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Subject: PRISON RAPE ELIMINATION ACT (PREA)		

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I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 39-13-501, TCA 39-13-503, TCA 39-16-408, TCA 40-39-202, Title 28 CFR Part 115, Sections 115.5 through 115.501, and the Prison Rape Elimination Act of 2003, 42 USC 15601 through 15609 (PREA).

II. PURPOSE: To prevent sexual abuse of inmates and residents under the jurisdiction of the Tennessee Department of Correction (TDOC) and establish standardized procedures to request, approve, and govern the actions; reporting procedures; and authority of the Tennessee Department of Correction (TDOC) regarding Prison Rape Elimination Act (PREA) investigations and the role of Sexual Abuse Response Teams (SARTs).

III. APPLICATION: All TDOC staff, inmates, TRICOR employees, contract employees, volunteers, visitors, and privately managed institutions.

IV. DEFINITIONS:

A. Employee: For the purpose of this policy, any full-time or part-time staff member, TRICOR employees, volunteer, vendor, intern, contractor, or employee of a contractor.

B. Intersex: A condition usually present at birth that involves reproductive, genetic, or sexual anatomy that does not seem to fit the typical definitions of female or male.

C. Facility/Site PREA Coordinator (FPC): Associate Wardens of Treatment/Deputy Superintendent at TDOC institutions and Assistant Wardens of Programs at privately managed institutions who coordinate local PREA programming activities and reporting requirements and oversees the functions of the PREA Compliance Manager.

D. First Responder: Any employee who has initially received information regarding a sexual abuse allegation.

E. Investigations Unit (IU) Special Agents: Agents specifically trained to perform criminal investigations and respond to information provided by SART members which may warrant additional investigation pursuant to potential criminal activity.

F. PREA Allegation System (PAS): Computer application located on the TDOC intranet that is used to enter all inmate-on-inmate and staff-on-inmate allegations of sexual assault and sexual harassment.

G. PREA Compliance Manager (PCM): The employee appointed by the Facility/Site PREA Coordinator to ensure the facility's compliance with PREA.

H. PREA-Free Walk: A monthly inspection conducted by the on-site PREA Compliance Manager at all facilities.

I. Prison Rape Elimination Act (PREA): Federal legislation which was enacted and signed by President George W. Bush in 2003 to prevent, detect, and respond to prison rapes, sexual assaults, and sexual harassment within the United States.

J. PREA Screening System Application: Computer application located on the TDOC intranet that is used to screen inmates upon intake and transfer for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

K. PREA Victim Advocate: Any employee designated by the Facility PREA Coordinator who has been specially trained to support an alleged victim during the investigation of an alleged sexual assault.

L. Sexual Abuse: Encompasses inmate-on-inmate sexual abuse; inmate-on-inmate sexual harassment; staff-on-inmate sexual abuse; and staff-on-inmate sexual harassment.

1. Inmate-on-inmate sexual abuse: Encompasses all incidents of inmate-on-inmate sexually abusive contact and inmate-on-inmate sexually abusive penetration.

2. Inmate-on-inmate sexually abusive contact: Non-penetrative touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration by an inmate of another inmate without the latter's consent, or of an inmate who is coerced into sexual contact by threats of violence, or of an inmate who is unable to consent or refuse.

3. Inmate-on-inmate sexually abusive penetration: Penetration by an inmate of another inmate without the latter's consent, or of an inmate who is coerced into sexually abusive penetration by threats of violence, or of an inmate who is unable to consent or refuse. The sexual acts included are:

   a. Contact between the penis and the vagina or the anus;

   b. Contact between the mouth and the penis, vagina, or anus; or

   c. Penetration of the anal or genital opening of another person by a hand, finger, or other object.

4. Inmate-on-inmate sexual harassment: Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, or gestures or actions of a derogatory or offensive sexual nature by one inmate directed towards another inmate.

5. Staff-on-inmate sexual abuse: Encompasses all occurrences of staff-on-inmate sexually abusive contact, staff-on-inmate sexually abusive penetration, staff-on-inmate indecent exposure, and staff-on-inmate voyeurism. Staff solicitations of inmates to engage in sexual contact or penetration constitute attempted staff-on-inmate sexual abuse.

6. Staff-on-inmate sexually abusive contact: Non-penetrative touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks by a staff member of an inmate with or without the latter's consent that is unrelated to official duties.

7. Staff-on-inmate sexually abusive penetration: Penetration by a staff member of an inmate with or without the latter's consent. The sexual acts included are:

   a. Contact between the penis and the vagina or the anus;

   b. Contact between the mouth and the penis, vagina, or anus; or

   c. Penetration of the anal or genital opening of another person by a hand, finger, or other object.

8. Staff-on-inmate indecent exposure: The display by a staff member of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate.

9. Staff-on-inmate voyeurism: An invasion of an inmate's privacy by an employee for reasons unrelated to official duties or when otherwise not necessary for safety and security reason, such as peering at an inmate who is using a toilet in his or her cell; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions and distributing or publishing them.

10. Staff-on-inmate sexual harassment: Repeated verbal comments or gestures of a sexual nature to an inmate by a staff member. Such statements include demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

M. Sexual Abuse Nurse Examiner/Sexual Forensic Nurse Examiner (SANE/SAFE): Nurses specially trained in the discipline of sexual response.

N. Sexual Abuse Response Team (SART): A coordinated response team comprised of the FPC, PCM, medical and mental health practitioners, facility investigators, Chief Counselor, and facility security leadership.

O. Sexual Aggressor: Any inmate within TDOC custody who has been identified, utilizing the PREA Screening System Application as an individual who is at high risk of being sexually abusive.

P. Sexual Victim: Any inmate within TDOC custody who has been identified, utilizing the PREA Screening System Application as an individual who is at high risk of being sexually victimized.

Q. TDOC Statewide PREA Coordinator: The employee designated by the Commissioner/designee to oversee, develop, implement, and monitor the Department's PREA programming and reporting responsibilities.

R. Transgender: A term describing persons whose gender identity and/or expression do not conform to the gender roles assigned to them at birth. Gender identity is determined by medical staff only.

V. POLICY: It is the policy of the TDOC to provide a safe, humane, appropriately secure environment, appropriate medical and behavioral health care, victim advocacy, and community support services that are free from threat of sexual abuse and sexual harassment for all inmates, by maintaining a program of prevention, detection, response, investigation, and tracking of all alleged and substantiated sexual assaults and sexual harassment.

VI. PROCEDURES:

A. The TDOC has an absolute zero tolerance towards sexual acts between staff and inmates, as well as between inmates. There are no consensual sexual acts in a custodial or supervisory relationship or consensual sexual contact between inmates. Any sexual abuse or sexual harassment between employees and inmates is inconsistent with the professional, ethical principles, and polices of the TDOC. All allegations of sexual abuse/sexual harassment will be reported and investigated.

1. Confidentiality.

a. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and behavioral health practitioners and other staff, as necessary, to make informed treatment plans and security and management decisions, including housing, cell assignments, work, education, and program assignments, or as otherwise required by federal, state, and/or local law.

b. Medical and behavioral health providers obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in the institutional setting.

c. Non-SART members of medical and behavioral health staff will not be involved in the criminal investigations of PREA allegations, except for the preservation of evidence.

B. Staff Appointments.

1. The Commissioner/designee appoints a TDOC Statewide PREA Coordinator within the Office of Inspector General (OIG) who will be responsible for implementing, developing, overseeing, and monitoring the Department's PREA activities, policy development, and training,

2. The Facility/Site PREA Coordinator (FPC) appoints an on-site PREA Compliance Manager (PCM) who is responsible for ensuring the facility's compliance with PREA standards. On a monthly basis, the PCM informs the FPC of the facility's compliance status using the Inspection Team Worksheet, CR-3821.

C. Inmate Orientation and Education.

1. All inmates entering the TDOC system receive verbal and written information concerning sexual abuse within 24 hours of intake at the diagnostic centers.

2. All contractors housing TDOC offenders must have written policies and procedures providing for orientation and education, which require the approval of the TDOC before implementation.

3. Each facility takes appropriate steps to ensure that inmates with disabilities (including, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

4. Facility staff ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skill, or who are blind or have low vision.

5. Staff must not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances, such as when an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder duties or the investigation of the inmate's allegation. A contact note, using code LCDG is posted in OMS, identifying the name of the assistor/interpreter and their organization.

6. Facility staff take reasonable steps to ensure meaningful access to all aspects of TDOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

D. Each facility develops a staffing pattern that provides for the adequate levels of staffing and monitoring to protect inmates against sexual abuse. By July 1st of each calendar year, each facility must assess, determine, and document whether adjustments are needed to the facility staffing plan. This review will follow the guidelines of PREA Standard 115.13 (a), (b), and (c) and is completed on the PREA Annual Staffing Review, CR-3964.

E. PREA Inspections.

1. On a monthly basis, each FPC and/or PCM ensures that an unannounced PREA-Free Walk is conducted using the PREA Inspection Team Worksheet, CR-3821. This inspection is conducted to identify and deter sexual abuse and sexual harassment. By the 15th of each month, the Warden/Superintendent/designee submits the facility's previous month's PREA-Free Walk documentation to the Assistant Commissioner of Prison Operations/designee. The Assistant Commissioner of Prison Operations/designee compiles all the facilities' reports and forwards to each Deputy Commissioner, Assistant Commissioner, Inspector General, Statewide PREA Coordinator, and Director of Decision Support: Research and Planning for review.

2. Staff, Security Shift Corporal and above, Unit Managers, and/or the Administration Duty Officer, conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. Unannounced PREA rounds are conducted on each shift daily. Each unit/program area logbook is annotated with "Unannounced PREA Inspection/Security Check", when signing into the unit/program area to conduct unannounced rounds. Any staff member alerting other staff members that these unannounced rounds are occurring will be subject to appropriate disciplinary action.

3. Monitoring for PREA is conducted using the appropriate inspection instrument(s) during the annual compliance inspection. The inspection instrument(s) are developed in conjunction with the TDOC Statewide PREA Coordinator to ensure compliance with PREA standards.

F. Training.

1. Employee Training.

a. The Tennessee Correction Academy (TCA) is responsible for the development and distribution of the course lesson plans annually. All lesson plans or materials utilized for pre-service and in-service training on inmate sexual abuse and sexual harassment are approved by the TDOC Statewide PREA Coordinator and TDOC General Counsel prior to implementation. At a minimum, the training must cover:

(1) TDOC policy on zero tolerance for sexual abuse and/or sexual harassment;

(2) Staff responsibilities under TDOC policies on sexual abuse and sexual harassment, prevention, detection, proper reporting procedures as outlined in and how to document responses to allegations;

(3) Inmates' rights to be free from sexual abuse and sexual harassment;

(4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

(5) The dynamics of sexual abuse and sexual harassment in confinement;

(6) The common reactions of sexual abuse and sexual harassment victims;

(7) How to detect and respond to signs of threatened, suspected, or reported sexual abuse;

(8) How to avoid inappropriate relationships with inmates;

(9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and

(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

b. Security staff are trained on how to conduct cross-gender frisk searches and searches of transgender and intersex inmates in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. No inmate will be searched solely for the purpose of determining gender status or condition, such as intersex or transgender.

c. Such training is tailored to the gender of the inmates at the employee's facility. The employee receives additional training if the employee is reassigned from a facility that housed opposite gender inmates, or vice versa.

d. The Tennessee Correction Academy and facilities document through signature that employees understand the training they received using Employee PREA Training Acknowledgement, CR-3965.

2. Volunteer and Contractor Training: Each facility must ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under TDOC's sexual abuse and sexual harassment prevention, detection and response policies and procedures. Training acknowledgements for volunteers and contractors are documented through signature on CR-3965.

3. Medical and Behavioral Health Staff Specialized Training: All full and part-time medical and mental health care employees who work regularly in the facility are trained in:

a. How to detect and assess signs of sexual abuse and sexual harassment;

b. How to preserve physical evidence of sexual abuse;

c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment;

d. How, and whom, to report allegations or suspicions of sexual abuse and sexual harassment; and

e. Documentation of specialized training for medical and behavioral health employees is the responsibility of the Health Services Administrator and Behavioral Health Administrator at each facility. This training is documented on the TDOC Training Roster, CR-2245, with copies provided to the facility training specialist.

4. Employees of privately managed facilities receive PREA training as part of the pre-service and in-service training requirements established by the contractor and approved by TDOC.

G. The Director of Contracts Administration ensures that all new TDOC contracts or contract renewals include language requiring compliance with the PREA standards.

H. Data Collection, Review, Annual Reporting, Security, and Retention.

1. Staff collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. TDOC aggregates the incident-based sexual abuse data at least annually. This report is prepared by the TDOC Statewide PREA Coordinator utilizing the Department of Justice annual reporting format. TDOC maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

2. The TDOC Statewide PREA Coordinator reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

   a. Identifying problem areas;

   b. Taking corrective action on an ongoing basis; and

   c. Preparing an annual report of its finding and corrective action for TDOC. This report includes a comparison of the current year's data and corrective actions with those from the prior year and provides an assessment of TDOC's progress in addressing sexual abuse. This report is approved by the Commissioner and made readily available to the public through the Department's website.

3. The TDOC Statewide PREA Coordinator ensures that data collected is securely retained. TDOC makes all aggregated sexual abuse data, from TDOC facilities and private facilities with which it contracts, readily available to the public at least annually through the TDOC website. Personal identifiers are removed prior to the data being made publicly available.

4. The TDOC Statewide PREA Coordinator maintains sexual abuse data collected for at least ten years after the date of the initial collection unless federal, state, or local law requires otherwise.

5. PREA audit documentation is retained for 12 months following the deadline for any facility audit appeal. Longer document retention may be requested by the U.S Department of Justice through the TDOC Statewide PREA Coordinator.

I. Sexual Abuse/Sexual Harassment between Staff on Inmates and between Inmates.

1. Acts of sexual abuse against inmates or retaliation against inmates who refuse to submit to sexual activity, or intimidation of a witness is prohibited.

2. Retaliation against individuals because of their involvement in the reporting or investigation of sexual assault or sexual contact/sexual harassment is prohibited.

3. All incidents of sexual abuse or related intimidation/retaliation will result in corrective and/or disciplinary action, up to and including termination. Failure of employees to report incidents of sexual assault or sexual contact/harassment will result in corrective and/or disciplinary action.

J. Screening/Assessing Inmates at Diagnostic Centers.

1. Classification teams or unit management teams from diagnostic classification units will interview and evaluate all inmates for sexually aggressive/victim tendencies utilizing the PREA Screening System Application located on the TDOC intranet within 72 hours of

arrival. User security access to this system is requested by the Associate Warden of Treatment/Deputy Superintendent/Assistant Warden Programs at privately managed facilities to the TDOC Statewide PREA Coordinator.

2. Additional information is gathered utilizing the risk needs assessment. Any conflicting information with the TDOC Sexual Aggressor or Sexual Victim screening should be reported to and resolved by the Chief Counselor.

3. The medical staff review for a history of aggressive sexual behavior or sexual abuse/victimization, utilizing information from the county officials and the medical/ behavioral health screening on the day of arrival.

4. Inmates arriving at diagnostic centers who will be excluded from a risk needs assessment still receive a PREA screening as any other inmate entering the TDOC system. Within 30 days, the inmate will be rescreened with the PREA Screening System Application. Once an inmate has been transferred to his/her receiving institution, his/her PREA screening is rescreened. This may also be based upon any additional, relevant information received since the intake screening.

5. Inmates refusing to answer particular questions or not disclosing complete information are not disciplined. These questions include:

   a. Whether or not the inmate has a mental, physical, or developmental disability.

   b. Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming.

   c. Whether or not the inmate has previously experienced sexual victimization.

   d. The inmate's own perception of vulnerability.

K. Additional Screening/Assessing.

1. All inmates are screened, using the PREA Screening Application, upon arrival at a facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. This screening takes place within 72 hours of arrival at the facility.

2. Within 30 days, the inmate will be rescreened with the PREA Screening System Application reassessing the inmate for risk of victimization or abusiveness to include any additional relevant information received by the facility since the intake screening.

3. Inmates will be screened using the PREA Screening System Application for the following occurrences:

   a. Upon triggering events or referrals that occur based upon observation from staff.

   b. Upon each occurrence of a guilty finding for a disciplinary of a sexual nature.

   c. Upon each substantiated finding of sexual abusiveness or sexual victimization.

   d. Upon an inmate being housed at a facility longer than 24 hours.

e. Upon return when an inmate is away from his/her assigned facility for more than 24 hours.

4. Screenings are tracked on a PREA Intake Spreadsheet, CR-4202, and are reviewed within 48 hours by the Chief Counselor/designee at each facility to ensure that the initial PREA screening has been completed. If the inmate has not had his/her initial assessment, the Chief Counselor will assign a counselor to conduct the assessment prior to the 72-hour time limit.

5. If upon an inmate's initial meeting with his/her assigned counselor it is discovered that the inmate has not had his/her PREA reassessment screening, the assigned counselor conducts the PREA rescreening and document the completion date on the PREA Intake Spreadsheet, CR-4202.

6. Individuals conducting the reviews initial the PREA Intake Spreadsheet, CR-4202, acknowledging that the information is accurate. The PREA Intake Spreadsheet, CR-4202, for the prior month is submitted by the 15th of each month to the Statewide TDOC PREA Coordinator. Additionally, the PREA Intake Spreadsheet, CR-4202, is kept as part of the monthly PREA-Free Walk documentation that is submitted to Assistant Commissioner of Prisons.

7. An inmate's risk level is rescreened when warranted due to a referral, request, incident of sexual abuse or sexual victimization, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

8. If behavioral health intervention is indicated, a referral must be made utilizing the Institutional Health Services Referral, CR-3431 within 14 days.

9. Once an inmate is identified as a Sexual Aggressor or Sexual Victim at any time during his/her incarceration, the inmate is reevaluated for appropriate housing and programs.

10. If the PREA screening outcome changes an inmate's status as a Sexual Aggressor or Sexual Victim, staff must review the current cell/bed assignment of the inmate to ensure the compatibility with other inmates assigned to the same cell and the new screening outcome. If a cell/bed assignment is needed, staff must notify the Associate Warden of Treatment/Deputy Superintendent/ Assistant Warden of Programs and unit management staff via email of the required move.

L. PREA Screening System Application.

1. The PREA Screening System Application is used to determine if an inmate is at risk of victimization consists of the following criteria, at a minimum:

a. Whether the inmate has a mental, physical, or developmental disability.

b. The age of the inmate (24 or younger or elderly, 60 or older).

c. The physical build of the inmate (5'5" and/or less than 150 pounds).

d. Whether the inmate has previously been incarcerated.

e. Whether the inmate's criminal history is exclusively non-violent.

f. Whether the inmate has prior convictions for sex offenses against an adult or child.

g. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.

h. Whether the inmate has previously experienced sexual victimization.

i. The inmate's own perception of vulnerability.

j. Whether the inmate is detained solely for civil immigration purposes.

k. Whether the inmate is a former victim of institutional (prison or jail) sexual abuse.

l. If the answers to questions 1, 2, and 3 are yes, the inmate is scored at risk for victimization.

m. If the answer to questions 7 and 9 are yes, the inmate is scored at risk for victimization.

n. If the answer to question 8 is yes, the inmate is scored at risk for victimization.

o. If the answer to question 9 is yes, the inmate is scored at risk for victimization.

p. If the answer to question 11 is yes, the inmate is scored as a victim.

q. Any "YES" answer for E1, E6, E8, or E11 requires a referral to behavioral health.

2. The PREA Screening System Application is used to determine if an inmate is at risk of being abusive consists of the following criteria, at a minimum:

a. Prior acts of sexual abuse.

b. Prior acts of violent offenses.

c. History of prior institutional violence.

d. Prior history of institutional sexual abuse.

e. If the answer to 1 is yes, the inmates is scored at risk for abusiveness.

f. If the answer to 4 is yes, the inmate is scored as an aggressor.

g. Any "YES" answer for F1 or F4 requires a referral to behavioral health.

3. After completion of the screening, the victim/aggressor determination has been made, and annotation of whether the inmate has a risk needs assessment conducted, the PREA Screening System Application will offer an option to increase or lower the screening finding. Any increase or lowering of the screening finding requires justification and approval of the Chief Counselor and the Associate Warden/Assistant Warden/Deputy Superintendent.

4. Inmates with a physical or behavioral health issue that prohibits them from understanding the PREA Screening System Application and process is not screened until the attending physician or mid-level provider clears them for orientation. The assigned counselor documents the inmate's physical or behavioral health status on Contact Note LCDG in OMS and again when the inmate does receive their screening.

M. Housing, cell assignments, work, education, and program assignments are made with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

1. Decisions concerning individual housing assignments and group activities for inmates who enter TDOC and are identified as Sexual Aggressors or Sexual Victims are the responsibility of the unit management team. This information is strictly Need-to-Know. Housing, cell assignments, work, education, and program assignments are made with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually aggressive.

a. No inmate will be double celled until the required PREA screening has been completed. Those inmates who are deemed Sexual Aggressors or Sexual Victims will be appropriately housed until assessed by behavioral health professionals or classification.

b. Inmates who enter TDOC and are identified as Sexual Aggressors or Sexual Victims on the PREA Screening System Application may be considered for protective custody placement or placement in an institutional setting considered more controlled than general population. Clinical services are offered to those inmates. Clinical decisions regarding these inmates are the responsibility of the medical and behavioral health staff at the diagnostic center.

N. <u>Referrals and Monitoring.</u>

1. Any inmate identified as a Sexual Aggressor must be monitored quarterly by the assigned counselor and documented on the offender management system (OMS) screen LIBC for a minimum of one calendar year. These inmates must be re-evaluated at annual reclassification and a new PREA screening is to be conducted.

2. Inmates who enter TDOC as sex offenders or inmates identified as Sexual Aggressors are advised of the sex offender treatment/programming eligibility requirements by the counseling or behavioral health staff involved in the diagnostic and classification process. Those eligibility criteria must be met to be able to enter this program.

3. Those inmates identified as victims are re-evaluated within 30 days by the behavioral health staff, if placed in segregated/restrictive housing involuntarily. If an extension is necessary, there must be documentation of the basis for concern for inmate safety and reason for no alternative means of separation.

4. If the screening process indicates that an inmate has experienced prior sexual victimization, or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the inmate is offered a referral to a medical and/or behavioral health provider within 14 days of the screening.

5. Inmates who have been separated from the general population are re-evaluated every 30 days to determine whether there is a continuing need for separation.

6. Inmates identified as transgender or intersex are considered on a case-by-case basis. These identified inmates are rescreened every six (6) months by the assigned counselor to review any threats to safety experienced by the inmate.

O. PREA Allegations.

1. All staff are required to report immediately to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of TDOC, retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

2. Staff must not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

3. Unless otherwise precluded by federal, state, or local law, medical and mental health practitioners are required to report sexual abuse as outlined in this policy and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

4. Facility staff report all allegations of sexual abuse and sexual harassment, including third-party, and anonymous reports, to the facilities designated investigator(s).

P. PREA Reporting.

1. The Department provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse. These include but are not limited to:

   a. Reporting directly to staff;

   b. Facility PREA Tip Line;

   c. Third-party reporting; and

   d. Written communication.

2. The Department provides at least one way for inmates to report abuse or harassment to an outside governmental entity that is not affiliated with the Department or that is operationally independent from Department leadership. This information is made available to inmates through the facility inmate handbook.

3. Staff accept reports made verbally, in writing, anonymously, and from third parties. All allegations are documented within 24 hours of becoming known to facility staff in the PREA Allegation System (PAS). The FPC or institutional investigator(s) call the TDOC Central Communication Center within 24 hours to report the allegation. The caller will not provide any details regarding the allegation, but rather provide only the PAS number

assigned to the allegation. The Facility/Site PREA Coordinator (FPC)/designee reviews all PAS entries to ensure the allegation was documented within 24 hours of becoming known to facility staff. This review is documented on the Sexual Abuse Incident Check Sheet, CR-3776. Approval for selected staff to have security access for the PAS is requested by the FPC to the TDOC Statewide PREA Coordinator.

4. No information related to a PREA incident of sexual abuse or harassment is entered in the offender management system (OMS). PAS incident numbers are used for communication purposes.

5. Staff may privately report sexual abuse and sexual harassment of inmates to the Central Office PREA Tip Line at 615-253-8178.

6. If facility staff receives information that an inmate is subject to a substantial risk of imminent sexual abuse, staff must take immediate action to protect the inmate.

7. When an inmate reports an allegation for an incident that occurred in another correctional setting prior to arriving to their assigned facility, the following occurs:

   a. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden/Superintendent of the facility that received the allegation notifies the Warden/Superintendent of the facility where the alleged abuse occurred in writing using an official letterhead and files a copy in the investigation file.

   b. Notifications are provided as soon as possible, but no later than 72 hours after receiving the allegation.

   c. The Warden/Superintendent who receives such notification ensures that the allegation is investigated in accordance with TDOC policy.

8. When an allegation requires modifications or needs to be deleted in the PAS, a request is submitted using the PREA Modification/Deletion Request, CR-4327, to the TDOC Statewide PREA Coordinator. The request is reviewed and signed by the FPC and Warden/Superintendent prior to submission to the TDOC Statewide PREA Coordinator.

Q. Responsibilities of First Responders.

1. If the first staff responder is not a security staff member, he/she is required to instruct the alleged victim not to take any actions that could destroy physical evidence and then immediately notify the shift commander.

2. The alleged victim and abuser is instructed not to wash their hands, shower, brush teeth, change clothes, urinate, defecate, drink, or eat.

3. The shift commander who is notified of the allegation initiates the Sexual Abuse Incident Check Sheet, CR-3776.

4. Security separates the alleged victim and abuser.

5. Security preserves and protects any crime scene until appropriate steps can be taken to collect any evidence.

6. Security staff notifies the SART.

R. Sexual Abuse Response Team (SART) Response. The facility coordinates actions taken in response to an incident of alleged sexual abuse or harassment among staff first responder(s) and SART, which includes medical and behavioral health practitioners, institutional investigator(s), and facility leadership.

1. Medical and behavioral health protocols related to allegations are followed and documented relative to community standards of care, in the event of a sexual abuse allegation. SART members determine if a Sexual Abuse Nurse Examiner/Sexual Forensic Nurse Examiner (SANE/SAFE) response is necessary at outside medical facilities with SANE personnel. The alleged victim is transferred only to medical facilities trained and equipped with SANE personnel, whenever possible. PREA Victim Advocate(s) are available to the alleged victim, when requested. SANE/SAFE examinations are provided at no cost to the victim.

2. Any use of restrictive housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements set forth in this policy and coordinated by the unit management team. The Protective Services Investigation Routing, CR-3241, must clearly indicate the basis of concern for the inmate's safety and the reason why no alternative means of separation can be arranged.

a. Inmates at high risk for sexual victimization may be placed in segregation/ restrictive housing only after an assessment of all available alternatives has been made, and then only until an alternative means of separation from likely alleged abuser(s) can be arranged. This housing assignment must not exceed a period of 30 days unless extenuating circumstances prevent the inmate being housed in an alternative method. SART will document such circumstances during the monthly SART meeting.

b. Inmates placed in segregation/restrictive housing for this purpose must have access to programs, privileges, education, and work opportunities to the extent possible. If inmate access to programs, privileges, education, or work opportunities is restricted, the facility documents what opportunities have been limited, the duration of the limitation, and the reasons for such limitations using Contact Notes LCDG in OMS.

c. If an extension is necessary, the SART member(s) must clearly document in the PAS:

(1) The basis for concern for the inmate's safety.

(2) The reason why no alternative means of separation can be arranged.

(3) The need for emotional support services for inmates or staff who fear retaliation for reporting sexual abuse, or sexual harassment, or for cooperation with investigations.

d. Every 30 days, the counselor affords each inmate a review to determine whether there is a continuing need for separation from the general population. These reviews are documented using Contact Notes LCDG in OMS.

S. Investigations.

1. SART Investigations. These investigations are conducted within 72 hours of receiving the allegation. SART members/investigators who have received special training in conducting sexual abuse investigations in confinement settings investigate all allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively, including third-party and anonymous reports. IU Special Agents are contacted immediately when circumstances warrant further actions pursuant to criminal findings.

   a. The IU Special Agents gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

   b. When the quality of evidence appears to support an administrative investigation, the IU Special Agents conduct compelled interviews.

   c. When the quality of evidence appears to support a criminal investigation, the IU Special Agents conduct a non-custodial interview or an interview under Miranda.

   d. The credibility of a victim, suspect, or witness is assessed on an individual basis and must not be determined by the person's status as inmate or staff.

   e. Inmates who allege sexual abuse are not required to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation.

   f. For allegations referred to an IU Special Agent, the Warden/Superintendent convenes a PREA review within 48 to 72 hours after the incident. The reviewers consist of a Warden/Superintendent, Associate Warden of Treatment/Assistant Warden of Programs/Deputy Superintendent, institutional investigators, IU Special Agent, and the TDOC Statewide PREA Coordinator. Sexual Abuse Incident Check Sheet, CR-3776, is utilized to document this review.

   g. The institutional investigator(s) conducting the investigation is responsible for entering all information into the PAS. If an investigator is unavailable, the FPC enters the initial allegation information into the PAS. The FPC and IU Special Agent in Charge will review all PAS entries to ensure accurate information is entered into the PAS.

2. Administrative Investigations: These investigations include an effort to determine whether staff actions or failures to act facilitated the abuse and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative findings.

3. Criminal Investigations: These investigations are documented in a written report which contains a thorough description of physical, testimonial, and documentary evidence.

Copies of all documentary evidence are attached to the written report and kept in the investigation file.

a. Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

b. Investigative records are retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five additional years after the alleged abuser is released from custody or the employee is terminated or separates from the Department.

c. The departure of the alleged abuser or victim from the employment or control of the facility or Department does not provide a basis for terminating an investigation.

d. The Department imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.

4. Upon request, all employees must fully cooperate with IU Special Agents conducting an authorized investigation, including but not limited to, participating in interviews, and providing truthful testimony. Failure to do so will constitute insubordination and may result in disciplinary action, up to and including termination. Administrative Investigation Warning, CR-3640, is utilized by IU Special Agents to document such cooperation or failure to cooperate with an investigation

T. Sexual Abuse Incident Reviews.

1. The facility conducts a Sexual Abuse Incident Review Report, CR-3985, at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. Such review occurs within 30 days of the conclusion of the investigation. The review team includes the Warden/Superintendent/designee, the FPC, facility and institutional investigator(s), line supervisor(s), and medical/mental health professionals.

2. The review team must:

a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

b. 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 was motivated or otherwise caused by other group dynamics at the facility.

c. Examine the area within the facility or facility grounds where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

d. Assess the adequacy of staffing levels in that area during different shifts.

e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff .

f. Prepare a report of its findings, including but not limited to, determinations made in accordance with this policy and any recommendations for improvement and submit such report to the Warden/Superintendent.

3. The facility implements the recommendations for improvement or documents the reason for not doing so. A copy of the incident review is scanned and electronically forwarded to the TDOC Statewide PREA Coordinator.

4. The SART ensures that upon completion of all investigations that the required forms have been provided to the institutional investigator(s) for inclusion in the investigative file. The PREA Allegation Documentation Checklist, CR-4039, is utilized to monitor this activity and becomes part of the investigative file.

5. Allegations pending DNA results are reviewed monthly during SART meetings. IU Special Agents provide the FPC with an update on the status of all DNA samples. Institutional Investigators will document the update in the PAS and in the SART meeting minutes.

U. Access to Medical and Behavioral Health Services. Medical and behavioral health support and services are provided to victims of sexual abuse or sexual harassment to the extent allowable and not in direct conflict with the Prison Elimination Act of 2003.

1. Emergency Care.

a. Victims of sexual abuse must receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and behavioral health providers, according to their professional judgment.

b. If no qualified medical or behavioral health providers are on duty at the time a report of recent abuse is made, correctional officers are trained to render first aid as needed. Once the victim is safe and the scene is secure, if medical attention is deemed necessary for stabilization, the security shift supervisor notifies the medical member of SART or their designee.

c. Medical care should be limited to stabilizing the victim for transport to an outside hospital.

d. Medical and behavioral health providers follow operational protocols regarding evidence preservation.

2. All inmates alleging to be victims of a sexual abuse are automatically referred to behavioral health staff.

3. An Accident/Incident/Traumatic Injury Report, CR-2592, is filled out for each alleged victim and alleged aggressor involved in an allegation of sexual abuse, with a copy placed in the investigation file.

4. Sexual Abuse Nurse Examiner/Sexual Forensic Nurse Examiner (SANE/SAFE) Response.

a. Upon receiving a report of sexual abuse that is alleged to have occurred within 72 hours' time, SART members determine if a SANE/SAFE response is required. If the services of an outside medical facility are determined to be required, the victim is transported by security to an outside medical facility with SANE/SAFE personnel for a forensic examination at no cost to the victim.

(1) If the victim is medically unstable, transport to the nearest emergency medical facility by Emergency Medical Services is appropriate.

(2) A PREA Victim Advocate is made available to the alleged victim, when requested, to accompany and support the victim through the forensic medical examination and the investigation process.

b. If SANE/SAFE personnel cannot be made available, the forensic examination can be performed by other qualified medical practitioners. The medical member of the SART documents the efforts to provide SANE/SAFE services in the inmate's medical chart.

5. Follow-up Care for Sexual Abuse.

a. Ongoing medical and behavioral health care for sexual abuse victims and abusers consists of the following:

(1) The facility offers medical and behavioral health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any confinement setting.

(2) The evaluation and treatment of such victims includes, 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.

(3) The facility provides such victims with medical and behavioral health services consistent with the community level of care.

(4) Victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests and timely information about and access to all pregnancy-related medical services that are lawful in the community.

(5) Victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care and as medically appropriate.

(6) Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with investigations.

(7) All facilities must attempt to conduct a behavioral 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 behavioral health providers.

V. Access to Facility and Outside Support Services.

1. The name and contact information of the facility's PREA Victim Advocate is posted to each housing unit bulletin board. The facility ensures that inmates are provided access to outside victim advocates for emotional support services related to sexual abuse by giving inmates the mailing address and telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

2. The FPC ensures that inmates are informed 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 during orientation.

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

W. Monitoring for Retaliation.

1. Inmates and staff who are involved in reporting sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other inmates or staff. Appointed members of the SART monitor staff and inmates for protection from retaliation utilizing PREA Retaliation Review (Inmate), CR-3963, for inmates and PREA Retaliation Review (Staff), CR-3982, for staff.

2. For at least 90 days following a report of sexual abuse, the SART monitors the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse. Retaliation monitoring occurs at 30, 60, and 90 day intervals. The monitoring starts 30 days after the allegation is made. Monitoring involves looking for any changes that may suggest possible retaliation by inmates or staff. SART members must act promptly to remedy any such retaliation. Monitoring continues beyond 90 days if the initial monitoring indicates a continuing need. Items to be monitored include, but not limited to, the following:

   a. Inmate disciplinary reports.

   b. Inmate housing or programming changes.

   c. Negative performance reviews or reassignments of staff.

3. If an inmate who is being monitored for retaliation transfers to another facility whose primary purpose is to house TDOC inmates, the FPC from the sending facility must notify the FPC at the receiving facility of the required monitoring in writing using an official letterhead. The receiving facility will be responsible for conducting the monitoring and forwarding the required PREA Retaliation Review (Inmate), CR-3963, to the sending facility for placement in the PREA investigative file. Should the inmate transfer to another facility prior to completing the 90 day cycle of monitoring, the original sending facility is notified by the original receiving facility so that notification of

the monitoring requirement can be sent to the new facility by the original sending facility to ensure the monitoring process can be continued for the inmate.

4. The facility employs multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

5. If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department takes appropriate measure to protect that individual against retaliation. The Department's obligation to monitor is terminated if the result of an investigation determines that the allegation is unfounded.

6. For cases pending DNA results, retaliation monitoring is documented using the same 30, 60, 90 day intervals as all other allegations. The monitoring starts 30 days after the allegation is made. The victim is notified of the status of the allegation during the retaliation monitoring and the notification is documented on the PREA Retaliation Review (inmate), CR-3963 or PREA Retaliation Review (Staff), CR-3982, for staff.

X. PREA Allegation Status Reporting.

1. Following an investigation into an inmate's allegation that he or she suffered sexual abuse in a facility, the SART informs the inmate of the following, in writing:

   a. Whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

   b. Whenever the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.

   c. When the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

2. Following an inmate's allegation that a staff member has committed sexual abuse, the SART informs the inmate of the following, in writing:

   a. The staff member is no longer posted within the inmate's unit.

   b. The staff member is no longer employed at the facility.

   c. The staff member has been indicted on a charge related to sexual abuse within the facility.

   d. The staff member has been convicted on a charge related to sexual abuse within the facility.

3. All notifications are made in writing using Inmate PREA Allegation Status Notification, CR-3984. The inmate acknowledges by signature that he/she has received such notification. The notification becomes part of the allegation file. If the inmate refuses to sign the acknowledgement, two staff members sign and date that the inmate has refused to acknowledge notification.

Y. Sanctions for Inmates, Staff, Contractors, and Volunteers.

1. Disciplinary Sanctions for Inmates.

a. Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

b. Sanctions are proportionate 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.

c. The disciplinary process considers whether an inmate's behavioral disabilities or behavioral illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

d. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

e. An inmate may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

f. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

g. Any prohibition on inmate-on-inmate sexual activity does not consider consensual sexual activity to constitute sexual abuse.

2. Disciplinary Sanctions for Staff.

a. Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse, sexual harassment, or PREA policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual touching only after conclusion of investigation. Sanctions are proportionate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of the Department's sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies and to any relevant licensing bodies, unless the activity was clearly not criminal in nature.

3. Sanctions for Contractors and Volunteers.

a. Any contractor or volunteer who engages in sexual abuse is reported to the Office of Investigations and Conduct and to relevant licensing bodies unless the activity was clearly not criminal in nature.

b. Any contractor or volunteer who has engaged in sexual abuse/sexual harassment of an inmate is prohibited from further contact with any inmate

Z. Each institution must develop a written policy and procedure to coordinate actions to be taken in response to an incident of sexual abuse and to ensure compliance with the mandates of this policy.

VII. APPLICABLE FORMS: CR-2245, CR-3241, CR-3431, CR-3640, CR-3776, CR-3821, CR-3963, CR-3964, CR-3965, CR-3982, CR-3984, CR-3985, CR-4039, CR-4202, CR-4327.

VIII. ACA STANDARDS: 5-ACI-1D-13, 5-ACI-3D-08 through 5-ACI-3D-16, 5-ACI-3D-17, 5-ACI-6A-05, 5-ACI-6A-08, 5-ACI-6A-10, 5-ACI-6A-12, 5-ACI-6A-32, and 5-ACI-6C-14.

IX. DIVISON OF PRIMARY RESPONSIBLITY: Office of Inspector General.

TENNESSEE DEPARTMENT OF CORRECTION
IN-SERVICE TRAINING COURSE ROSTER

COURSE TITLE: _____

INSTRUCTOR: _____
Name -- SSN

DATE(S) OF TRAINING: _____

_____
Instructor's Institution, Region, Company or Agency

TIME(S): _____

TRAINING HOURS: _____ **TRAINING LOCATION:** _____

PARTICIPANT NAME (PLEASE PRINT LEGIBLY)	SIGNATURE	FACILITY

PARTICIPANT NAME (PLEASE PRINT LEGIBLY)	SIGNATURE	FACILITY

TENNESSEE DEPARTMENT OF CORRECTION
INSPECTION TEAM WORKSHEET
PRISON RAPE ELIMINATION ACT (PREA) OF 2003

_____
INSTITUTION

_____ _____
DATE TEAM LEADER

POSITION

MEMBERS PRESENT: _____ _____
SART COORDINATOR/DESIGNEE: _____ _____
SART SECURITY REPRESENTATIVE: _____ _____
SART MEDICAL REPRESENTATIVE: _____ _____
SART MENTAL HEALTH REPRESENTATIVE: _____ _____
OTHER: _____ _____
OTHER: _____ _____

REVIEW PRIOR MONTH'S REPORT	
Findings: Previous findings corrected?	
Area Toured:	
Findings:	
Staff Quizzed?	
Findings/Comments	
Area Sup. Briefed?	
Comments	
PREA Drill Conducted	
Findings/Comments	
Cameras working?	
Additional comments	

TENNESSEE DEPARTMENT OF CORRECTION

PREA ANNUAL STAFFING REVIEW

_____
(Facility Title)

TITLE		NAME/INITIALS		DATE
Major/Captain				
Associate Warden of Security/Deputy Superintendent				
FACILITY PREA Coordinator-				
TDOC PREA Coordinator				
Warden/Superintendent				

CFR 115.13 Supervision and Monitoring-Each facility shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse

Facilities shall take into consideration:		YES		NO
Generally accepted detention and correctional practices.		☐		☐
Any judicial findings of inadequacy.		☐		☐
Any findings of inadequacy from Federal investigative agencies.		☐		☐
Any findings of inadequacy from internal or external oversight bodies.		☐		☐
All components of the facilities physical plant (including blind-spots or areas where staff or inmate may be isolated).		☐		☐
The composition of the inmate population.		☐		☐
The number and placement of supervisory staff.		☐		☐
Institution programs occurring on a particular shift.		☐		☐
Any applicable State or local laws, regulations, or standards.		☐		☐
The prevalence of substantiated or unsubstantiated incidents of sexual abuse.		☐		☐
No less frequently than once each year each facility the agency operates shall assess, determine, and document whether adjustments are needed to:		YES		NO
The established staffing plan.		☐		☐
The facility's deployment of video monitoring systems and other monitoring technologies.		☐		☐
The resources the facility has available to commit to ensure adherence to the staffing plan.		☐		☐

TENNESSEE DEPARTMENT OF CORRECTION

Employee PREA Training Acknowledgement Form

Employee Name: _____ **Employee Number:** _____

Date: _____ **Instructor's Name:** _____

The PREA training includes:

- Tennessee Department of Correction ZERO TOLERANCE policy on sexual harassment and sexual assault
- Definition of Sexual Harassment and Sexual Assault
- Employee Confidential Reporting Procedures
- Inmate Confidential Reporting Procedures
- Tennessee Department of Correction commitment to investigate every allegation of sexual assault
- How to detect and respond to signs of threatened and actual sexual abuse
- Ways to preserve potential evidence in sexual assault cases
- Employee and Inmate right to be free from retaliation from reporting sexual assault
- Tennessee Department of Correction policy on not using inmate interpreters for PREA investigation
- How to avoid inappropriate relationships with inmates
- How to communicate effectively with lesbian, gay, transgender, intersex or gender nonconforming inmates
- Tennessee Department of Correction policy on cross gender pat downs
- The role of a PREA First Responder
- Treatment and Counseling services available for victims of sexual assault
- Opposite Gender must announce when entering a Pod
- Internal Affairs Investigative Unit involvement with investigating PREA
- Consequences of Reporting in Bad Faith

I acknowledge that I have received training on the Prison Rape Elimination Act (PREA) and I understand the training.

Employee Signature: _____

Original to be placed in the employee's Training File.

TENNESSEE DEPARTMENT OF CORRECTION
INSTITUTIONAL HEALTH SERVICES REFERRAL

_____
INSTITUTION

☐ MEDICAL ☐ DENTAL
☐ BEHAVIORAL HEALTH

INMATE: _____ TDOC ID: _____
Last First Middle

PRESENTING PROBLEMS: _____

_____

_____

_____

_____

_____

_____

REFERRED BY: _____ _____ _____
Signature/Title Date Time

SEND REFERRAL FORM TO INSTITUTIONAL HEALTH COORDINATOR

☐ Behavioral Health
☐ Medical ☐ Dental

RECEIVED BY: _____ _____ _____
Signature/Professional Title Date Time

REFERRAL DISPOSITION (Course of Action): _____

_____

_____

_____

_____

_____

_____

_____ DATE: _____ TIME: _____

_____
Signature/Professional Title

DEPARTMENT OF CORRECTION

PREA INTAKE SPREADSHEET

DATE:

OMS ID	Name	Date of Arrival	Trans Reason	Initial Facility Screening Date	48 Hour Review of Initial Screening Completed By	Within 72 Hrs of Arrival Yes/No	15 Day Review for 30 Day Re-Screening Completed By	30 day Re-Screening Date	Within 30 Days of Screening Date (Yes/No)		Mental Health Referral Date (CR-3431)	Comments

PRINTED NAME:_____ SIGNATURE:_____ FORWARD TO TDOC PREA COORDINATOR

CR4202 DUPLICATE AS NEEDED RDA PENDING

TENNESSEE DEPARTMENT OF CORRECTION

PROTECTIVE SERVICES INVESTIGATION ROUTING

CONFIDENTIAL

TO: _____ AWS/DW Shift Commander/Chief of Security

FROM: _____ , Reporting Staff Member

RE: INMATE _____ TDOC **ID** _____

INSTITUTION: _____ DATE: _____

The following information has been provided by _____ and such indicates that the above inmate may require protective services: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

TO: _____ Staff Assigned to Perform Inquiry

FROM: _____ , Reporting Staff Member AWS/DW/Shift Commander

Please complete your formal inquiry and submit on or before _____

The following action has been taken pending inquiry:

( ) Inmate is restricted to cell and/or unit.

( ) Inmate's housing assignment is changes from _____ to _____

( ) Inmate is separated from general population pending a hearing.

Contract facilities only: Approved Yes ( ) No ( ) _____ _____

Contract Monitor of Operations Date

TO: _____ , Chairperson, Protective Services Panel

FROM: _____ , Staff Assigned to Perform Inquiry

DATE: _____

Findings of inquiry are attached for review by the protective services panel.

TENNESSEE DEPARTMENT OF CORRECTION

INVESTIGATIONS UNIT

ADMINISTRATIVE INVESTIGATION WARNING

CASE NUMBER _____ DATE / TIME _____

EMPLOYEE NAME (*PRINTED*) _____ TITLE / RANK _____

I am Special Agent _____ of the Investigations Unit,
PLEASE PRINT

Tennessee Department of Correction. I wish to advise you that you are being questioned as part of an official investigation. You will be asked questions specifically directed and narrowly related to the performance of your official duties. You are entitled to all the rights and privileges guaranteed by the laws and the constitution of this state and the United States, involving the right not to be compelled to incriminate yourself. I further wish to advise you that refusal to testify or to answer questions relating to the performance of your departmental duties could result in your dismissal from the department. If you do answer, neither your statements nor any information or evidence which is gained by reason of such statements can be used against you in any subsequent criminal proceeding. However, these statements may be used against you in relation to subsequent departmental charges.

At this time I am going to question you regarding _____

This questioning concerns administrative matters relating to the official business of the department. I am not questioning you for the purpose of instituting any criminal proceeding against you. During the course of the questioning, even if you do disclose information which indicates that you may be guilty of criminal conduct, neither your statements nor the fruits (products, results, etc.) of any statement you make may be used against you in any criminal proceedings.

Do you understand that this interview may be recorded in its entirety? Yes ☐ No ☐

I have read and fully understand the advisement.

EMPLOYEE SIGNATURE _____ DATE /TIME _____

WITNESS SIGNATURE _____ DATE /TIME _____

TENNESSEE DEPARTMENT OF CORRECTION
SEXUAL ABUSE INCIDENT CHECK SHEET
PRISON RAPE ELIMINATION ACT (PREA) OF 2003

_____
INSTITUTION

Alleged Victim (Name/Number): _____

Alleged Aggressor (Name/Number - if Inmate) _____

INITIAL REPORT OR ALLEGATION OF SEXUAL ABUSE

DATE	TIME	NOTIFICATIONS
		Notifies Shift Supervisor
		Shift Supervisor notifies the PREA Coordinator and SART
		PREA Coordinator or facility investigator notifies OIC IU
		Health Services notifies the SART medical representative and mental health/ victim advocate

DATE	TIME	REQUIRED ACTIVITIES
		First responder ensures safety of inmate from alleged aggressor
		Security escorts inmate to Health Services immediately.
		Inmate is not allowed to shower, remove clothing (without medical supervision), use the restroom, or consume any liquids (in order to preserve evidence.
		Health Services stabilizes/ assesses victim.
		If the alleged perpetrator is an inmate, security staff ensures they are placed in a single cell. The inmate is not allowed to wash, shower, or change clothes.
		If report is within 72 hours of physical abuse/ penetration, shift supervisor and/or investigator preserves the crime scene by sealing access.
		Shift Supervisor or investigator obtains a brief statement from the alleged victim, while in the Health Services Department.
		If report is within 72 hours of physical abuse / penetration, shift supervisor and medical staff ensure victim is transported to outside medical provider for evidence collection/ treatment.
		The PREA Coordinator/designee assures documentation is completed within 24 hours of the initial allegation of sexual abuse on the PREA Allegation Screen (PAS).

INITIAL PREA REVIEW (48 TO 72 HOURS AFTER REPORT)

		For allegations referred to IU Special Agent, Warden/ Superintendent/ designee convenes a preliminary review of the response to the incident involving the Warden/Superintendent, PREA Coordinator, facility investigator, and the State PREA Coordinator
		If the alleged incident involves a staff aggressor, confirm the employee has been separated from inmate contact, and / or placed on administrative leave pending investigation.

SART Coordinator Signature: _____	

TENNESSEE DEPARTMENT OF CORRECTION

PREA RETALIATION REVIEW (INMATE)

INITIAL RESPONSE

1. PREA CASE NUMBER:	2. DATE RETALIATION REVIEW (INMATE) COMPLETED:	3. TYPE OF PREA INCIDENT: ☐ INMATE ☐ STAFF ☐ VOLUNTEER ☐ CONTRACTOR	4. REVIEW TYPE:	☐	30 DAY REVIEW
				☐	60 DAY REVIEW
				☐	90 DAY REVIEW
				☐	BEYOND 90 DAYS

5. ALLEGED VICTIM'S NAME (ID NUMBER):	6. PERPETRATOR'S NAME (ID NUMBER):	7. INMATE'S COUNSELOR:	8. INMATE BEING MONITORED:

9A. FINAL DISPOSITION:	☐	SUBSTANTIATED	9B. FINAL DISPOSITION DATE:	9C. IS THE VICTIM STILL IN CUSTODY? ☐ YES ☐ NO	9D. IF NO, RELEASE DATE:
	☐	UNSUBSTANTIATED			
	☐	UNFOUNDED			

IF YES, COMPLETE THE FOLLOWING

10. ARE THE VICTIM AND THE AGGRESSOR LISTED AS INCOMPATIBLE?	☐ YES	☐ NO
11. ARE THE VICTIM AND THE AGGRESSOR HOUSED IN SEPARATE HOUSING AREAS?	☐ YES	☐ NO
12. IS THE VICTIM STILL RECEIVING ASSISTANCE FROM A VICTIM ADVOCATE?	☐ YES	☐ NO
13. IS THE VICTIM STILL RECEIVING ASSISTANCE FROM MEDICAL?	☐ YES	☐ NO
14. IS THE VICTIM/AGGRESSOR STILL RECEIVING ASSISTANCE FROM MENTAL HEALTH?	☐ YES	☐ NO
15. IS THE VICTIM/AGGRESSOR STILL RECEIVING ASSISTANCE FROM PROGRAM STAFF?	☐ YES	☐ NO
16. HAS THE VICTIM'S CUSTODY LEVEL CHANGED SINCE THE PREA VIOLATION?	☐ YES	☐ NO
17. HAS THE VICTIM/AGGRESSOR RECEIVED ANY DISCIPLINARY REPORTS SINCE THE PREA VIOLATION?	☐ YES	☐ NO

VICTIM ASSESSMENT AND INTERVIEW

18. HAS THE INMATE BEING MONITORED BEEN NEGATIVELY AFFECTED IN ANY MANNER? IF YES, HOW?	☐ YES	☐ NO
19. HAS THE INMATE BEING MONITORED BEEN SUBJECTED TO UNPROFESSIONAL COMMENTS AND/OR NEGATIVE ACTIONS BY OTHER INMATES, STAFF, SUPERVISORS, AND/OR ADMINISTRATIVE PERSONNEL AS A RESULT OF THE PREA VIOLATION? IF YES, HOW?	☐ YES	☐ NO
20. SART RESPONSE TO COMMENTS AND ACTIONS:		
21. REVIEWING SART MEMBERS:		

TENNESSEE DEPARTMENT OF CORRECTION

PREA RETALIATION REVIEW (STAFF)

INITIAL RESPONSE

1. PREA CASE NUMBER:	2. DATE RETALIATION REVIEW (STAFF) COMPLETED:	3. TYPE OF PREA INCIDENT: ☐ INMATE ☐ STAFF ☐ VOLUNTEER ☐ CONTRACTOR	4. REVIEW TYPE:	☐	30 DAY REVIEW
				☐	60 DAY REVIEW
				☐	90 DAY REVIEW
				☐	BEYOND 90 DAYS

5. ALLEGED VICTIM'S NAME (ID NUMBER):	6. PERPETRATOR'S NAME (ID NUMBER):	7. STAFF SUPERVISOR:	8. STAFF BEING MONITORED:

9A. FINAL DISPOSITION:	☐	SUBSTANTIATED	9B. FINAL DISPOSITION DATE:	9C. IS THE VICTIM STILL IN CUSTODY? ☐ YES ☐ NO	9D. IF NO, RELEASE DATE:
	☐	UNSUBSTANTIATED			
	☐	UNFOUNDED			

IF YES, COMPLETE THE FOLLOWING

10. HAS THE PERSON'S DAYS OFF CHANGED IN AN UNREASONABLE NEGATIVE MANNER?	☐ YES	☐ NO
11. HAS THE PERSON'S SHIFT CHANGED IN AN UNREASONABLE NEGATIVE MANNER?	☐ YES	☐ NO
12. HAS THE PERSON'S POST ASSIGNMENT IN AN UNREASONABLE NEGATIVE MANNER?	☐ YES	☐ NO
13. HAS THE PERSON BEEN INFORMED OF THE EMPLOYEE ASSISTANCE PROGRAM?	☐ YES	☐ NO
14. HAS THE PERSON RECEIVED AN UNREASONABLE EVALUATION?	☐ YES	☐ NO
15. HAS THE PERSON BEEN DECLINED FOR SPECIAL ASSIGNMENT/PROMOTION/ACADEMY?	☐ YES	☐ NO
16. HAS THE PERON RECEIVED ANY TYPE OF DISCIPLINARY ACTION DEEMED TO BE UNREASONABLE?	☐ YES	☐ NO
17. HAS THE PERON'S VACATION TIME BEEN CANCELLED OR CHANGED BY HIS/HER SUPERVISOR?	☐ YES	☐ NO
18. HAS THE PERSON HAD ANY OTHER UNEXPLAINED ACTIONS TAKEN AGAINST HIM/HER?	☐ YES	☐ NO

VICTIM ASSESSMENT AND INTERVIEW

19. HAS THE PERSON BEING MONITORED BEEN NEGATIVELY AFFECTED IN ANY MANNER? IF YES, HOW?	☐ YES	☐ NO
20. HAS THE PERSON BEING MONITORED BEEN SUBJECTED TO UNPROFESSIONAL COMMENTS AND/OR NEGATIVE ACTIONS BY OTHER INMATES, STAFF, SUPERVISORS, AND/OR ADMINISTRATIVE PERSONNEL AS A RESULT OF THE PREA VIOLATION? IF YES, HOW?	☐ YES	☐ NO
21. SART RESPONSE TO COMMENTS AND ACTIONS:		
22. REVIEWING SART MEMBERS:		

TENNESSEE DEPARTMENT OF CORRECTION

INMATE PREA ALLEGATION STATUS NOTIFICATION

1. FACILITY	☐	PAS	2. VICTIM'S NAME (TOMIS#):	3. PERPETRATOR'S NAME (TOMIS#):	4. DATE OF INCIDENT:
	☐				
	☐				

Following an investigation into an inmate's allegation that he/she suffered sexual abuse, the inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

5. FINAL DISPOSITION:	☐ SUBSTANTIATED	6. IS THE INMATE STILL IN CUSTODY:	☐ YES ☐ NO	7. IF NO, RELEASE DATE:
	☐ UNSUBSTANTIATED			
	☐ UNFOUNDED			

**Inmates need not be informed of numbers 1 and 2 below when an allegation involving a staff member is determined to be unfounded*

8. CHECK ANY THAT APPLY:	☐	The employee is no longer posted within the inmate's unit.
	☐	The employee is no longer employed at the facility.
	☐	The employee has been indicted on a charge related to sexual abuse within the facility.
	☐	The employee has been convicted on a charge related to sexual abuse within the facility.
	☐	The alleged abuser has been indicted on a charge related to sexual abuse within the facility.
	☐	The alleged abuser has been convicted on a charge related to sexual abuse within the facility.

By my signature below, I confirm that I have received the required notification of the status of my allegation of sexual abuse.

9A. INMATE SIGNATURE (TOMIS#):	9B DATE:	10A EMPLOYEE NAME:	10B. EMPLOYEE SIGNATURE:	10C. DATE:
IF THE INMATE REFUSES TO SIGN THIS FORM IT MUST BE ACKNOWLEDGED BY A WITNESS.		11A. WITNESS NAME:	11B. WITNESS SIGNATURE:	11C. DATE:

COMMENTS:

TENNESSEE DEPARTMENT OF CORRECTION

SEXUAL ABUSE INCIDENT REVIEW REPORT

This form must be completed within thirty (30) days of the conclusion of the investigation.

A response must be provided to all statements.

1. FACILITY:	☐	PAS	2. ALLEGED VICTIM'S NAME AND TDOC #	3. ALLEGED AGGRESSOR'S NAME AND TDOC #
	☐			
	☐			

4. DATE OF INCIDENT:	☐	SUBSTANTIATED
	☐	UNSUBSTANTIATED

5A. The review team has considered whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.	☐ No changes to policy or practices indicated. ☐ Yes changes to policy or practices indicated.
5B. COMMENTS:	
6A. The review team has assessed whether monitoring technology should be deployed or augmented to supplement supervision by staff.	☐ No supplemental technology necessary. ☐ Yes supplemental technology may be necessary.
6B. COMMENTS:	
7A. The review team has examined the area in the facility where the incident allegedly occurred to assess whether physical barriers to the area may have enabled abuse.	☐ No physical barriers present that may have enable abuse. ☐ Yes physical barriers may have enabled abuse.
7B. COMMENTS:	
8A. The review team has assessed the adequacy of staffing levels in that area during different shifts.	☐ No indication of inadequate staffing levels. ☐ Yes there may be inadequate staffing levels.
8B. COMMENTS:	
9A. The review team considered whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBT identification, status or perceived status, or gang affiliation, or was motivated or caused by other group dynamics of the facility.a may have enabled abuse.	☐ No ☐ Yes
9B. COMMENTS:	

10. PREA MANAGER:	11. DATE:	12. PREA COORDINATOR (AWT/AWS)	13. DATE:	14A. SART MEMBER (WARDEN/SUPERINTENDENT/DESIGNEE)

14B. SART MEMBER (FACILITY/IU INVESTIGATOR)	14C. SART MEMBER (LINE SUPERVISOR)	14D. SART MEMBER (MEDICAL PROFESSIONAL):
14E. SART MEMBER (MENTAL HEALTH PROFESSIONAL)	14F. SART MEMBER:	14G. SART MEMBER:

Recommendation for improvement is to be implemented or the justification for not doing so is to be well documented below:

COMMENTS:

TENNESSEE DEPARTMENT OF CORRECTION

PREA ALLEGATION DOCUMENTATION CHECKLIST

RESPONSE					
1. PREA CASE NUMBER:	2. DATE REPORTED:	3. TYPE OF PREA INCIDENT: ☐ INMATE ON INMATE ☐ STAFF ON INMATE ☐ VOLUNTEER ☐ CONTRACTOR	4. ALLEGATION TYPE:	☐	ABUSE
				☐	HARASSMENT

5. ALLEGED VICTIM'S NAME (ID NUMBER):			6. ALLEGED AGGRESSOR'S NAME (ID NUMBER):	7. DATE INVESTIGATION STARTED:	8. DATE INVESTIGATION COMPLETED:
9A. FINAL DISPOSITION:	☐	SUBSTANTIATED	9B. FINAL DISPOSITION DATE:	9C. IS THE VICTIM STILL IN CUSTODY? ☐ YES ☐ NO	9D. IF NO, RELEASE DATE:
	☐	UNSUBSTANTIATED			
	☐	UNFOUNDED			

COMPLETE THE FOLLOWING	DATE
10. WAS THE ALLEGATION DISCUSSED WITH THE TDOC PREA COORDINATOR WITHIN 48 HOURS, EXCLUDING WEEKENDS?	
11. WAS THE "ABUSE INCIDENT CHECKSHEET"–CR3776 COMPLETED?	
12. HAS THE INCIDENT BEEN DISCUSSED WITH THE TDOC PREA COORDINATOR?	
13. WAS THE INCIDENT REFERRED TO THE OIC INVESTIGATIVE UNIT?	
14. HAS THE VICTIM HAD A SAFE/SANE EXAMINATION?	
15. HAS THE AGGRESSOR HAD A SAFE/SANE EXAMINATION?	
16. HAS THE VICTIM BEEN RESCREENED?	
17. HAS THE VICTIM BEEN REFERRED TO MENTAL HEALTH?	
18. HAS THE AGGRESSOR BEEN RESCREENED?	
19. HAS THE AGGRESSOR BEEN REFERRED TO MENTAL HEALTH?	
20. HAS THE "STATUS NOTIFICATION"–CR3984 BEEN COMPLETED?	
21. HAS THE "30-DAY INCIDENT REVIEW"–CR3985 BEEN COMPLETED?	
22. HAS RETALIATION MONITORING BEGUN FOR THE VICTIM–CR3963?	
23. HAS RETALIATION MONITORING BEGUN FOR THE AGGRESSOR–CR3963?	
24. HAS RETALIATION MONITORING BEGUN FOR STAFF INVOLVED IN THE ALLEGATION–CR3982?	
25. ADDITIONAL COMMENTS:	
26. REVIEWED BY FACILITY PREA COORDINATOR FOR COMPLETENESS ON:	

TENNESSEE DEPARTMENT OF CORRECTION

PAS Modification/Deletion Request

Date: _____ Institution: _____ Requesting Staff: _____

Complete this form and email it to the TDOC Statewide PREA Coordinator. Enter "PAS Modification/Deletion Request" in the email's subject line.

PREA Allegation Information

Allegation ID: _____ Allegation Type: _____

PAS Date: _____ PAS Time: _____

Posted By: _____ Site ID: _____

Request Type

☐ Deletion

☐ Modification

Justification (Check all that apply)

☐ Duplication

☐ Modification

☐ Other: _____

Modification/Deletion Details:

_____ _____

Facility/Site PREA Coordinator Date

_____ _____

Warden/Superintendent Date

_____ _____

TDOC Statewide PREA Coordinator Date

TENNESSEE DEPARTMENT OF CORRECTION
INSTITUTIONAL HEALTH SERVICES REFERRAL

_____
INSTITUTION

☐ MEDICAL ☐ DENTAL
☐ BEHAVIORAL HEALTH

INMATE: _____ TDOC ID: _____
Last First Middle

PRESENTING PROBLEMS: _____

_____

_____

_____

_____

_____

_____

REFERRED BY: _____ _____ _____
Signature/Title Date Time

SEND REFERRAL FORM TO INSTITUTIONAL HEALTH COORDINATOR

☐ Behavioral Health
☐ Medical ☐ Dental

RECEIVED BY: _____ _____ _____
Signature/Professional Title Date Time

REFERRAL DISPOSITION (Course of Action): _____

_____

_____

_____

_____

_____

_____

_____ DATE: _____ TIME: _____

_____
Signature/Professional Title