. The next assessment was conducted on September 18, 2018, and next and last assessment prior to the site visit was conducted on December 3, 2018.

His initial assessment was conducted on September 14, 2018, and his reassessment was conducted on September 18, 2018.

In accordance with TDOC 113.37 P. 5 each transgender or intersex inmate's own views with respect to his or her own safety will be given serious consideration when making facility and housing placement decisions and programing assignments. However, the auditor interviewed four (4) transgender inmates during the site visit. Each of the transgender stated their own view of their safety was not discussed with them during a screening process.

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

Due to the intake staff/screening not conducting PREA risk screening per standard 115.41, information from the screening was not considered on a case-by-case basis when making housing and other program assignments for transgender or intersex inmates if the placement would ensure the inmate's health and safety and whether a placement would present management or security problems. Placements for transgender or intersex inmates are required to be reassessed at least twice each year to review any threats to safety experienced by the inmate. Documentation of such reassessments being properly conducted could not be confirmed by review of the TOMIS program.

In accordance with TDOC 113.37, staff and interviews conducted with transgender inmates, and observation of single shower stall, transgender inmates are given the opportunity to shower separately from other inmates. NWCX has individual showers and toilets are installed for use. There were no intersex inmates identified at NWCX.

In accordance with TDOC 502.06.1 it is determined that NWCX does not have a dedicated unit or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates.

**Corrective Action:** Training will be provided to intake/screening staff and monitoring of assessments and reassessment for proper placement and security of inmates to include transgender and intersex inmates will be monitored. The facility will be placed on a 120-day corrective action period to ensure staff receives proper training in conducting timely PREA risk screening and use of the TOMIS program to document the assessments. The 120-day corrective action period will allow ample time to provide supporting documentation of successful training and completion of their assignments as their normal practice. The auditor will receive copies of all inmate movement within the 120-day period and will use these rosters to select PREA risk screening assessments for review at the end of the corrective action period. Monitoring of intake staff/counselors will be conducted by the Chief Counselor and monitored by the Associate Warden (T)/PREA Coordinator, Compliance Manager and Agency PREA Coordinator. If the facility fails to meet the standard at the 120-day mark, the corrective action period will extend an addition 60 days for a total not to exceed 180 days corrective action.

At the conclusion of the 120-day corrective action as described in the Summary of Corrective Action, NWCX demonstrated their success in Meeting the Standard of 115.42.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

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

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative



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

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

Interviews conducted with the Acting Warden and the Unit Segregation Supervisor indicated that for the last 12 months restricted housing had not been utilized for the placement of any inmates who was at risk of victimization. They further indicated that if it did become necessary to utilize restricted housing for this purpose the inmate would have access to programs, privileges, education, and work opportunities to the extent possible as general population and any restrictions would be document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation be arranged

## REPORTING

### Standard 115.51: Inmate reporting

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

##### 115.51 (a)

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

##### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No

- Does that private entity or office allow the inmate to remain anonymous upon request?  
 Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

In accordance with the MOU W.R.A.P. (Crisis Center); and TDOC 502.06.2 P. 2 it is determined that NWCX provides at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. The W.R.A.P. Center is able to receive and

immediately forward an inmate's report of sexual abuse or sexual harassment to agency officials. W.R.A.P. allows inmates to remain anonymous upon request.

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

In accordance with TDOC 502.06.2 P.2; A Completed Sexual Abuse/Harassment Incident Review Report it is determined that NWCX does allow staff to accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously, and from third parties. Interviews with random NWCX staff, confirmed they would promptly report all allegations received whether verbally, in writing, submitted anonymously, and from third period to their supervisor.

In accordance with TDOC 502.06.2 P.2; PREA Tip Lines it is determined that NWCX provides methods for staff to privately report sexual abuse and sexual harassment of inmates. In accordance with TDOC 502.06.; PREA posters strategically located throughout the facility, staff may privately make reports of sexual abuse/harassment by contacting the Central Office PREA Tip Line @ 615-253-8178, and/or contact the NWCX Inmate PREA Victim Advocate Chief Counselor for PREA advocacy, information, support or interventions. Staff indicated they could privately report to their supervisor, Associate Warden or Warden by directly meeting with them, emailing them or reaching them via telephone.

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

The auditor conducted several inmate interviews in inmate housing that dedicated restricted inmate movement. These interviews were conducted in staff's offices that allowed privacy for the interviews. However, during the interview process, the auditor witnessed the description of unprofessional conduct previously reported during random and target inmate interviews. The auditor overheard staff conduct themselves in an unprofessional manner by being extremely loud and using profanity in a demeaning manner while speaking with inmates. These unprofessional acts of staff witnessed by the auditor confirmed the inmates' previous statements of staff's misconduct and the inmate population not feeling comfortable reporting allegations of sexual abuse and/or sexual harassment to them and their reluctance to report PREA allegations to staff. The actions of staff were discussed with the Correctional Administrator, Acting Warden, and Associate Warden (T)/Facility PREA Coordinator during the exit meeting.

The inmates were aware of the PREA Tip Line \*9222 where they could make a confidential and free report, and/or have a family member or friend report for them. Inmates stated they preferred using the PREA Tip Line \*9222 rather than reporting to staff due to their unprofessional interaction with them. Inmates were not aware that they could make a report without having to give their name. Although the inmates did not mention the W.R.A.P., this is a resource for inmate reporting and is posted on the inmate bulletin boards. Inmates can also make confidential and free reports to an outside Agency by writing W.R.A.P. at 512 Roland Ave Jackson, TN. 38301 or calling the Agency by dialing \*9555. The call will not be recorded.

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

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)

Yes  No  NA

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

#### 115.52 (e)

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

#### 115.52 (f)

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

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

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

In accordance with a review of TDOC 501.01 Inmate Grievance Procedures it is determined NWCX issues a final decision on the merits of any portion of a grievance alleging sexual abuse with 90 days of the initial filing of the grievance. If NWCX claims the maximum allowable extension of time to respond up to 70 days when the normal time period for response is insufficient to make an appropriate decision, the inmate is notified in writing of any such extension and provided a date by which a decision will be reached. At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any extensions, the inmate may consider the absence of a response to be a denial at that level. NWCX reported had one grievance files related to a PREA issue. The grievance was resolved and determined to not have merit.

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

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

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

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

There were zero (0) PREA related grievances filed at NWCX within the prior 12 months. NWCX meets the mandate of all elements within this standard.

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

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

#### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with TDOC Policy 502.06.03; Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims; Posted PREA Victim Advocate Information; MOU with W.R.A. P; Interviews with Facility Victim Advocate and W.R.A.P. Crisis Line Support Staff, NWCX meets the mandate of this standard. NWCX has successfully entered into a MOU with a W.R.A.P. Crisis Center Victim Advocate group to provide victim advocates for emotional support services related to sexual abuse. Specifically, the MOU is a signed agreement between the NWCX and W.R.A.P. The Agreement establishes guidelines for the provision of victim services to inmates in custody of NWCX who have been sexually abused or harassed. A posting of this available resource is located on bulletin boards throughout the facility which are accessible to the inmate population. The address and telephone number to make confidential and free reports to the outside Agency is provided on a memorandum submitted by the Warden as W.R.A.P. 512 Roland Ave, Jackson TN. 38301 or by dialing \*9555. The memorandum was issued to all staff and inmates at NWCX.



Interviews with 50 inmates, only one inmate was aware of the outside advocacy service. The identified inmate had previously reported being sexually abuse and was provided services from W.R.A.P. The remaining inmates interviewed had not used any services from the advocacy group and was unaware of these groups being available to them.

This information along with other PREA information is posted on all housing units' bulletin boards, in an addition to an abundance of other documentation that is time consuming in retrieving requested information. The auditor recommended reorganizing the bulletin boards with up to date relevant material that would allow easier viewing of required posted documents.

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

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with TDOC Policy 502.02, review of TDOC website; PREA Guide to Prevention and Reporting of Sexual Misconduct for TDOC, it was determined the agency has established numerous

method for third-party reporting for sexual abuse allegations. An agency website is available at, <https://www.tn.gov/correction/article/prison-rape-elimination-act-of-2003>.

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

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

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

### 115.61 (d)

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

### 115.61 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of TDOC 502.06.2 P. 2-3 it is determined that NWCX require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding 1) an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; 2) retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment; 3) any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation.

In accordance with TDOC 502.06.2 P.2 it is determined that apart from reporting to designated supervisors or ranking officials, staff refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) of this standard. Medical and mental health practitioners are required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The duty to report requirement was confirmed by Acting Health Service Administrator, Acting Mental Health Administrator and Director of Nurses.

## 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.*

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

The auditor conducted 25 random interviews that included security and non-security staff, each confirmed upon their awareness that if an inmate is subject to a substantial risk of imminent sexual abuse, they would immediately remove the inmate from the area of threat and notify their supervisor/ ranking official for further directions.

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

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

notification. The Warden that receives such notification of a PREA allegation having occurred at his/her correctional facility must ensure the allegation is investigated in accordance with TDOC policy.

An interview with the TDOC Commissioner confirmed stated TDOC policy and identified the investigator on site at each facility as the point of contact for these notifications.

An interview with the investigative staff at NWCX confirmed there were two (2) instances where inmates reported to NWCX staff they had been sexually abused at another facility within the last 12 months of the audit. The investigative staff advised the investigative staff where the incidents alleged to have occurred and work with the other facilities in completing the investigations. NWCX did not receive notifications from other correctional facilities of alleged sexual abuse/harassment having occurred at NWCX during the last 12 months of the audit.

## **Standard 115.64: Staff first responder duties**

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

#### **115.64 (a)**

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

#### **115.64 (b)**

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

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

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

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

Interviews were conducted with 24 random staff. Each reported they would separate the alleged victim and abuser, preserve and protect any crime scene, insure that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. Depending on the circumstances, the same actions would be taken with the alleged abuser.

Staff indicated after securing/separating the alleged victim from the alleged abuser, they would immediately contact the on duty ranking security supervisor who would take farther charge of the situation. Each staff member interviewed was able to articulate their responsibility as a first responder without referencing the card. Additionally, a security staff member who acted as a first responder was interviewed and was very knowledgeable and confident in articulating his correct actions taken while following the PREA protocol as a first responder.

## 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.*

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

A selected group of TDOC staff serve as members of the Sexual Assault Response Team (SART) who are assigned the responsibilities of ensuring the agency follow proper PREA protocol upon receiving allegations of sexual abuse. The SART is comprised of personnel in supervisory roles. The Institution Investigator is a member of this team and is immediately notified upon all allegations of sexual abuse reported. Depending on the circumstances of the reported allegations, he reports to the facility or provide guidance to the on duty ranking supervisor. The appointment of the SART members were assigned by the Warden and distributed to all staff. Members consist of the Institution Investigator; Associate Warden (T)/PREA/SART Coordinator; Chief of Security; Health Administrator; Mental Health Administrator; Chief Counselor/Facility Victim Advocate.



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

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with an interview with the TDOC Commissioner, TDOC does not participate in collective bargaining. Therefore, there are no limitations on the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

## Standard 115.67: Agency protection against retaliation

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

### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In accordance with TDOC Policy 502.06.2 PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART); interviews with TDOC Commissioner, Chief Counselor and Associate Warden (T)/Facility PREA Coordinator, NWCX meets the mandate of this standard. NWCX has policy and procedures in place to ensure all elements of this standard are in compliance. During an interview with the TDOC Commissioner, he confirmed the agency have measures to protect inmates and staff from retaliation for sexual abuse or sexual harassment allegations by assigning the appropriate Staff who monitor retaliation from the Sexual Abuse Response Team (SART). He added, the Agency's policy

is followed, and each case of retaliation is considered separately that may include housing assignment change, transfers, etc.

The Chief Counselor (SART) is assigned to conduct monitor inmate retaliation. The facility PREA Coordinator/Associate Warden (T)/ SART Team Coordinator, confirmed he is responsible for monitoring staff retaliation. Areas monitored are reviewed include the employee's work assignments, time off approvals, transfers, and evaluations.

## 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.*

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

An interview with the Unit Manager assigned to segregated housing, and Associate Warden (T)/ PREA Coordinator, there has been zero inmates placed in segregated housing for the purpose of protecting an inmate from sexual abuse within the prior 12 months.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

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

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

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

An interview with the Institution Investigator and a review of allegations of sexual abuse and/or sexual harassment identified fifteen (15) PREA allegations were reported and investigated within the prior 12 months of the audit.

One (1) investigation involved an allegation of sexual abuse by a staff member on an inmate. The investigation was concluded as Unsubstantiated.

There were fourteen (14) inmates on inmate allegations reported during the past 12 months of the audit cycle. Ten allegations were reported for inmate on inmate sexual abuse. Two allegations were reported for inmate on inmate sexual harassment. Five (5) cases was determined to be Unsubstantiated and seven (7) was determined to be Unfounded. Two reported allegations of inmate on inmate sexual abuse remains open pending DNA test resulting.

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

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

A review of the Agency's website supports the agency's committed to informing the public of the Agency's zero tolerance for sexual abuse and sexual harassment. Specifically, the website has notes "TDOC Law Enforcement Unit, in consultation with the department's legal office, aggressively refer substantiated cases of sexual assault by offenders or employees to the local district attorney's office for criminal prosecution."

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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



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

### Instructions for Overall Compliance Determination Narrative

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

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

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

### Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

In accordance with TDOC Policy 502.06.2 PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART) P.7 section J 1 -3; PREA Allegation Status Notification form, review of investigative files; and interview with investigative staff, NWCX meets the mandate of this standard. NWCX has policy and procedures in place that ensures the investigation findings of all sexual allegations are documented and provided to the alleged victim of sexual abuse of the finding.

An interview with the investigative staff confirmed thirteen of the fifteen allegations of sexual abuse/sexual harassment filed in the past 12 months of the audit investigation was completed. Two allegations of sexual abuse reported in the past 12 months of the audit remain open.

A review of the thirteen (13) closed PREA investigative files revealed all were advised of the findings and provided a PREA Allegation Status Notification form related to their allegation. Seven (7) acknowledged the PREA Allegation Status Notification form with their signature. Six refused to sign the PREA Allegation Status Notification form. Each file contained these forms documented notification forms signed by the alleged victim and/or documentation in which the inmate refused to sign the notification form.

## 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.*

In accordance with TDOC Policy 502.06.2; p.8 – PREA Allegations, Investigations, and Sexual Response Teams (SART); and interviews with the Investigative Staff, and Associate Warden (T)/Facility PREA Coordinator, and Human Resource Staff; it is determined the Agency and NWCX have policy and procedures that staff are subject to disciplinary sanction up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual touching only after conclusion of the investigation. All terminations for violations for the TDOC sexual abuse or sexual harassment policies, or resignation by staff who have been terminated if not for their resignation, shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. There were zero staff terminated or resigned during their involvement in a PREA allegation investigation.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No

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

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

There have been zero (0) instances of contractors, volunteers, and or TDOC staff reported to any relevant licensing bodies within the past 12 months due to termination or PREA investigations.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

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

There were zero inmate discipline sanctions imposed due to sexual abuse or sexual harassment at NWCX for the past 12 months.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

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

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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



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

In accordance with TDOC Policy 502.06.2; PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART); TDOC 502.6.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victim; Interviews with Acting Mental Health Administrator, Acting Health Service Administrator, and Director of Nursing; Review of Incomplete PREA risk screening, NWCX does not meet the mandate of this standard. The facility was determined does not meet the standard due staff assigned to conduct PREA risk screening failed in numerous cases to conduct the initial and/or 30-day follow-up PREA risk screening pursuant to standard 115.41. Staff failure to conduct proper and timely PREA risk screening prevented the inmate population from being properly and timely referred to and screened by medical and mental health within 14 days of intake screening.

However, during interviews with the Acting Health Service Administrator and Mental Health Program Specialist 3, each confirmed their knowledge and responsibility in seeing inmates who are identified within this standard upon receipt from staff assigned to conduct PREA risk screening as noted in TDOC 502.6.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victim and mandated in this standard. If the screening indicates an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensured the inmate was offered a follow-up meeting with a medical and/or mental health practitioner within 14 days (normally within 7 days) of the intake screening. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary to inform treatment plans and security and management decision, including housing, bed, work, education, and program assignments, or as other required by Federal, State, or local law. Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. This practice was confirmed during interviews with the mental health and medical practitioners and review of confirmation of the timely services provided.

Corrective action: The facility will be placed on a 120-day corrective action period to ensure staff receives proper training in conducting timely PREA risk screening and use of the TOMIS program to document the assessments. The 120-day corrective action period will allow ample time to provide supporting documentation of successful training and the completion of their duty assignments as their normal practice. The auditor will receive copies of all inmate movement within the 120-day period and will use these rosters to select PREA risk screening assessments for review throughout the end of the corrective action period. Monitoring of intake staff/counselors will be conducted by the Chief Counselor. Upon review of staff meeting standard 115.41 by conducting screening for risk of victimization and abusiveness timely while making appropriate referrals to medical and mental health. Documentation of referrals made by Counselors will be reviewed for compliance. If the facility fails to meet the standard at the 120-day mark, the corrective action period will extend an addition 60 days for a total not to exceed 180 days corrective action.

At the conclusion of the 120-day corrective action as described in the Summary of Corrective Action, NWCX demonstrated their success in Meeting the Standard of 115.81.

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

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

### 115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  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.*

In accordance with a review of TDOC 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services For PREA Victims; Interview with the Acting Health Service Administrator, Review of investigative files and Medical documentation, NWCX meets the mandate of this standard. NWCX have policies and procedures in place to ensure victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. NWCX medical staff is on duty 24 hours. Mental health providers are accessible. If no qualified medical or mental health providers are on duty at the time a report of recent sexual abuse is made, security staff first responders take preliminary steps to protect the victim pursuant to 115.62 and immediately notify medical and mental health practitioners. Security staff is trained to provide first aid to the alleged victim if needed.

In accordance with a review of TDOC 502.06.3 P. 4 inmate victims of sexual abuse are offered timely information and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. NWCX offers all treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Medical care and mental health referrals were made for the five inmates interviewed as reporting an allegation of sexual abuse. Although some of the inmates were already being monitored by mental health providers.

Based on interviews of medical staff and Institution Investigator, and a review of inmate PREA investigative case files, those inmates who reported allegations of sexual abuse having occurred within 72 hours receive first aid medical attention at the facility if needed and are escorted to Jackson Madison County General Hospital for a forensic medical examination. Two reports of inmate on inmate sexual abuse remain open pending forensic test results. The alleged victims received timely and unimpeded access to emergency services. Either of the inmates requested a Victim Advocate to accompany them and/or assist during the examination and/or the investigation process.

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

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

### **115.83 (a)**

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

### **115.83 (b)**

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

#### 115.83 (c)

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

#### 115.83 (d)

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

#### 115.83 (e)

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

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

In accordance with TDOC 502.06.3 Medical, Mental Health, Victim Advocacy, & Community Support Services for PREA Victims; interviews with medical and mental health staff; PREA Incident Review it is determined NWCX has policies and procedures in place to offer medical and mental health evaluation and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. These services are provided to victims consistent with the community level of care.

NWCX is a male facility and does not house female inmates. Therefore, the inmate victims are not subject to sexually abusive vaginal penetration or offered pregnancy tests. The requirement to have timely access to all lawful pregnancy-related medical services is not applicable.

In accordance with TDOC 502.06.3, treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. NWCX will attempt to conduct a behavior health evaluation of all known inmate-on-inmate abusers within 14 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

## 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.*

In accordance with a review of TDOC 502.06.2 PREA Allegations, Investigation, and Sexual Abuse Response Teams (SART); Review of PREA Investigative Files; Review of Completed Incident Reviews; Interview with Institution Investigative (Member of Incident Review Team), NWCX meets the mandate of this standard. NWCX policies and procedures in place to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

The incident review consists of upper-level management staff assigned to the Sexual Assault Response Team (SART). These staff member upper-level management official positions are PREA /SART Coordinator, Institution Investigator, Chief of Security, Health Administrator, Mental Health Administrator, Chief Counselor, and a Line Supervisor.

There were zero (0) allegations of sexual abuse with a finding of Substantiated, and (4) allegations of sexual abuse with a finding of Unsubstantiated. An Incident Review Team Meeting was conducted within 30 days of the conclusion of the investigations during the monthly SART meetings.

In accordance with a review of TDOC 502.06.2 Interview with incident review team member, and review of completed incident reviews, the auditor confirmed the review team: 1) consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2) consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility; 3) examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4) assess the adequacy of staffing levels in that area during different shifts; 5) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; 6) prepare a report of its findings, including but not necessarily limited to determinations made pursuant to 115.86 (d) (1) – (d) (5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager; 7) the facility will implement recommendations for improvement, or document its reasons for not implementing the recommendation.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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



necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice; 4) the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews; 5) the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates; 6) the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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

In accordance with a review of TDOC 502.06 PREA Implementation, Education and Compliance; PREA Annual Reports with Corrective Actions; TDOC Website and staff interviews, the Agency meets the mandate of this standard. Agency staff consisting of the Director, Compliance, Director, Director Office of Investigations and Compliance, Assistant Commissioner of Prisons, Assistant Commission of Operations, Deputy Commissioner/Counsel General, CFO, Chief of Staff, and TDOC Commissioner. Staff review data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by 1) identifying problem areas; 2) taking corrective action on an ongoing basis; 3) preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. This data is compiled by the Agency PREA Coordinator upon gathering relevant information from the correctional facilities.

In accordance with a review of TDOC 502.06; PREA Annual Reports; TDOC Website it is determined that the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse; and the agency’s annual report is approved by the agency head (TDOC Commissioner) and made readily available to the public through the Agency’s website at <https://www.tn.gov/correction/sp/prison-rape-elimination-act.html>. Before making aggregated sexual abuse data publicly available, TDOC removes all personal identifiers.

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

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

**115.89 (a)**

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

**115.89 (b)**

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

### 115.89 (c)

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

### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of TDOC 502.06 PREA Implementation, Education, and Compliance; Annual PREA Reports; TDOC website; and Interview with Agency PREA Coordinator, the Agency meets the mandate of this standard. The Agency has policies and procedures are in place to ensure guidelines are followed to ensure: 1) data collected pursuant to standard 115.87 are securely retained; 2) the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website; 3) the agency remove all personal identifiers before making aggregated sexual abuse data publicly available; 4) the agency maintain sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

## AUDITING AND CORRECTIVE ACTION

## Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed the Agency's website and confirmed all TDOC facilities were audited within the prior three (3) year period and final reports were posted on the Agency's website. This audit was conducted within the second year of second cycle. The auditor was given access to all areas of the Complex and the ability to observe all procedures being conducted during the site visit. The auditor was provided with copies of all requested relevant documents to include electronically stored information and viewing of video monitoring.

The auditor was provided private offices to conduct inmate and staff interviews in a confidential setting without interruptions.

An interview with mail room staff confirmed inmates are allowed to seal all outgoing mail. Mail noted as PREA is treated as legal mail by being logged and forwarded in the outgoing mail. However, the auditor did not receive any correspondence from the inmate population prior to the site visit and received zero requests to speak with the auditor during the site visit.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued

in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

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

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

*Debra D. Dawson*

*May 10, 2019*

**Auditor Signature**

**Date**

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

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