

PREA Facility Audit Report: Final

Name of Facility: Mark Luttrell Transition Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/03/2024

Auditor Certification	
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.	☐
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☐
Auditor Full Name as Signed: Debra D. Dawson	Date of Signature: 01/03/ 2024

AUDITOR INFORMATION	
Auditor name:	Dawson, Debra
Email:	dddawsonprofessionalaudits@gmail.com
Start Date of On-Site Audit:	12/04/2023
End Date of On-Site Audit:	12/05/2023

FACILITY INFORMATION	
Facility name:	Mark Luttrell Transition Center
Facility physical address:	6000 State Road, Memphis, Tennessee - 38134
Facility mailing address:	

Primary Contact	
Name:	Yolanda P. Scott
Email Address:	6000 State Road
Telephone Number:	901 208-4491

Facility Director	
Name:	Taylor R. Kapusta
Email Address:	taylor.kapusta@tn.gov
Telephone Number:	901 713-3749

Facility PREA Compliance Manager	
Name:	Yolanda Scott
Email Address:	Yolanda.P.Scott@tn.gov
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Shea Drummond
Email Address:	sdrummond@teamcenturion.com
Telephone Number:	901 379-2886

Facility Characteristics	
Designed facility capacity:	454
Current population of facility:	184
Average daily population for the past 12 months:	153
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	21-68
Facility security levels/resident custody levels:	Levell II; Minimum Restricted and Minimum Trustee
Number of staff currently employed at the facility who may have contact with residents:	156
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	27
Number of volunteers who have contact with residents, currently authorized to enter the facility:	55

AGENCY INFORMATION

Name of agency:	Tennessee Department of Correction
Governing authority or parent agency (if applicable):	
Physical Address:	320 Sixth Avenue North, Nashville, Tennessee - 37243
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Blake Pollock	Email Address:	Blake.H.Pollock@tn.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

2

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.231 - Employee training

Number of standards met:

39

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-12-04
2. End date of the onsite portion of the audit:	2023-12-05

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Shebly County Rape Crisis Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	454
15. Average daily population for the past 12 months:	194
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	178
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	3
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	44
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Although the facility identified 44 residents as Blind or have low vision (visually impaired), there disability did not exceed the use of glasses.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	134
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	40

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	40
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	18
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Requested resident rosters to include housing assignment, age, race and date of arrival. This facility is an all male facility.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	10
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Per staff, and resident population interviews in addition to interaction with the resident population and review of rosters, there were zero residents identified as having an intellectual disability, psychiatric disability or speech disability.
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	4
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Per staff, and resident population interviews in addition to interaction with the resident population and review of rosters there were zero residents identified as Limited English Proficient that required any translation services.
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Per interviews with staff to include medical and mental health and the resident population there were zero residents assigned that were identified as transgender to in past years beyond the last PREA audit . Staff reported a resident identified as intersex has not been assigned.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Per the review of the reported sexual abuse allegations during the review period, PREA allegation report system, interviews with the facility investigator, and PREA Compliance Manager, there were zero residents at the facility during the site visit who reported an allegation of sexual abuse and/or sexual harassment.
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility does not have residents in segregation housing for risk of sexual bicitmizaiton/who allege to have suffered sexual abuse. Additionally, the facility does not detain residents beyond 24 hours within the segregation unit.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	18
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

22

76. Were you able to interview the Agency Head?

☒ Yes

☐ No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

78. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

79. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☒ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☐ Religious ☐ Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☒ Food service ☐ Maintenance/construction ☒ Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Mental Health

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

88. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	2	0	2	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	0	0
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	2	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	2	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

2

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

There were zero staff on inmate sexual harassment allegations reported.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards
Auditor Overall Determination Definitions
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): - MLTC Completed Pre-Audit Questionnaire (PAQ) - TDOC Index 502.06.2 PREA Allegations, Investigations, and SART (Sexual Abuse Response Teams) - TDOC Index 502.06 PREA Implementation, Education and Compliance - TDOC Organization Chart - MLTC Index 502.06.2-1 PREA Allegations, Investigations, and SART - MLTC Index 502.06-1 PREA Implementation, Education, and Compliance - Interview with: - PREA Correctional Program Manager II/TDOC State-wide PREA Coordinator

115.211(a) The TDOC have comprehensive written policies that mandates zero tolerance toward all types of sexual abuse and sexual harassment within both agency policies and each facility policy. Index TDOC.502.06 states it is the policy of the TDOC to provide a safe, human, and appropriately secure environment, free from the 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 within its facilities. The Directive clearly outlines the agency's zero tolerance policy and identifies the agency's approach to the prevention, detection, and response to sexual assault incidents in their facility. The Directive includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment that are consistent with the PREA standards. The Directive also outlines sanctions for those that have participated in such prohibited behaviors to include staff, contractors, volunteers, and the inmate population.

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

MLCT Index 502.06.2-1 PREA Allegations, Investigations, and SART states the MTLC shall investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential matter in accordance with federal guideline.

TDOC 502.06 indicates each PREA Site Coordinator and /or PREA Compliance Manager shall ensure unannounced PREA free walk (inspection) is conducted monthly in accordance with PREA Inspection Team Worksheet, CR-3821. This inspection shall be conducted monthly to identify and deter sexual abuse and sexual harassment. By the 15th of each month, the Warden/Superintendent/ Designee shall submit the facility's previous month's PREA Inspection to the Assistant Commissioner of Prisons. The Assistant Commissioner of Prisons/designee shall compile all the facility reports and forward them to the Assistant Commissioner, Deputy Commissioner, Inspector General, Statewide PREA Coordinator, and Director of Decision Support: Research and Planning for review. The reports for each month during the 12-month review period were submitted in a timely manner to the Warden from Facility PREA Coordinator. These inspections documented the SART members in attendance, areas inspected, deficiencies identified, and corrective measures taken to include the submission of work orders to include but not limited to the reposting of PREA signage on bulletin boards, PREA

Hotline numbers, etc. Staff utilized the PREA compliance tool to determine compliance with standards 115.11 through 115.86.

In addition to TDOC Index 502.06, TDOC Index 502.06.2, MLTC Index 502.06.2-1 also notes that the MLTC will have zero tolerance for incidents of sexual assault, sexual abuse, or sexual harassment. All allegations of this type will be immediately reported and investigated. The policy also outlines the duties and responsibilities of staff designated to serve on an organized and structured team responsible for developing and maintaining a program of prevention, detection, response, investigation, and tracking of sexual assaults and the persons involved. The Head of Agency Designee and State-wide PREA Coordinator indicated monthly PREA walks, meetings, and reports are conducted in accordance with TDOC policy and inspection standards such as why an incident occurred in a particular area, and what corrective actions could be applied if applicable. The facility has established a Sexual Abuse Incident Review Team (SART). SART is a coordinated response team of medical and mental health practitioners, facility investigators, and facility security leadership. The facility's victim advocate is also a member of the SART. The SART members conduct monthly walk-throughs reviewing security equipment and submitting any recommendations for mirrors and/or video placement that could possibly increase the level of protection for the residents from sexual assault. A work order is submitted as needed and approved projects are required to be completed within 30 days of submission. Review of SART monthly meeting minutes confirmed staff documented the submission of work orders for the installation of mirrors and cameras to eliminate blind spots, repainting of the PREA lines, reposting the Opposite Gender Announce signs as needed, and installing the PREA Hotline numbers on the inmates' phones as a few of the corrective measures taken from observation during the monthly walkthroughs.

115.211(b) The PREA Correctional Program

Director II is assigned to the Office of the Inspector General and holds the position of the TDOC State-wide PREA Coordinator and oversees the agency's efforts regarding PREA in all its facilities. The agency's organizational chart was reviewed and shows the PREA Correctional Program Director II position reports directly to the Deputy General Inspector. An interview with the PREA Correctional Program Director II/ State-wide PREA Coordinator confirmed he has the time to manage all PREA related responsibilities as PREA oversight is the primary focus of his job position. He coordinates the agency's effort to comply with the PREA standards in multiple ways that begin with providing training to staff on the implementation of the PREA standards in everyday work practices. He ensures all onsite PREA Compliance Managers and PREA Coordinators receive timely updates from the Department of Justice and the PREA Resource Center. He schedules visits at each facility to conduct walkthroughs to assess the facility's overall PREA compliance. If any issues arise that may jeopardize a facility's compliance with the PREA standards, he immediately contacts the facility to discuss any obstacles they are facing that are creating concerns. Procedures are implemented to ensure that the facility complies with the PREA standards.

	Based on the review of policies, that include the development of MLTC Index 502.06.2-1 PREA Allegations, Investigations, and SART, TDOC Index 502.06.2 PREA Allegations, Investigations, and SART (Sexual Abuse Response Teams), TDOC Index 502.06 PREA Implementation, Education and Compliance, organization charts, duties, and responsibilities of the SART and interviews it is determined MLTC exceeds in meeting the mandate of standard provisions. MLTC Index 502.06. 2.1 outlines the responsibilities assigned to members of the SART that provides additional measures in maintaining a safe environment in the prevention of sexual abuse and sexual harassment by ensuring compliance of the PREA standards in conducting monthly walk throughs and submitting their findings to the Assistant Commissioner of Prisons for review.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. Contract for Confinement of Inmates 3. Interview with the following: a. Agency Contract Administrator 115.212 (a) (b) (c) TDOC Index 502.06 states employees of privately managed facilities shall receive PREA training as part of the pre-service and in-service training requirements established by the contractor and approved by TDOC. The Director of Contracts Administration shall ensure that all new TDOC contracts or contract renewals include language requiring compliance with the PREA standards. The TDOC has entered into four (4) contracts for the confinement of inmates with a private agency (Core Civic). A copy of an agreement with the Tennessee Department of Corrections and Core Civic was provided for review. The contract outlines PREA Reporting information, definitions, prohibited acts, and other PREA-related requirements. In the contract, it stated that the contractor must comply with the Prison Rape Elimination Act (PREA) of 2003 (Federal Law 42 USC 1506 et. seq.) with all applicable Federal PREA standards and all State policies as may be revised 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. In addition, the contract states that the State has the right and authority under the contracts to monitor performance. Such monitoring shall include but not be limited to observing and reporting on the day-to-day operational

	performance of the contractor regarding compliance with all terms and conditions of the contract. A TDOC Contract Monitor is assigned to each of four (4) contracted facilities whose responsibilities include monitoring and addressing all concerns regarding maintaining compliance with the PREA standard. The Agency Contract Administrator stated the contract is monitored in multiple ways. An annual assessment of the PREA practices at each facility is monitored to ensure they are implementing the PREA standards properly. He also has access to all contract facilities' PREA allegation documentation, which allows him to ensure investigations are conducted promptly. Each of the four (4) contract facilities has completed its annual assessment and has corrected any issues found during the evaluation. All contract facilities must submit their DOJ PREA audit reports to the agency for review and confirmation that it maintains PREA compliance. Additionally, each of the contract facilities are scheduled for PREA audit completion within the TDOC agency's three-year audit cycle and one of the four has been completed during the current year cycle. The TDOC contract facilities' most recent PREA audits were identified on the TDOC's website as the following: Hardeman County Correctional Facility on August 9, 2023; South Central Correctional Center on December 26, 2021; Whiteville Correctional Facility on June 5, 2023; Trousdale Turner Correctional Center most recent posted PREA audit is noted as August 11, 2021. Based on the review of the agency's website, contracts, audit reports and staff interview, the facility has demonstrated compliance with all provisions of this standard.
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06 PREA Implementation, Education and Compliance 3. TDOC Index 506.22 Security Staff Assignments 4. MLTC Annual Staffing Review 5. MLTC Post Assignment Rosters 6. MLTC Staffing Plan

7. Observation During Site Visit

8. Interviews with:

a. MLTC Superintendent

b. TDOC State-wide PREA Coordinator

115.213(a) TDOC Index 502.06 states the requirements of a facility staffing plan that provides for adequate levels of staffing and monitoring to protect inmates against sexual abuse. These requirements contain the eleven requirements stated in this provision. This Staffing Plan shall be completed on the PREA Annual Staffing Review form CR-3964. The Mark Luttrell Transition Center Staffing Plan addresses the eleven requirements as indicated in this provision. The staffing plan is based on 454 residents. A copy of the most recent MLTC Post Assignment Roster identifying 100 security positions was forwarded for approval to the TDOC Assistant Commissioner of Prisons and approved on October 20, 2023. The PAQ indicated the average daily number of residents since the last PREA audit was 259. However, this number was later identified as incorrect, and the correct number was identified as 194. Interviews with the TDOC State-wide PREA Coordinator, and MLTC Superintendent indicated the facility developed and complied with a staffing plan as outlined in TDOC Index. The Staffing Plan was documented and noted as reviewed by the Chief of Security, Deputy Superintendent/ Facility PREA Coordinator, TDOC State-wide PREA Coordinator and the Superintendent. The Staffing Plan includes the physical layout of the facility including blind-spots or areas where staff or residents may be isolated, composition of the resident population, the prevalence of substantiated or unsubstantiated incidents of sexual abuse, deployment of video monitoring system and other monitoring technologies, resources the facility has available to commit to ensure adherence to the staffing plan, and institution program occurring on a particular shift. The Superintendent stated she arrived at the facility on September 11, 2023, and upon her arrival, she reviewed the existing Staffing Planning while attempting to eliminate overtime but also authorizing overtime as needed to ensure compliance with the Staffing Plan and ensuring the safety of staff and the residents from sexual abuse while ensuring adequate staffing levels during all shifts. Post Assignments identified as critical are never vacated, however any deviations/changes in the developed roster assignments would be documented on the rear of the security assignment roster. She reviews the security roster at the end of each shift. The review of the Staffing Plan does consider the physical layout of the facility to include all areas which warehouse, TRICOR, Main and Annex and the need for the installation of cameras and mirrors and which are more beneficial to the security of the facility while calculating adequate staffing levels, providing a safe environment, the prevention of sexual abuse, serving as a deterrence with residents committing prohibited acts to include sexual misconduct, and providing assistance during investigations. Prior to her arrival, the facility received additional funding for an upgrade and installation of an excess of 180 new cameras with additional cameras pending installation.

115.213(b) TDOC Index 506.22 identifies Critical and Non-Critical posts. A critical

post is a security position designated by the Warden/Superintendent that must be staffed regardless of institution circumstances and if left unstaffed, would jeopardize the security of safety of the facility, staff, offenders, or the community. A non-critical post is a security position designated by the Warden/Superintendent that when left unstaffed does not jeopardize the security of the facility, staff, inmates, or the community. A non-critical post will be left unstaffed in lieu of authorizing overtime to staff a critical post. The facility staffing plan is developed with minimum operation staffing levels in mind and a daily staff roster is reviewed to ensure adequate staff in accordance with the stated staffing plan. The daily rosters identify positions and the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan.

Per the TDOC State-wide PREA Coordinator, when assessing adequate staffing levels and the need for video monitoring, the staffing plan utilizes the physical plant to identify areas where video monitoring may be needed. The resident population is always evaluated to ensure there is not an influx of sexually aggressive offenders housed at the facility or living in a particular housing unit. Allegations are reviewed as part of the staffing plan to make sure that any recommendations made during SART meetings were implemented if fiscally possible. Per an interview with the Superintendent and a random selection of security rosters for the review period, there have been no deviations from the staffing plan in the filling of critical posts. The staffing plan and security rosters are reviewed quarterly, and post assignments allocations changes are made to manage the facility's operation. Non-critical posts may be vacated while staff are assigned to fill the needed critical posts. Overtime is always approved when there are no available staff to cover vacated critical posts. Thus far, there have not been any deviations from the staffing plan. Throughout the on-site tour it was noted that staffing was adequate and prevalent throughout the institution.

115.213(c) TDOC Index 502.06 states that by July 1st of each calendar year each facility shall assess, determine, and document whether adjustments are needed to the facility staffing plan. TDOC Index 506.22 states the Warden shall identify on each post assignment schedule all critical posts. Posts that are critical to the security of the institution must be filled on each shift. The staffing plan review is documented on an agency-wide standardized form. The current Superintendent indicated she was recently assigned to MLTC in September 2023, and therefore, was not involved in the review of the most recently developed Staffing Plan. However, she was aware of her responsibility in the development and review of an annually developed Staffing Plan. Interviews with the TDOC State-wide PREA Coordinator, and MLTC Deputy Superintendent/MLTC PREA Coordinator indicated the facility does conduct a review of the staffing plan annually. The review of the Staffing Plan confirmed the consideration of criteria as outlined within the standard. The Staffing Plan was reviewed and signed by the Chief of Security, Superintendent, and Facility PREA Coordinator/ Deputy Superintendent on June 29, 2023, and signed by the TDOC State-wide PREA Coordinator on July 13, 2023. Additionally, the facility provided a copy of the previous year Staffing Plan noted the annual review was noted as approved by the Chief of Security, Superintendent, and Facility PREA

	Coordinator, Deputy Superintendent and Superintendent on July 18, 2022, and signed by TDOC State-wide PREA Coordinator on July 19, 2022. Based on the review of policies, annual staffing plan development and review, security staff daily rosters, documentation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06 PREA Implementation, Education, Compliance 3. MLTC Index 112.08-1 Personal Hygiene Resources for Residents 4. TDOC Index 506.06 Searches 5. TDOC Index 113.37 Gender Dysphoria 6. TCA Lesson Plan- Personal Searches 7. Training records 8. Observation while on-site 9. Interviews with: a. Random staff b. Residents 115.215(a) TDOC Index 502.06 states female correctional officers may frisk search inmates of both genders. Male correctional officers may frisk search only male inmates. Strip searches will only be conducted by staff members of the same gender. Strip/visual body cavity searches based on reasonable suspicion/probable cause require the completion of a CR-2156 by the Warden/Superintendent/designee. The policy indicates inmates will be placed in a dry cell rather than be subjected to a manual body cavity search. Therefore, MLTC does not conduct visual body cavity searches to include cross-gender and /or by medical practitioners. 115.215(b) MLTC is designated as a male only facility. This provision of the standard is not applicable as females are not assigned.

115.215(c) As identified in TDOC Index 502.06 Searches, the agency does not allow cross-gender strip searches and does not conduct visual body cavity searches to include cross-gender. The facility does not house female residents. The facility reported zero cross-gender strip or cross-gender visual body cavity searches of residents.

115.215(d) MLTC Index 112.08-1 states the facility will ensure all staff of the opposite gender will announce their presence in housing units and other areas where a resident is likely to be showering, performing bodily functions, or changing clothes. No officer shall stand and look into residents' cells while performing security check functions. Staff are to use good judgement when incidental viewing will happen such as conducting security checks. Staff interviews also confirmed it is a common practice that the female staff announce themselves prior to entering the housing units. During the tour it was noted that the facility implemented procedures that allow residents to shower, change clothes, and use the toilet without being viewed by staff of the opposite gender. An all-in-one sink and toilets are in the resident's cells at the main compound. All showers at the Main and Annex are within individual stalls with PREA approved shower curtains allowing privacy with exposure only of the resident's head and feet for security purposes. A white line on the floor identifies an out of bounds area for those individual residents not showering. This corner area is accessible for monitoring by staff through direct observation and/or through distance viewing via mirror observation within the housing units. Residents indicated they had no concerns regarding being seen by the opposite gender staff when using the toilet, showering, or changing clothes. A review of the video monitoring equipment and placement of cameras within housing units confirmed staff did not have observation of residents during showering, change of clothing and/or performing bodily functions to include the exchange of clothing. There were no inconsistencies in this practice identified.

115.215(e) TDOC Index 506.06 Searches and TDOC Index 113.37 indicates: A strip search of a transgender or intersex inmate may not be conducted for the sole purpose of determining the inmate's genital status." If an inmate's status is unknown, it may be determined by conversation with the inmate, a review of available medical records, or as part of a broader medical examination conducted in private by a licensed medical professional. All staff interviewed reported that the agency prohibits staff from searching or physically examining transgender or intersex residents for the sole purpose of determining genital status. Per the PAQ and staff assigned at the facility, there has not been a resident identified as transgender or intersex designated to the facility to include during the onsite visit.

115.215(f) TDOC Index 506.06 Searches identifies: Security staff shall be trained on how to conduct cross-gender frisk searches and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The facility provides Basic Correctional Officers Training Lesson Plan Personal Searches that provides instructions for the following: Searching Transgender and Transexual Individuals; Frisk Search, Strip Search; Visual Body Cavity Search; Gender Dysphoria and Personal Searches; Cross-gender Searches. The Tennessee Correctional Academy

	Basic Correctional Officer Training Program Curriculum BCOT-10-7 Personal Searches is a two-hour training course provided to staff that outlines the correct procedures in conducting a search step by step. The definitions of Gender Dysphoria and Intersex Conditions are included in the lesson plan and outlines skills practice/evaluation. The training topics, including definitions, were found to be consistent with the definitions contained in the standards. Search training is conducted during new hire orientation training and additional search training is conducted during security staff training at the academy. The training includes frisk search/pat searches, strip searches, searching residents identified as transgender, intersex, transsexual, body cavity searches, male and inmates/residents. All class participants are required to participate in a skill practice section while paired with a staff member of the same sex. MLTC houses male residents only. Female staff are authorized to conduct frisk searches of the male residents but are prohibited from conducting visual searches and/or body cavity searches of the male residents and/or touching of the genital area of the male residents. Strip searches are performed exclusively by staff of the same gender. However, policy allows residents identified as transgender and/or intersex to identify the gender of staff they feel comfortable completing the pat-search and/or visual/strip search. The Pre-Audit Questionnaire noted that 100% of staff have been trained. Random staff interviews indicate they received training regarding cross gender, transgender, and intersex search procedures. Documentation of staff completion of Search Training was provided by signature of attendance rosters. There were no residents identified as transgender and/or intersex reported having been at the facility prior to, during the review audit period and/or on-site visit. Based on the review of policies, agency lesson plans, confirmation search training, observation during site visit, documents, staff and resident interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06 PREA Implementation, Education, Compliance 3. TDOC Index 103.10.1 Title VI – Limited English Proficiency (LEP) 4. MLTC Resident Rules and Regulations Handbook English/Spanish 5. LOINBRIDGE VRI Translation Service

5. Designation of Staff Translation Services

7. PREA Posters and Reporting Information in English/Spanish

8. MLTC Quarterly Report of Translation Services

9. Interviews with:

a. Residents Identified with Various Disabilities

b. Random Staff

c. TDOC Agency Head Designee

115.216(a)(b) TDOC Index 502.06 states each facility shall take 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 participate in or benefit from all aspects of the facility's efforts to prevent, detect, and responds to sexual abuse and sexual harassment. It continues stating facility staff shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skill, or who are blind or have low vision.

Agency policy also requires that, except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the first responder duties, or the investigation of an inmate's allegation; inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive for other inmates.

TDOC Index 103.10.1 states all institution and community supervision offices shall ensure that individuals who have Limited English Proficiency (LEP) have access to programs and activities as required in Title VI of the Civil Rights Act of 1964. The policy outlines the specifics for ensuring methods are identified for communicating with inmates who are LEP. The plan identifies the duties of staff within the various facility departments to include orientation/classification assignment and hearings; medical/mental health staff; disciplinary procedures; grievance procedures; education programs; housing assignment, court appearances, parole hearings program availability. The plan lists outside agencies that are available to provide a variety of services for inmates with a range of disabilities to include LEP. A list of bilingual staff is identified within the plan and updated as needed. The inmate will be offered a Language Identification Guide to make the determination. An interpreter will be provided through utilization of institution staff, volunteers, or contract interpreters to determine the extent of their proficiency. The staff member will document the provision of an interpreter by name on E-TOMIS Contact Notes (LCDG). At orientation residents are provided a copy of the Resident Orientation Handbook that covers the agency's zero-tolerance policy. The handbook is available in English and Spanish.

Per the Agency Head Designee, the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and responds to sexual abuse and sexual harassment. While, these programs can always be strengthened, TDOC strives to ensure that all offenders regardless of disability or ability to speak English are afforded equal opportunities to all aspects of the agency's PREA program. Contracts exist for medical, mental health and translation services to provide services to these offenders.

TDOC has entered into an agreement to provide translation services in various languages for LEP residents in addition to sign language translation for those identified as hard of hearing and/or deaf. Immediate sign language interpreter services are available through LIONBRIDGE. The services are provided via Video Remote Interpreting. Language translation services are also available. LIONBRIDGE is provided through the Tennessee Language Center and is accessible 24 hours a day.

Additionally, residents participate in a video that specifically covers PREA topics to include the agency's zero-tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. PREA video titled "PREA: What You Need to Know" doing the orientation (intake) screening process on the day of their arrival or the following day of their arrival depending on the resident's arrival time. The PREA video is presented through the National PREA Resource Center and is available as PREA Adult Comprehensive ASL, PREA Adult Comprehensive Captioned English, and PREA Adult Comprehensive Captioned Spanish. The PREA video presentation has audio and is also available in English and Spanish. Sign language services are available through Statewide Visual Communication Services. An Interagency agreement between the State of Tennessee Department of Corrections and Tennessee Foreign Language Institute has been established for the contractor to provide qualified language interpreter services for non-English speaking inmates.

Residents with hearing disabilities are informed that auxiliary aids and services are free of charge, such as qualified sign language interpreters, oral translators, TTY, videophones, note-takers, computer assisted real time transcription services, written material, telephone handset amplifiers, assistive listening devices and systems, telephone compatible with hearing aids, closed caption decoders of TVs with built in captioning and open an closed caption for use in TDOC programs, activities, and service. These services are noted in the MLTC Resident Rules and Regulation Handbook.

A MLTC staff member has been identified to provide sign language services to any resident identified as deaf. An additional MLTC staff member has been identified to provide Spanish/English translation services for those residents who may be Limited English Proficient. This information is posted on bulletin boards and accessible to the residents and staff. Additionally, the designated staff were identified by fellow co-workers during the interview process.

	The Auditor conducted interviews with residents with the following disabilities: one (1) hard of hearing; four (4) low vision; two (2) physical disabilities. There were zero residents reported at the facility throughout the 12-month review period and/or during the site visit identified as Limited English Proficient. Interviews with each of the identified targeted group residents indicated they were given PREA education in a manner they could understand without difficulty. They also confirmed their knowledge and understanding methods of how to report sexual abuse and sexual harassment without additional assistance. 115.216(c) TDOC Index 502.06 states, "Inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation. Contact Note LCDG shall be posted identifying the name of the assistant and their organization. Interviews with 18 random staff indicated they were aware a resident is not allowed to provide translations services for a another when reporting an allegation of sexual abuse and/or sexual harassment. Staff were aware of the official staff member assigned to provide Spanish translation services and sign language translation services. There were zero residents identified as Limited English Proficient, hard of hearing and/or deaf to the degree that required assistance with translation services. The facility maintains a tracking log of all services provided for Limited English Proficiency (LEP) Services provided by staff and contract services that is maintained by the facility LEP Coordinator. Based on the review of policies, observation during the site visit, available resources for residents with disabilities, and interviews with residents and staff and analysis, the facility has demonstrated compliance with all the provisions of this standard.
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 301.04 Job Requirements 3. TDOC PREA Self Declaration Form 4. Criminal History Background Records Check Documentation 5. Interviews with: a. Administrative (Human Resources) Staff

115.217(a) (b) TDOC Index 301.04 states All applicants for employment or promotions, all contract employees, and all volunteers who may have any contact with offenders, shall sign PREA Self-Declaration for Sexual Abuse /Sexual Harassment, CR-3819 to ensure compliance with PREA Standard #115.17 which states the agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor, who may have contact with inmates. who: a) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. b) has been convicted of engaging or attempt to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or;) has been civilly or administratively, adjudicated to have engaged in activity described in (b) above. d) The department shall consider any incident 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. The Department shall 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. A review of the policy confirms compliance of the provision.

Per the Human Resource Administrator, applicants are required to complete the PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819 with their application which is required before the submission for a background check. all current staff are required to complete the PREA Self-Declaration of Sexual Abuse/ Sexual Harassment, CR-3819 annually during their birth month. Contract staff are required to submit a new form in July during their scheduled annual background check. Additionally, prior to staff's consideration for a promotion and entry for the interview, each are required to complete an updated PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819. Additionally, all staff are required to submit an updated form annually. TDOC staff are required to submit during their birthday month in conjunction with their annual background Contractors are required to submit an updated form in July in conjunction with their annual background check. Volunteers are also required to submit PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819. The submission of false information will result in disqualification and/or termination for all staff.

115.217 (c) (d) TDOC Index 301.04 identifies procedures and measures to be completed by the human resource staff when conducting background checks. A National Crime Information Center (NCIC) criminal history record checks shall be conducted on all prospective department, contract, and TRICOR employees and fingerprints shall be taken and processed on all new and/or prospective staff assigned to a safety sensitive position. The NCIC criminal history record check shall be conducted prior to employment. Such inquiries will be made to determine whether there are any pending criminal matters that would adversely impact the TDOC's mission. Consistent with Federal, State, and local law, the TDOC will 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. This information shall be documented

on PREA Questionnaire for Prior Institution Employers, CR-3962. Additionally, unless prohibited by law, the TDOC shall 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.

Per Human Resource Administrator, staff utilizes the NCIC program for all background investigations for all TDOC new hires and annually during each staff member's birthday month. Per the PAQ, the facility identified the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates as two (2) Centurion (medical and mental health and Aramark (food service). The Human Resource Administrator indicated contract workers' background investigations are initiated by their employment agency and conducted through the Tennessee Bureau of Investigation. Upon the completion of the background checks, the investigative findings to include the summary page is forwarded to the facility's Human Resource Department. Contract staff are also required to complete a PREA Self-Declaration form. This information is forwarded to the Human Resource department by the contracting agency prior to approval for employment at the facility. Annual background checks are completed on all contract staff annually in July.

Per the PAQ 43 staff were hired throughout the review period of October 1, 2022, through September 20, 2023. The Auditor randomly selected 19 TDOC staff new hires for confirmation of completed background checks. The PAQ also indicated there were 13 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents during the review. However, this number was later identified by the MLTC PCM as incorrect and properly identified as two (2) contracts, (Centurion and Aramark). However, there were 29 contractors hired within the departments and 19 were selected by the Auditor for review. The Auditor's selected 19 contractor's personnel files, confirmed a background was completed for each in accordance with the standard provision. Volunteer background checks are completed by the Central Office and returned to the facility. The facility reported 21 volunteers and each of the volunteers' background checks was submitted for review. The Auditors' review of staff personnel files confirmed a criminal background check was performed for each of the requested applicants.

115.217 (e) TDOC Index 301.04 indicates current employees will be required to submit to an annual background check. The check is to be completed by the end of the month in which the employee's birth date occurs. The Human Resources Office for each TDOC work location will be responsible for compiling a monthly list of employees who have birthdays within each month. TDOC utilized the NCIC to conduct all background investigations for new hires and annually for current staff. An annual background check is completed on all TDOC staff during their birth month. Staff are required to acknowledge that an annual background check is required to be completed annually during their birth month, notification to the affected staff members is not required. However, staff are required to submit an annual PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819 to

ensure compliance with the PREA Standard during their birth month and in the event, they are seeking a promotion. The Auditor randomly selected four (4) seasoned staff for confirmation of their annual background checks in accordance with the agency policy and the standard provision. Documentation supporting a criminal background investigation was completed through the NCIC for each within the 12-month review period although their employment had exceeded numerous years with the agency.

115.217(f) TDOC Index 301.04 indicates all applicants for employment or promotions, all contract employees, and all volunteers who may have any contact with offenders shall sign PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819 to ensure compliance with PREA Standard 115.217. Assigned employees who have substantiated PREA complaints against them for sexual harassment or abuse must acknowledge such each year on their CR-3819 and whenever they apply for advancement. The PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819 requires staff to respond to the following questions: a) Has engage in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? b) 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? c) Have you ever been civilly or administratively adjudicated to have engaged in sexual activity, sexual abuse, or sexual harassment? Per the Human Resource Manager, if an individual provides incorrect information in response to the PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819, they would automatically be disqualified for consideration of employment. The PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819, is a section of the application process for new hires and an annual requirement of all TDOC staff, contact and volunteers in addition to a current employee request for promotion. Per the policy and an interview with the Human Resource Administrator, the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct as staff are required to immediately report any arrest to their supervisor.

The Auditor confirmed the submission of completed PREA Self Declaration for Sexual Abuse /Sexual Harassment, CR-3819, through the review of the following personnel files: 43 TDOC staff, 21 volunteers; 19 contract workers, and four (4) staff promotions. The review confirmed the agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates. Each of the reviewed files contained the submission of the completed PREA Self Declaration for Sexual Abuse /Sexual Harassment, CR-3819.

115.217 (g)TDOC Index 301.04 indicates Material omissions regarding misconduct described in subject (a) above or the provision of materially false information is grounds for termination. The Human Resource Administrator did not identify any staff as being terminated for material omissions in relationship to PREA.

115.217 (h) TDOC Index 301.04 states Consistent with Federal, State, and local law,

	the TDOC will make it that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute. An interview with Human Resource Manager confirmed the agency does provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from a potential employee. The questionnaire is forwarded to the facility's OIC Investigator for completion. Upon completion, the form is returned to the inquiring facility by the HRM. A staff member seeking employment must give prior approval via signature for the release of information to include prior discipline. The request for information is always documented. Employees identified in a substantiated sexual harassment and/or abuse investigation would be placed on a "no rehire" list. Human Resource staff forwards a referral to all applicants' previous employers requesting a work history and document when the requested information was forwarded. Based on the review various departmental staff background checks to include TDOC staff, contract staff and volunteers to include annual background investigations, submission of completed PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819, that is a section of the application process and required to be submitted annually by staff and when applying for promotions, MLTC does meet all provisions of the standard.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC 108.01 Facility Construction, Renovation and Physical Plant Maintenance 3. Interviews: a. Agency Head Designee b. MLTC Superintendent 115.218(a) (b) TDOC Index 108.01 states, "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department's ability to protect inmates from sexual abuse. when installing or updating a video monitoring system, electronic surveillance system, or tother monitoring technology, the Designer shall consider

	the PREA impact of how such technology may enhance the TDOC's ability to protect inmates and staff from sexual abuse." An interview with the Agency Head/Designee indicated all modifications require request and approval. Any request submitted must also account for any additional cameras or mirrors that will be necessary to add to the area to ensure sexual safety. The agency utilizes video recording systems to monitor and record activities within the facilities. This tool is utilized to cover blind spots, to verify allegations, and to hold individuals accountable for their actions. An interview with the MLTC Superintendent indicated numerous modifications to include additional cameras and upgrades have been added since the last PREA audit. The modifications were identified as the following: Sallyport renovation and upgraded; main kitchen renovation and upgrade; sliding doors were added on the halls behind the secure gates and on the housing units; two elevators were added to meet the ADA guidelines, all restrooms were renovated to become handicap accessibility; resident showers were upgraded; two cells within in each housing unit were upgraded for handicap accessibility; and additional cameras were added throughout the facility for a current total of 222 while the installation of additional cameras remain pending. Per the Superintendent, she was recently assigned to the facility during the pre-audit process and she has since requested the installation of additional cameras to include the warehouse area in an effort to increase staff observation of their assigned areas. She added consideration of camera installation includes the statistics, the prevalence of incidents and the prevention of incidents, past problem areas, blind spots, and evidence-based practices. The Auditor recommended the installation of a large convex mirror in each of the following areas: Housing Unit #5 catwalk, warehouse commissary and gymnasium. Each of the recommended mirrors were installed during the site visit. Based on the review of policies, observation during site visit, video monitoring and mirror placement, and interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Office of Investigation and Compliance Evidence Protocol #008 3. TDOC Index 502.06.3 Medical, Behavior Health, Victim Advocacy and Community

Support for PREA Victims

4. TDOC Index 502.06.2 PREA Allegations, Investigation and Sexual Abuse Response Team (SART)

5. MLTC Index 502.06.2-1 PREA Allegations, Investigations and Sexual Abuse Response Team (SART)

6. MOU with The Shelby County Rape Crisis Center

7. Sexual Abuse Investigative Case Files

8. Facility Victim Advocate Training

9. Interviews with:

a. Random Staff

b. Shelby County Rape Crisis Center Director of Nurses (SANE) and Victim Advocacy Manager

c. MLTC Facility Victim Advocate

d. OIC Special Agent and OIC Institution Investigator

115. 221(a) (b) TDOC Index 502.06.2 and MLTC Index 502.06.2-1 state it is the policy of the TDOC to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential manner in accordance with federal guidelines (Title 28 CFR Part 115). The Agency employs investigators who have received special training in conducting sexual abuse investigations in confinement settings. The Office of Investigations and Conduct Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence. An OIC Institution Investigator is assigned at all TDOC facilities and is assigned to conduct administrative investigation only. The OIC Special Agent is authorized to conduct administrative and criminal investigations. Interviews with the Superintendent, OIC Special Agent and OIC Institution Investigator identified both administrative and criminal investigations are conducted by TDOC OIC Investigators.

TDOC has developed an appropriate protocol to coordinate appropriately with the most recent edition of the U.S. Department of Justice's Office on Violence Against Women Publication. The TDOC Operation Protocol was revised on July 27, 2019. The Notification and Response Procedure identifies the following: (1) It shall be the protocol of the Investigations Unit to appropriately respond to incidents and/or allegations of sexual abuse which occur on TDOC institutional property. When notification is made in a timely manner, Agents will respond as the situation mandates to the site of examination for the purpose of evidence collection and preservation. The Department's response to sexual assault follows the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,"

dated April 2013, or the most current version. (2) Upon notification of alleged sexual abuse within any TDOC institution, the institution shall immediately have the alleged victim examined by qualified medical personnel. After the initial examination and collection of clothing for potential evidence, the alleged victim will be transported to the nearest Emergency Room. The ER physician or SANE will perform an examination utilizing a sexual assault evidence kit provided by TBI. This kit will be retained by the ER staff until received by an IU Agent. (3) The responding Agent shall process the alleged crime scene if feasible, receive the evidence from the attending medical staff, conduct an interview with the alleged victim and suspect at the earliest convenience, and determine the appropriate action to best facilitate the investigation. (4) Upon evaluation of all information and evidence obtained, IU staff shall deliver evidence obtained from the investigation to the Tennessee Bureau of Investigations (TBI) Crime Laboratory for evaluation as possible evidence. (5) The Agent will present all evidence in the case to the appropriate District Attorney for review, adoption, and prosecution of any suspects. Interviews with random staff confirmed they were familiar with agency protocol in addition to first responder duties upon being informed of a sexual abuse allegation. Staff are assigned First Responder PREA badges that are required to be attached to their name badge and to be utilized as reference as needed.

115.221 (c) TDOC 502.06.3 states upon receiving a report of an alleged sexual abuse within the 72-hour time frame SART members that includes medical staff and the OIC institution Investigator shall determine if SAFE/SANE response is indicated at an outside medical facility. If the services of an outside medical facility are determined to be indicated, the victim shall be transported by security to an outside medical facility with SAFE/SANE personnel for a forensic examination at no cost to the victim. Interviews with the MLTC PCM, medical staff, and Superintendent each confirmed MLTC is schedule to utilize the Shelby County Rape Crisis Center for the completion of all residents' forensic examinations. However, the services of a SANE to conduct a forensic examination has not been required since the last PREA audit.

The Auditor conducted interviews with the Shelby County Rape Crisis Center Director of Nurses (SANE) and Victim Advocacy Manager. Both confirmed the Shelby County Rape Crisis Center does provide a variety of services to victims of sexual abuse to include residents/inmates assigned to TDOC facilities that includes an excess of those listed in the current MOU dated September 11, 2015. SANE are available 24 hours a day to conduct forensic medical examinations. If a SANE is not duty at the time of the requested service, the on-call SANE must report to the Center within one (1) hour of being notified. However, they have not received notification to conduct a forensic examination from MLTC.

Per the PAQ, review of the reported two (2) reported sexual abuse investigative cases files, and interview with the OIC Institution Investigative there were zero reported sexual abuse allegations that required a forensic examination an examination by a SANE. The reported allegations of sexual abuse did not include any form of sexual penetration. Both allegations were determined as unfounded.

115.221 (d) (e) The TDOC shall attain a memorandum 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. TDOC established a Memorandum of Understanding (MOU) with The Shelby County Rape Crisis Center for MLTC dated September 11, 2015, that remain in effect. The MOU identifies the following: (1) involvement of trained sexual assault advocates is a component of the standard response to a report to sexual assault and/or a request for help from a survivor of sexual assault. (2) Respect the nature of privileged communication between the sexual assault advocate and client. (3) Facilitate follow-up and ongoing contact between the client and sexual assault advocate without regard to the presence of status of an investigation. The Shelby County Rape Crisis Center also agrees to maintain confidentiality of survivors of sexual violence who are incarcerated at MLTC and maintain available crisis counseling through organization's crisis hotline at any time 24-hours a day.

The Facility PREA Coordinator shall ensure that residents are informed, prior to giving them access to the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The Auditor observed "MOU Notice" posted on bulletin boards accessible to all resident and staff in housing units, and program areas identifying the telephone number *9555 as an outside agency to obtain confidential victim advocacy services by calling the Shelby County Rape Crisis Center. Residents are not required to identify themselves when requesting victim advocacy services through any Rape Crisis Center. The phone number *9555 allow residents to contact the Crisis Center directly without identifying themselves as each facility's phone system is set up automatically call the sexual assault center when dialed. The calls were noted to be confidential and would not be recorded by TDOC.

The Auditor conducted interviews with the Shelby County Rape Crisis Center Director of Nurses and Victim Advocacy Manager. Both confirmed the Shelby County Rape Crisis Center does provide a variety of services to victims of sexual abuse to include residents/inmates assigned to TDOC facilities that includes in an excess of those listed in the current MOU. A team of responding staff (Sexual Assault Response Team that includes a SANE and victim advocate is immediately activated upon being notified of a sexual assault victim. A SANE is available 24 hours a day to conduct forensic medical examinations. However, if a SANE is not on duty at the time of the requested service, the on-call SANE is required to report within one (1) hour of being notified in addition to the arrival of a victim advocate. Four (4) full time victim advocates are available to provide services and are the first staff to come into contact with the victim upon arrival. Offered services include accompanying and supporting the victim through the forensic medical examination process and investigatory interviews. In addition to emotional support, crisis intervention information and available referrals. However, upon the victim's return to the MLTC, services are only available through phone calls and/or written communication. In person continued after care advocacy services are available upon the resident's release from custody at the Center. Each indicated they were unaware of requested services from residents at the MLTC for a forensic examination

and/or victim advocacy services.

Per an interview with the TDOC State-wide PREA Coordinator, the agency has established a MOU with Rape Crisis Centers throughout the state of Tennessee and the MOU agreement includes that the Rape Crisis Center will provide a victim advocate to victims of sexual abuse. The MOU is written to ensure the victim advocate provided by the Rape Crisis Center must meet the qualification outlined in the standard. A victim advocate is always made available by the assigned Crisis Center during a forensic medical examination. However, under circumstances where a victim advocate is not available, each TDOC facility has a designated staff who have completed the appropriate victim advocate training to serve as such. In accordance with MLTC Index 502.06.2-1, The name and contact information of the facility's inmate PREA Victim Advocate shall be posted on each housing unit bulletin board. The facility shall ensure that residents are provided access to outside victim advocates for emotional support services related to sexual abuse while giving the resident 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 those persons detained solely for civil immigration purposes, immigrant services agencies. The facility's victim advocate information was observed posted on each resident housing unit bulletin boards in addition to in all program areas, office areas, visitation, front entrance lobby, and work areas. MLTC does not detain residents solely for civil immigration purposes.

The MLTC facility identified two (2) staff who serve the facility victim advocates in which both completed a webinar training course presented through the PREA Resource Center titled "PREA and Victim Services in Prison Part 1: The Big Picture." One of the facility's victim advocates was selected for interview. He indicated upon being advised that a resident was sexually abuse, he would immediately report to the facility, and travel with security staff and the victim to the Shelby County Rape Crisis Center and accompany the victim through the forensic medical examination process, investigatory interviews, while providing emotional support, crisis intervention services to include through mental health. He would continue to offer services to the victim upon returning to the MLTC and meeting with the victim often for continued services as needed. He concluded by stating although there have not been any circumstances in which he has served as a victim advocate, he was aware of his responsibilities as such. He acknowledged the victim has the right to refuse services and all information given would be confidential. Documentation of training was provided.

115.221 (f) (g) TDOC employs its own investigator within the TDOC Office of Investigations and Conduct (OIC) for the completion of both administrative and criminal investigations. Therefore provisions (f) and (g) are not applicable.

Based on the review of policies, MOU agreement, PREA case files, interviews with Shelby County Rape Crisis Center Management Staff/SANE, facility victim advocate, documentation on training, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.2 PREA Allegations, Investigation and SART 3. MLTC Index 502.06.2-1 PREA Allegations, Investigation and SART 4. PREA PAS Tracking log (PREA Allegation System) 5. PREA Investigation Files 6. Interviews with: a. TDOC Agency Head Designee b. Office of Investigations and Conduct (OIC) Investigators 115. 222 (a) (b) TDOC Index 502.06.2 states: It is the policy of the TDOC to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, confidential manner in accordance with federal guidelines (Title 28 CFR Part 115). The facility shall coordinate actions taken in response to an incident of alleged sexual abuse or harassment among staff first responders and Sexual Abuse Response Team (SART), which includes medical and behavioral health practitioners, institutional investigator, and facility leadership. Per MLTC Index 502.06.2-1, SART members who have received special training in sexual abuse investigations shall conduct an investigation of all alleged sexual abuse regardless of whether the allegation was made by a third-party, anonymous report, or the alleged victim. SART shall immediately contact the Investigations Unit Special Agents when circumstances warrant further actions pursuant to criminal findings. There were four (4) reported PREA allegations during the review period of October 1, 2022 – September 20, 2023, that included two (2) sexual abuse and two (2) sexual harassment allegations. The PAQ identified one allegation was completed as a criminal investigation, however this information was determined to be incorrect. All investigations were completed as administrative investigations by the OIC Institution Investigator. Per interviews with the Agency Head/Designee, the agency does ensure an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. For each allegation, policy mandates that an entry be made in the PREA Allegation System. The allegation system is used to track the steps in the investigation and the results. Policy also mandates that all investigations are completed even if the offender transfers facilities or the staff member abruptly quits. When a PREA allegation is made, an investigation is

	completed and documented in the PREA Allegation System. Both types of investigations are completed in the same way initially by the Institutional Investigator. After the initial response of separating and securing the victims, securing the scene and collecting evidence, both the victim and aggressor are interviewed. Corroborating evidence is sought, and a determination is made regarding the level of allegation. If the allegation could possibly be a criminal case, the case is referred to the OIC Special Agent for additional review and prosecution if applicable. Per MLTC Index 502.06.2-1, administrative investigations will be conducted by Institutional Internal Affairs and all criminal investigations will be conducted by Investigation Unit Special Agents. The Auditor conducted interviews with the OIC Special Agent and the OIC Institution Investigator. Both indicated agency policy require the completion of an investigation on all reported sexual abuse and sexual harassment allegations. All allegations are investigated by Investigators assigned to the TDOC Office of Investigations and Conduct employed within the Tennessee Department of Corrections. The OIC Institution Investigators has the legal authority to conduct administrative investigations and the OIC Special Agents have the legal authority to conduct both administrative and criminal investigations. Both investigators confirmed they maintain an open line of communication regarding reported allegations. Upon the OIC Institution Investigator receipt of an allegation that could involve potentially criminal behavior, she immediately notifies the OIC Special Agent who completes the investigation. The OIC Special Agent is authorized to refer criminal investigations to the State Assistant District Attorney for prosecution as applicable. The Auditor reviewed the TDOC website at www.TennesseeDepartmentofCorrections.com. TDOC included a section regarding investigation of sexual assault and sexual misconducts. The department is dedicated to producing quality investigations of alleged sexual abuse incidents. All investigators receive specialized training specific to sexual assault in correctional institutions. The TDOC Law Enforcement Unit, in consultant with the department legal office, aggressively refer substantiated cases of sexual assault by offenders or employees to the local district attorney's office for criminal prosecution. 115.222 (c) (d) (e) TDOC is responsible for investigations of sexual abuse and sexual harassment. Therefore, the provisions are not applicable. Based on the review of agency policies, investigative case files, agency's website and staff interviews, the facility has demonstrated compliance with all the provisions of this standard.
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115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MLTC Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 110.05 In-Service Training
3. TDOC Index 502.06 PREA Implementation, Education, and Compliance
4. Tennessee Correctional Academy Program Curriculum/ PREA Inmate Sexual Abuse/Assault
5. Employee PREA Training Acknowledgement Forms
6. PREA Training Rosters
7. Observation During Site Visit
8. Shift Briefing PREA Training
9. Interviews with:

a. Random and Specialized Staff

115.231(a) TDOC Index 502.06 states, "The Tennessee Correction Academy (TCA) will be responsible for the development and distribution of the course lesson plans annually. All lesson plans or materials utilized for pre-service and in-service training on inmate sexual abuse and sexual harassment shall be approved by TDOC State-wide PREA Coordinator and TDOC General Counsel. The TDOC Correction Academy Program Curriculum Lesson Title PREA Inmate Sexual Abuse/Assault a 2-hour Pre-Service and/ In-Service annual training course is used for training and covers 10 topics specified in this provision. New hires include agency staff, and contractors receive PREA training during New Hire Orientation during the first week of employment at the facility prior to contact with the resident population. Staff also attend and receive additional comprehensive PREA training while attending the Tullahoma Correctional Academy (TCA).

In-service annual PREA training is conducted during the classroom sessions and on-line by all staff at the facility. Although agency staff, contract staff and volunteers can access the PREA training at the facility, while at home or any available computer, the training is required to be completed during the classroom session. A passing score is required. The completion of the PREA training is monitored by the Training Specialist. Anyone who has not completed training or may have been unable to attend for various reasons (i.e. injury, illness, schedule conflict) and would be required to make up any missed training by the required deadline.

Interviews with random and specialized staff indicated PREA training is required to be completed during new hire orientation and annually during in-service. Each indicated the topics of training within the standard provision are included in the agency PREA lesson plan. The Auditor presented staff with a variety of scenarios during the interview process. 100% of the 18 random staff and all specialized staff spoke with confidence and were competent in their knowledge of PREA education to

include the agency's zero tolerance policy and how to report and respond to sexual abuse and sexual harassment allegations.

115.231(b) TDOC Index 502.06 states, "Such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa." Training is designed for officers to be able to function in both female and male facilities. MLTC houses male residents only; however, staff may transfer to any facility in the system.

115.231(c) The Department shall provide each employee with refresher training annually to ensure that all employees know the Department's current sexual abuse and sexual harassment policies and procedures. All staff are required to complete PREA training annually during in-service training in classroom sessions and on-line at the facility. Although agency staff, contract staff and volunteers can access the PREA training at the facility, while at home or any available computer, the training is required to be completed during the classroom session. A passing score is required. Anyone who has not completed training or may have been unable to attend for various reasons (i.e. injury, illness, schedule conflict) and would be required to make up any missed training by the required deadline.

Interviews with security staff indicated refresher PREA training is often discussed during shift briefings that is presented by the Shift Commander. The Auditor attended shift briefing during the site visit and observed refresher PREA training conducted by the Shift commander who also enlisted the participation of the correctional officers for input. The Auditor also observed continuous PREA education posted throughout the facility on bulletin boards and walls accessible to staff and residents. All staff are issued and carry PREA education refresher cards that are attached to their name badge that list the following: Staff Duty to Report; Ways Staff Can Report; PREA Action Steps; and Internal/External PREA Reporting Information.

115.231(d) TDOC Index 502.06 states, "The TCA Department and facilities shall document, through employee signature or electronic verification, that employees understand the training they have received using Employee PREA Training Acknowledgement, CR-3965. Confirmation of staff's signatures noting "I acknowledge that I have received training on the PREA and understand the training" on the TDOC Employee PREA Training Acknowledgement Form. One hundred and thirty-four staff were employed at MLTC during the review period. Each of those employees was required and received PREA training as noted in standard 115.31 (a). Confirmation of staff receipt and understanding of the PREA education was established through the review of 29 staff signatures on the Employee PREA Training Acknowledgement CR-3965 forms, and 55 staff acknowledgment of attending PREA training documented on the training course attendance rosters. The completion of the training is monitored and maintained in the employee's training file in addition to electronically stored in the Collaboration Training database by the Training Specialist.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance of this standard. The facility

	provides refresher PREA training for employees annually rather than the standard provision requirement of every two years. Additionally, PREA education is located on bulletin boards and throughout the institution, and staff are issued PREA refresher cards that are required to be attached to their name badge as additional refresher PREA training. Therefore, the facility exceeds the standard requirement.
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. Tennessee Correctional Academy Program Curriculum/ PREA Inmate Sexual Abuse/Assault 3. TDOC Index 110.01 Pre-Service (Basic) Training and Employee Orientation 4. TDOC Index 502.06 PREA Implementation, Education, and Compliance 5. TDOC Index 115.01 Standards for Volunteers and Coordination of Community Involvement 6. PREA Training Records and Rosters 7. Interviews with: a. Religious Services Volunteer d. Contract staff 115.232 (a) (b) (c) TDOC Index 110.01 states that part-time employees, volunteers, contract staff and other transferring employees NEO; part-time employee, volunteer, contract staff and employee who are permanent transferring from one location to another shall receive a minimum of 20 hours of work site orientation appropriate to their assignment. The TCA Curriculum for PREA will be used. TDOC Index 502.06 states that employees of privately managed facilities shall receive PREA training as part of the pre-service and in-service training requirements established by the contractor and approved by TDOC. The Director of Contracts Administration shall ensure that all new TDOC contracts or contract renewals include language requiring compliance with the PREA standards. Pursuant to TDOC Index 115.01, Orientation and training for volunteers is mandatory. To be considered for a position, any prospective volunteer must complete an online Volunteer Services Application at https://apps.tn.gov.vser-app/institution. The 40 MLTC volunteers are required to complete PREA training on-line

	(one and two) prior to approval for entry in addition to other mandatory courses. An applicant's request to serve as a volunteer background check is not initiated until all required training to include PREA has been completed. Upon approval and authorization to enter the facility, additional comprehensive PREA training during orientation. The volunteer's complete refresher PREA training annually that is presented by the Religious Services Chaplain and Deputy Superintendent. The facility reported 40 contract employees. Contract employees (Aramark. Medical and Mental Health/Behavior Health) attend the Non-Academy Pre-service Orientation training for new employees. Annual in-service training with TDOC staff on Day 1 CORE Training. The facility's Training Specialist is responsible for monitoring and maintaining the training records. Contract staff employed for special projects with lengthy assignments at the facility are scheduled for a three-day training session that includes PREA training. Although the vendors do not have direct contact with the resident population, they are also required to complete the PREA training and acknowledge receipt of the training via signature on the Employee PREA Training Acknowledgement, CR-396. Interviews with contract staff and one volunteer confirmed their awareness of the agency's zero tolerance for sexual abuse and sexual harassment, how to report it, and their responsibility upon becoming aware of such reports. The acknowledgement of volunteers and contract employees' completion of PREA training is documented through their signature on their Employee PREA Training Acknowledgement, CR-3965 5 noting they have received and understand the training. The Auditor confirmed the completion of PREA training for the following through review of training rosters and Employee PREA Training Acknowledgement CR-3965 forms for 21 volunteers, 12 medical and mental health contractors: six (6) contract vendors. Based on the review of agency policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06 PREA Implementation, Education, and Compliance

3. PREA Hotline signs (English and Spanish)

4. MLTC Resident Inmate handbook

5. PREA Sexual Assault Awareness Brochure (English and Spanish)

6. Resident PREA Orientation Receipts

7. Observation on site

8. Interviews with:

a. Counselors

b. Random and Targeted Group Residents

115.233(a)(b) (c) TDOC Index 502.06 states that all inmates entering the TDOC system shall receive verbal and written information concerning sexual abuse within 24 hours of intake at the diagnostic centers. Residents designated to MLTC are inmates who have transferred from other TDOC facilities and meet the criteria for the program eligibility at MLTC. Each facility shall take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The facility schedules an orientation program for all incoming residents the following day after their arrival due to their arrival at the facility is normally between 6:00 p.m. and 7:00 p.m. Per the PAQ and MLTC PCM 153 residents were admitted and remained at the facility beyond 30 days of their arrival. Interviews were conducted with Counselors who conduct PREA risk screening during intake. The Counselors confirmed the residents receive a MLTC Resident Orientation Handbook, PREA pamphlet and are shown the PREA video titled "PREA: What You Need to Know" doing the orientation (intake) screening process on the day of their arrival or the following day of their arrival depending on the resident's arrival time. The PREA video is presented through the National PREA Resource Center and is available as PREA Adult Comprehensive ASL, PREA Adult Comprehensive Captioned English, and PREA Adult Comprehensive Captioned Spanish. The PREA education given to the residents provides information on the agency's zero tolerance policy for sexual abuse or sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, the residents' right to be free from sexual abuse and sexual harassment, the resident's right to be free from retaliation for reporting such incidents and information regarding the agency policies and procedures for responding to reports of PREA allegations.

The MLTC Resident Rules and Regulations Handbook also includes PREA education on pages 34 -36. Residents are informed of the agency's zero tolerance policy for incidences of sexual abuse and sexual harassment within its facilities. Residents are provided with various ways to report to include via third party and the disciplinary sanctions for prohibited acts. Residents of MLTC are those inmates who were previously designated at other TDOC facilities and approved for the transition

program at MLTC. All residents receive PREA training at MLTC during intake/ orientation.

TDOC Index 502.06 states, "Each facility shall take 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. Orientation/Classification Assignment and Hearing are conducted by the Counseling Service Team who evaluates the ability of the offender to understand without an interpreter. If it is evident that the offender's knowledge of the English language is insufficient, then interpretation services shall be provided. The unit team will evaluate the ability of the inmate to understand the classification procedures and conduct a structural interview through an interpreter, if necessary, for understanding, and provide an explanation of the sentence structure. The Chief Counselor/designee will conduct all classification hearings through an interpreter (if necessary) and provide an explanation of the results of the hearing and the recommendations made during the hearing.

A staff member has been identified to provide sign language services to any resident identified as deaf. Another staff member has been identified to provide Spanish/English translation services for those residents who may be Limited English Proficient. This information is posted on bulletin boards and accessible to the residents and staff. Additionally, the designated staff were identified by fellow co-workers during the interview process.

Interviews with residents identified as hard of hearing, and low vision indicated they were able to understand the PREA educational material given to them during orientation through observance of the PREA video, staff discussion, within the handbook and posted throughout the facility.

115.233 (d) The Auditor randomly selected 50 residents from each of the 12-month review period for confirmation of PREA training upon their arrival at MLTC. The review revealed all residents acknowledged orientation included the PREA video, receipt of the resident handbook, and how to report PREA allegations. The copy of the resident's completed PREA education is maintained in the resident's file.

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

	The Auditor conducted interviews with 22 residents who indicated they received the handbook, pamphlet and observed the PREA video the day following their arrival during orientation. They identified the information presented to them included their right to not be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment and their right not to be punished for reporting sexual abuse of sexual harassment. The residents also confirmed receipt the PREA information during observance of the PREA video, receiving a facility resident handbook with PREA information included, PREA information posted on the bulletin boards, signage on the walls, and on every telephone that provides information and how to report PREA allegations. Based on the review of policies, residents training documentation, Resident Handbook, observation during site visit, residents' interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.2 PREA Allegations, Investigation, and SART 3. TDOC Index 107.01 Office of Investigation and Compliance Unit Authority, Responsibility, Personnel Selection and Training 4. Documentation of Specialized Training for Agency Investigators 5. Interviews with: a. OIC Institution Investigator b. OIC Special Agent 115.234 (a) TDOC 107.01 states: All newly selected OIC Special Agents will attend and successfully complete at a minimum, an accredited law enforcement academy (e.g., Tennessee Correction Academy, Tennessee Bureau of Investigation, Memphis Police Academy, Walter State Community College, etc.) An interview with the OIC Special Agent and confirmation by the OIC Special Agent has 15 years prior experience as a police officer with the Tipton County Sheriff Office and the Memphis Police Department. The OIC Special Agent completed training provided by Tennessee Police Academy, Tennessee Bureau of Investigation and the online PREA training titled: Conducting Sexual Abuse Investigations in a Confinement Setting through the National Correction Institution (NIC). The OIC Special Agent is

responsible for conducting PREA investigations that may include criminal charges. Certificates documenting training were reviewed.

MLTC has an OIC Institution Investigator who conducts administrative investigations only. During an interview, she indicated she completed the National Institute of Corrections (NIC) courses "Conducting Sexual Abuse Investigations in a Confinement Setting" and "Conducting Sexual Abuse Investigations in a Confinement Setting Advance" Your Role Responding to Sexual Abuse." A certificate of the completed training course was submitted for review.

TDOC Index 502.06.2 states that where the allegation of alleged sexual misconduct involves sexual abuse, the investigation shall be conducted within 72 hours of receiving the allegation. SART team members/investigators who have received specialized training related to conducting sexual abuse investigations in a confinement setting shall investigate. The OIC Institution Investigator is a member of the SART. She contacts the OIC Special Agent immediately when circumstances warrant further actions pursuant to criminal findings. OIC Special Agents gather and preserve direct and circumstantial evidence and interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

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

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

Based on the review of training lesson plans, training records, interviews, and analysis, the facility has demonstrated a level of compliance with all the provisions of this standard. The TDOC OIC Special Agents are required to complete a variety of investigative training that enhance their investigative skills to conduct administrative and criminal investigations with outside law enforcement training agencies in addition to NIC courses for the completion of both administrative and

	criminal investigations. The OIC Institution Investigators are required at a minimum to complete the NIC "PREA: Conducting Sexual Abuse Investigations in a Confinement Setting" training course. Confirmation of completed training was submitted. Therefore, it is determined MLTC does meet all provisions of the standard.
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06 PREA Implementation, Education and Compliance 3. PREA Resource Center Lesson Plan Modules – Specialized Training for Medical/ Mental Health Care Standards 4. PREA Specialized Training Confirmation 5. Confirmation of Standard PREA Educational Training 6. Interviews with: a. Health Services Administrator b. Behavioral Health Administrator 115.235(a) TDOC Index 502.06 states all full and part-time medical and mental health care practitioners who work regularly in the facility shall be trained in: how to prevent, detect, and respond to acts of sexual abuse or sexual harassment. The medical and mental health staff consist of 40 contract staff. The Auditor requested confirmation of 29 staff specialized training that was identified as completed within the 12-month review period. Documentation of their completed specialized training confirmed through staff signature on attendance rosters identified for the specialized training. The training curriculum "Specialized Training: PREA Medical and Mental Health Care Standards Notification of Curriculum Utilization December 2013 presented by the National PREA Resource Center is utilized as the training curriculum for TDOC medical and mental health specialized training. The lesson plan consists of four (4) modules: Module 1 – Detecting and Assessing Sign of Sexual Abuse and Harassment; Module 2- Reporting and the PREA Standard; Module 3 – Effective and Professional Responses; Module 4 – The Medical Forensic Examination and Forensic Evidence Preservation. Interviews with both medical and behavioral health staff confirmed their acknowledgment of the completed specialized PREA and the requirement for completion of all staff within their department. Each of these

	departments maintain documentation of the staff's training confirmation as staff are required to sign the attendance sheet.1115.235(b) The agency nor the facility conducts forensic medical exams. All forensic examinations are performed off-site at a local medical facility, Shelby County Crisis Center in Memphis, TN. However, there were zero sexual abuse allegations reported that required a forensic examination. 115.235 (c) (d) The Auditor reviewed training records, signature sheets confirming completion of training and certificates that medical and mental health staff attended and completed the annual Specialized Training: PREA Medical and Mental Health Care Standards. The training was documented as presented by the Behavioral Health Administrator, Health Services Administrator and/or a Health Services Registered Nurse. Confirmation of regular PREA educational training in accordance with standard 115.32 was determined during interviews with the Health Services Administrator and Behavioral Health Administrator in addition to documentation review. Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1.MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.1 PREA Screening, Classification, and Monitoring 3. PREA Screening System Application 4. Completed Risk Screenings 5. Interviews with: a. Staff Responsible for Risk Screening b. Random and Targeted Inmates d. TDOC State-wide PREA Coordinator 115.241(a) (b) TDOC Index 502.06.1 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the TDOC to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. Residents designated to MLTC are inmates who have transferred from other TDOC facilities and meet the criteria for the program

eligibility at MLTC. Per an interview with the Intake Counselor, the agency uses the PREA Screening System Application within the Distributed Application located on the TDOC intranet to assess a resident's risk of sexual victimization and risk of sexually abusing another resident. The PAQ identified the arrival of 165 residents at the facility who stayed beyond 72 hours. The correct number was later identified as 153. The Auditor randomly selected 50 residents risk screening for confirmation of timely completion within 72 hours. The review confirmed 100% of the residents were screened not later than the following day of their arrival at MLTC. Additionally, per the Intake Counselor, residents who depart the facility for an outside medical trip and/or court appearance, etc., with a stay greater than 24 hours receive a new PREA risk screening for risk of victimization and abusiveness upon their return within 72 hours.

The Intake Counselor indicated upon the resident's arrival, they receive intense PREA education during orientation to include in as the following: verbal discussion that allow the residents to ask questions; observance of the PREA video which is available in English, Spanish, closed caption, and sign language; facility resident handbook that includes PREA information on how to report and ways to report; and advisement of the PREA posters and PREA information on their housing unit bulletin boards and inmate phones to include internal and external reporting. The residents acknowledge receipt of the PREA education provided by signing the Orientation Acknowledgement form.

There were no newly arriving residents at the facility during the site visit for observation of the intake process. Therefore, the Auditor requested an Intake Counselor to conduct a walk-through mock exercise of the intake process. The exercise was conducted in a private setting. The Counselor accesses the PREA Management System to read each question while noting a response within the system (via computer) through the Distribution Application while confirming an understanding of the questions asked. Based on the responses to the questionnaire, the history and/or risk of sexual aggressiveness and/or sexual victimization is determined. Resident housing is required to be reviewed prior to the system allowing the completion of the screening that prevents those identified as incompatible cell assignment together that creates the automatic activation of an "Alert." The screening process also includes verification to check if the potential cellmate is currently being monitored as an aggressor or victim. Upon being identified as a prior victim of sexual abuse, and/or having a history as an aggressor, a mental health referral is submitted, and a resident is normally seen within 24 hours. She explained a resident's body language also plays a part in the risk screening process. She added, during her seven-year tenure as a Counselor, she has not had a resident refuse to cooperate during the risk screening questionnaire process. However, in such an incident a resident refuse to cooperate, she would ask the resident if there was something he needed to speak with someone about and/or if they would prefer to speak with a male Counselor. The Intake Counselor was professional and knowledgeable of the risk screening process that was obvious during the mock exercise. She added applicable accommodations are made to ensure residents with disabilities can communicate effectively during the PREA risk

screening via available facility and agency's contract resources to include sign language translation.

115.241(c) (d) TDOC Index 502.06.1 requires authorized users to utilize the PREA Screening System Application located on the TDOC intranet. User security access to this system is authorized by the Associate Warden of Treatment. The PREA Screening System Application form is the agency-approved standardized screening instrument. Copies of the Tennessee Inmate Management Information System (E-TOMIS system) PREA Screening form were provided within the PAQ in addition to those of randomly selected 50 residents' completed forms. The PREA Screening form assigns a numerical point value to questions regarding risk of victimization and risk of abusiveness categories. The form considers 12 separate inmate risk of victimization factors and risk of abusiveness factors. Each risk factor is assigned a numerical point value based on the information obtained from an interview with the inmate and information from the inmate record.

Per the Intake Counselor, only authorized staff with approved credentials have access to conduct the risk screening by accessing the Distribution Application. Residents are asked each question while asked to provide a response. The risk screen form is identified as the Offender Information Screening form. The Auditor reviewed the screening instrument and instructions and found that it addresses the criteria required by all standard provisions. Specifically, the screening application considers factors that identify an inmate as being aggressor, victim, both, and/or neither. Questions includes: Whether the inmate is a former victim of institutional (prison or jail) sexual abuse; Whether the inmate has mental, physical, or development disability; The age of the inmate (24 or younger or elderly, 60 or older); The physical build of the inmate (5'5" and/or less than 150 pounds); Whether the inmate has previously been incarcerated; Whether the inmate criminal history is exclusively non-violent; Whether the inmate has prior convictions for sex offenses against an adult or child; Whether the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; Whether the inmate has previously experienced sexual victimization; Whether the inmate is detained solely for civil immigration purpose; Prior acts of sexual abuse; Prior acts of violent offenses; and history of prior institution violence. The PREA Screening System Application factors considered in the risk of abusiveness category include prior acts of sexual abuse, prior convictions for violent offenses and a history of prior institutional violence or sexual abuse. The instrument also considers a history of violent crimes including pending and current charges and a history of domestic violence including pending and current charges.

115.241(e) TDOC Index 502.06.1 notes the PREA Screening application to determine if an inmate is at risk of being abusive shall, at a minim, consist of prior acts of sexual abuse; prior acts of violent offenses; history of prior institutional violence and prior history of institutional sexual abuse. Based on the inmate's response, he/she is scored at risk for abusiveness and or as an aggressor. This information was identified for each of the 50 residents' PREA screening information forms reviewed.

115.241(f) TDOC Index 502.06.1 requires unit management staff to reassess each

inmate within 30 days of the inmate's arrival at the facility using the PREA Screening Application. The PAQ indicated that MLTC admitted 163 residents whose stay was 30 days and later identified as 153 residents. A random sample of 50 residents' PREA Screening Application forms was reviewed for compliance with the reassessment completion within 30 days of their arrival. 100% of the PREA Intake Screening forms confirmed each were completed not later than 13 days after the resident's arrival. Staff who perform risk screening reassessments indicate there is no set date as to when the reassessments are to be completed but they are required to be completed within 30 days per the standard. However, staff complete the reassessments within 15 days of their arrival. Residents who arrived at the facility within the 12 months acknowledged being asked questions related to the PREA Screening Application forms by Counselors in a private office and many recalled being asked twice within 30 days of their arrival at MLTC.

115.241(g) TDOC Index 502.06.1 requires unit management staff to re-assess an inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness. Once an inmate is identified as a Sexual Aggressor or Sexual Victim at any time during his/her incarceration, the inmate shall be evaluated for appropriate housing and programs. The PREA Screening System Application is utilized to conduct all re-assessments. The Counselor indicated a re-assessment is conducted upon receiving any new information to include substantiated PREA investigations identifying a resident as a victim or an aggressor, additional community criminal charges, and upon receiving any information that could result in changes of custody level scoring, and/or other classification changes. In such instances of a substantiated sexual abuse investigation, the victim and aggressor would be monitored quarterly for a minimum of one year to include the completion of a reassessment. There were zero substantiated sexual abuse investigative findings at MLTC during the 12-month review period and/or site visit.

115.241(h) TDOC Index 502.06.1 states that inmates will not be disciplined for refusing to answer or disclosing complete information in response to screening questions. Staff responsibility for conducting risk screening indicated residents are not disciplined for refusing to respond or for not disclosing complete information and there have not been any circumstances in which a resident refused to cooperate and provide responses. During interviews with residents, none reported being advised of receiving discipline if they refused to answer PREA risk screening questions.

115.241(i) TDOC Index 502.06.1 indicates that screening information is strictly need-to-know. Access to the PREA Screening System Application is controlled through authorized user security access. Unit Management staff will ensure screening information is entered within the PREA Screening System Application, E-TOMIS. Per the State-wide PREA Coordinator, access to the information must be requested through the onsite PREA Coordinator and approved at the facility level. The request is then forwarded to tState0wide PREA Coordinator, vetted and granted based on the job responsibility of the individual for whom the request is submitted. Per the Intake Counselor, access to the information is granted to the Counselors,

	Chief Counselor, Deputy Superintendent, PREA Coordinator and PREA Compliance Manager. Based on the review of agency policies, and procedures to include the review of the objective screening instrument utilized to conduct PREA risk screening that includes the provisions within the standard, documentation of timely completed 72 hour and 30 days assessments, mock exercise of screening process, interviews with staff and the resident population, it is determined MLTC does meet all standard provisions.
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.1 PREA Screening, Classification, and Monitoring 3. TDOC Index 113.37 Gender Accommodation 4. MLTC Index 112.08-1 Personal Hygiene Resources for Inmates 5. PREA Risk Screening Forms 6. Interviews with: a. TDOC State-wide PREA Coordinator b. Staff Responsible for Risk Screening c. Residents 115.242(a) TDOC Index 502.06.1 states, “Decisions concerning individual housing assignments and group activities for inmates who enter TDOC and identify as a sexual aggressor or prior sexual victims are under the supervision of the unit management/Associate Warden/Deputy Superintendent/Designee. Housing, cell assignments, work, education, and program assignments shall be made with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually aggressive. The PREA Screening System Application factors considered in the risk of abusiveness category include prior acts of sexual abuse, prior convictions for violent offenses and a history of prior institutional violence or sexual abuse. The instrument also considers a history of violent crimes including pending and current charges and a history of domestic violence including pending and current charges. A review of the PREA Screening System Application revealed it does consider all the criteria required by this provision. Specifically, the screening application considers factors that identify an

inmate as being aggressor, victim, both, and/or neither. Questions includes: Whether the inmate is a former victim of institutional (prison or jail) sexual abuse; Whether the inmate has mental, physical, or development disability; The age of the inmate (24 or younger or elderly, 60 or older); The physical build of the inmate (5'5" and/or less than 150 pounds); Whether the inmate has previously been incarcerated; Whether the inmate criminal history is exclusively non-violent; Whether the inmate has prior convictions for sex offenses against an adult or child; Whether the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; Whether the inmate has previously experienced sexual victimization; Whether the inmate is detained solely for civil immigration purpose; Prior acts of sexual abuse; Prior acts of violent offenses; and history of prior institution violence. Based on the screening information provided by the inmate and the prior review of the incoming inmates criminal history, the inmate is identified as a sexual aggressor, sexual victim, at risk of sexual abuse, one or more and/or neither. The determination of an inmate being identified as a prior victim of sexual abuse, at risk of sexual victimization and/or aggressor is automatically generated within the program based on the inmate responses to the various questions asked from the PREA Screening form staff who perform screening reported inmates at risk of victimization are separated from inmates at risk of abusiveness based on the risk assessment score. Inmates/residents identified as prior victims and/or as prior aggressors are identified as incompatible during risk screening.

The facility does not house victims and abusers together. Staff Responsible for risk screening (Counselors) reported residents identified with a prior history of sexual victimization and those with a prior history as a sexual aggressor to include those at risk of each are identified as such and documented with Distributed Apps (E-TOMIS). Once identified, the automatic system will not allow the housing assignment together. As those who are at risk and/or have a history of victimization cannot be housed with those who are at risk or have a history of abusiveness. The program in the Offender Management System notifies the Count Room Officer when a victim and aggressor is attempted to be placed in a cell together in which the system will not allow the assignment as an "Alert" will appear and prevent the placement. The Chief Counselor and the Inmate Job Coordinator (IJC) ensure identified high -risk victims and aggressors are not assigned the same job placement during the same shift.

The Auditor requested the bed assignment and job assignment of residents identified as having a prior history of sexual victimization and those to have a history of sexual abuse. The review confirmed the seven residents with a history of sexual aggressiveness and two (2) identified as having a history of sexual victimization were not housed within the same cell and their hours of employment at particular job sites within the facility and community were not of the same.

115.242(b) TDOC Index 502.06.1 states 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. Inmates who are deemed sexual aggressors or sexual victims will be appropriately housed until assessed by behavioral health professionals or

classification. Decisions concerning individual housing assignment, 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 on a need-to-know basis and housing, cell assignments, work, education and program assignments shall be made with a goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually aggressive. If behavioral health intervention is indicated, a referral shall be made in accordance with Policy #113.82, utilizing Institutional Health Services Referral, CR-3431. No inmate will be double celled until the required screening has been completed. Inmates who are deemed sexual aggressors or sexual victims will be appropriately housed until assessed by behavioral health professionals or classification. Once an inmate is identified as a sexual aggressor or sexual victim at any time during their incarceration, the inmate shall be evaluated for appropriate housing and programs.

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

115.242 (d) TDOC Index 502.06.1 indicates that a transgender or intersex inmate's own view with respect to personal safety shall be seriously considered. The identified inmates shall be reclassified every six months by the assigned counselor to review any threats to safety experienced by the inmate. Counselors who performed risk assessment indicated there were no residents identified as transgender and/or intersex designated at MLTC during their tenure to include the 12-month review period, and/or during the site visit. However, they were aware that those identified as transgender, or intersex would be given an opportunity at any time to express any concerns they may have with their own safety. Any concerns as such would be documented on the PREA Housing and Program Review form. An interview with the TDOC State-wide PREA Coordinator, indicated a transgender or intersex resident's own view with respect to their own safety would be given serious consideration in placement and programming assignments as all factors would be discussed during the offender's meeting with the multidisciplinary board. There were no residents assigned at MTLC during the site visit to conduct an interview.

115.242 (e) MLTC Index 112.08-1 indicates transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The Unit

	Management Team shall generate a shower schedule for transgender or intersex residents. There were zero residents identified as transgender and/or intersex designated at the facility to include in previous years and/or during the on-site of the audit. Although staff indicated no residents identified as transgender and/or intersex were assigned at MLTC, they were aware that residents as such would be allowed to shower separately from others during count time while other residents are restricted to their housing bed/cell assignment. This procedure was also confirmed by the TDOC State-wide PREA Coordinator. The Auditor observed all resident showers were within single stalls. There were no residents identified as transgender and/or intersex at the facility during the site visit to conduct an interview. 115.242(f) TDOC Index 113.37 Gender Dysphoria states, “Lesbian, gay, bisexual, transgender, or intersex inmates may not be placed in dedicated facilities, units, or wings solely based on such identification or status. One resident was identified as gay during the review period and site visit. He indicated he feels comfortable in his assigned housing unit. He added he was not advised that his placement was in a dedicated housing unit, as his placement has been based on his programming level. There were zero residents at MLTC who identified themselves bi-sexual, transgender, or intersex. Per an interview with the TDOC State-wide PREA Coordinator, the agency is not subject to a consent decree, legal settlement or legal judgment and offenders identified as gay, bisexual, transgender, or intersex would not be placed in designated housing units based on their status. Based on the review of policies, Risk Screening documentation, resident identified as having a history of prior sexual abuse and those identified as having a history of sexual victimization cell and job assignments, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART 3. TDOC Index 501.01 Inmate Grievance Procedures 4. MOU Between TDOC and Shelby County Rape Crisis Center 5. TDOC PREA Lesson Plan 6. PREA Posters with Tip Line Numbers

7. Resident Rules and Regulations Handbook

8. Interviews with:

a. TDOC State-wide PREA Coordinator

b. Random staff

b. Residents

115.251(a) TDOC Index 502.06.2 states the Department shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment. These include but are not limited to: (a) written communication (includes electronic documents); (b) Reporting directly to staff (Verbally); (c) Third-party reporting; or (d) Facility PREA Tip Line. The Resident Rules and Regulations Handbook and posters contain information on how to report sexual assault. Residents are advised if they have been the victim of sexual abuse or sexual harassment, they may report this information directly to staff, use the facility PREA Line (*9222) or send written communication of the abuse to any staff member. As noted on the TDOC agency website, each facility has a free and confidential PREA Tip Line to allow offenders to report incidents of sexual abuse without fear of reprisal.

TDOC index 501.01 states TDOC shall ensure that every inmate has the right to utilize the grievance procedures without fear of reprisal. All grievances shall be considered in a fair and impartial manner and dissolved at the lowest possible level in the grievance procedures. Although residents may report PREA allegations through the grievance process, all reported PREA allegations are referred to the OIC Investigators for an investigation. Grievance boxes (mailbox) are located outside the resident dining hall, in the housing unit cores, and in the program's building and are logged by the Grievance Clerk upon pickup.

The Auditor utilized the resident housing unit telephone system to confirm their access to the toll-free hotline number *9222 as an internal method to report PREA allegations. Resident interviews indicate all were aware of the reporting options available while referring to the posted information on walls, bulletin boards and telephones. They indicated calling the PREA Hotline and/or reporting directly to staff as the most common method of reporting. However, they also acknowledged their awareness of the grievance process to report. Random staff interviews indicated all staff were aware of the internal and external reporting options available to the inmates and themselves to include verbal, written, internal, external and via third-parties.

115.251(b) TDOC Index 502.06.2 The Department shall provide at least one way for inmates to report abuse or harassment to an outside governmental entity that is not affiliated with the agency or that is operationally independent from agency leadership.

Per an interview with the TDOC State-wide PREA Coordinator, TDOC does provide at least one way for residents to report abuse or harassment to a private entity that is

not part of the agency. TDOC has established Memorandum of Understanding with various Rape Crisis Centers throughout the state to provide services for the TDOC facilities while reviewing the qualifications, history and licensing of the Crisis Centers to ensure compliance of the standard provisions. A MOU was established with the Shelby County Rape Crisis Center in September 2015. Residents have continued accessibility to the Center by dialing *9555. All calls are free, confidential, unmonitored and are not recorded, while allowing residents to remain anonymous. Residents are not required to identify themselves when making the calls. The phone system is set to automatically call the Crisis Center when the number is dialed while deactivating the recording which allows the resident to remain anonymous. Residents may submit confidential written correspondence to the Crisis Center at 1750 Madison Avenue Memphis, TN 38103. Letters to the Crisis Center are handled as legal mail. Each facility has a trained staff to serve as a victim advocate, the facility's staff victim advocate is available to accompany the victim if one is not provided by the Crisis Center and/or if the resident prefers a victim advocate from the facility one will always be provided to the victim. Mailboxes were identified in each resident housing unit that allow them to forward written correspondence to the Shelby Rape Crisis Center. Per interviews with staff and the resident population, all outgoing mail is collected Monday - Friday except for holidays.

TDOC has established a MOU with the Shelby County Rape Crisis Center serve as an entity that allows residents to report immediately reports of sexual abuse and sexual harassment to agency officials. The information for contacting the Shelby County Rape Crisis Center is noted in the residents' handbook, on posters throughout the facility and on resident bulletin boards in all housing unit. Residents has the option to submit a letter to The Shelby County Rape Crisis Center, 1750 Madison Avenue Memphis, TN 38103 or dial *9555 to speak with a Counselor. Letters to the Crisis Center are handled as legal letters and calls made to *9555 are not monitored by facility staff additionally the caller may remain anonymous. This information is noted on all facility telephones utilized by the resident population. This procedure was confirmed during an interview with a Counselor employed at the Shelby County Rape Crisis Center. The Auditor also conducted a test of the external PREA hotline at *9555 with appropriate results to the Shelby County Rape Crisis Center and confirmed residents' accessibility to speak with an individual to report.

115.251(c) TDOC Index 502.06.2 indicates Staff shall accept reports made verbally, in writing, anonymously, and from third parties. Facility staff shall report all allegations of sexual abuse and sexual harassment including third-party, and anonymous report to the facilities designated investigator (s) All allegations shall be documented within 24 hours of becoming known to facility staff in the PREA Allegation System (PAS). Facilities shall call the TDOC Central Communication Center within 24 hours to report the allegations. Interviews conducted with 18 random staff acknowledged their commitment to accept all reports of sexual abuse and/or sexual harassment regardless of the method received. Staff also acknowledged they would document the received information as soon as possible and always prior to departing from their assigned shift. All staff carry a PREA Refresher Card on their ID Badge that includes but is not limited to staff's duty to

	report, ways staff can report, and duty to promptly complete a written incident report upon reporting. 115.251(d) TDOC Index 502.06.2 indicates staff may privately report sexual abuse and sexual harassment of residents to the Central Office PREA Tip Line (615-253-8178). This information is also included in the Tennessee Correctional Academy Program Curriculum PREA Lesson Plan. Most staff cited they would communicate with their supervisor privately or through written documentation to their supervisor as the primary method utilized to privately report knowledge of sexual abuse or sexual harassment. However, in such an instance the allegation involved actions of their supervisor or other management staff, they would report the information anonymously through the PREA Tip Line. The Auditor noted all staff carry a PREA Refresher Card on their ID Badge that includes the Central Office PREA Tip Line (615-253-8178) as a method for both private and external reporting. Based on the review of agency policies, agency lesson plan, established MOU, available resources to report PREA allegations to include testing of available internal and external resources, observation during site visit, interviews with staff and the resident population, and analysis, the facility has demonstrated compliance with all the provisions of this standard.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 501.01 Inmate Grievance Procedures 3. Observation During Site Visit 4. Testing of Resident's Phones 5. PREA Case Files 6. Resident Orientation Handbook 115.252(a) TDOC Index 501.01 indicates the agency has an administrative remedy program that may be used to file an allegation of sexual harassment or sexual abuse. It states that an inmate may submit a grievance alleging sexual abuse at any time. Per the PAQ, there were no grievances alleging sexual abuse filed by inmates during the review period. All information received in relation to sexual abuse and/or sexual harassment would immediately be submitted to the Deputy Superintendent who forwards it to the OIC Institution Investigator for an immediate

investigation. All correspondence with the resident would be conducted by the OIC Institution Investigator.

115.252(b) TDOC Index 501.01 states an inmate may submit a grievance alleging sexual abuse at any time. Applicable time limits shall apply to any portion of a grievance that does not allege an incident of sexual abuse. Inmates shall not be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse

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

115.252(d) TDOC Index 501.01 states a final decision on the merits of any portion of a grievance alleging sexual abuse shall be issued by the Associate Warden of Treatment or Deputy Superintendent within 90 days of the initial filing of the grievance. Computation of the 90-day limit shall not include time used by inmates in preparing the grievance. The inmate shall be notified by the Associate Warden of Treatment/or Deputy Superintendent if an extension is needed. At any level of the grievance if the inmate does not receive a response within the time allotted to reply, including any extension, the inmate may consider the absence of a response to be a denial at that level.

115.252(e) TDOC Index 501.01 states that third parties shall be permitted to assist inmates in filing grievances related to allegations of sexual abuse and shall also be permitted to file such grievances on behalf of the inmate. If a third-party file such a grievance on behalf of an inmate, that inmate shall agree to have the grievance filed and document such on the Inmate Grievance form. The inmate shall be required to personally pursue any subsequent steps in the grievance process. The inmate may decline to have the grievance processed on his/her behalf and the decision shall be documented on the original Inmate Grievance. Per the PAQ and review of the four (4) reported PREA allegations, none were reported through the grievance process. Specifically, two were reported through the PREA Hotline and two were reported verbally to staff. The Auditor utilized the residents' phones to test the PREA Hotline as a method to report an allegation during the site visit, while the test was successful. The Auditor also conducted a test call with for accessibility of reporting with the Shelby County Rape Crisis Center and confirmed the resident's availability to utilize the community services to report PREA allegations. Signage of the available methods to report was observed accessible to both residents and staff throughout the facility to include housing units, program areas, work assignment, front entrance, and food service on walls, bulletin boards and on inmate phones. The information is posted in English and Spanish. Grievance boxes (mailboxes marked as "Grievance") are located outside the resident dining hall, in the housing unit cores, and in the program's building and are logged by the Grievance Clerk upon pickup.

The Auditor's notice of the PREA audit noted as posted on October 17, 2023, to

	include the Auditor's contact information was also visible to both staff and the resident population. 115.252(f) TDOC Index 501.01 states that after receiving an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse, the grievance chairperson shall immediately forward the grievance to the Associate Warden of Treatment or Deputy Superintendent for any corrective action to be taken. The grievance chairperson will provide a response within 48 hours and a final decision within five calendar days. Per the PAQ and review of the four (4) reported PREA allegations during the 12-month review period, either were reported through the grievance process. However per agency policy, the initial response and final decision would be provided within the PREA Allegation System (PAS) and shall document the facility's determination as to whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. 115.252(g) TDOC Index 501.01 states that an inmate may be disciplined for filing a grievance related to alleged sexual abuse only when it is demonstrated that the inmate filed the grievance in bad faith. Based on the review of the review of the agency grievance policy that meets all provisions of the standard, grievance process explained in the Resident Orientation Handbook, observation during the site visit, Grievance boxes available in all resident housing units for submission, PREA posters, and review of the four (4) reported PREA allegations that demonstrated none were reported through the grievance process, MLTC does meet all provisions of the standard.
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims 3. Memorandum of Understanding with Shelby County Rape Crisis Center 4. MLTC Resident Rules and Regulations Handbook 5. PREA Posters and Signage 6. Site Observation

7. Test Call

8. Interviews:

a. Residents

b. Shelby County Rape Crisis Center Management Staff

115.253(a) TDOC Index 502.06.3 notes Inmates Access to Facility and Outside Confidential Support Services: (1) The name and contact information of the facility's Inmate PREA Victim Advocate shall be posted on each housing unit bulletin board. The facility shall ensure that inmates are provided access to outside victim advocate for emotional support services related to sexual abuse by giving inmates the mailing address and telephone numbers, including toll-free hotline numbers, were available, of local, state, or national victim advocacy or rape crisis organization. The facility does not detain persons solely for civil immigration purposes, and/or immigrant services agencies. The Facility PREA Coordinator shall ensure that inmates are informed, 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. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. TDOC has established a Memorandum of Understanding with the Shelby County Rape Crisis Center that provide residents with access to outside victim advocates for emotional support services related to sexual abuse. A copy of the MOU was presented for review. The MOU documents the agreement the involvement of trained sexual assault advocates as a component of the standard response to a report to sexual assault and/or a request for help from a survivor of sexual assault. The MOU also agrees to maintain confidentiality of survivors of sexual violence who are incarcerated in the facility while maintaining available crisis counseling through organization's crisis hotline at any time and/or 24 hours a day. The said counseling may take place in person or by telephone. Prior to accessing services, residents are informed to the extent to which their communications will be monitored. Upon each resident's arrival at MLTC he is given a Resident Rules and Regulations Handbook which outlines methods of reporting PREA allegations to include outside resources. The information is provided in English and Spanish. It states "Residents are provided a way to report sexual abuse to an outside agency that is not a part of TDOC. This contact information is available to residents through posters, resident handbooks or other written information and the outside agency information is: Shelby County Rape Crisis Center, 1750 Madison Avenue - Memphis, TN 38103, phone number *9555." The Auditor also observed this information visible to residents, staff, and visitors throughout the site visit tour. Residents identified the information to include the phone number *9555 as an outside resource is posted on posters, bulletin boards and on the resident phones. The residents were aware that the calls were free, unmonitored, and confidential as stated on the signage, but were unaware of the services offered as they had not attempted to make contact. There were zero residents at the facility who reported sexual abuse during the site visit to conduct an interview.

	The Auditor conducted a test call via dialing *9555 utilizing the inmates' phones and confirmed resident's access to contact the Shelby Rape Crisis Center. Mailboxes are located within housing units for outgoing mail. An interview with staff assigned to handle resident mail, confirmed the resident's outgoing mail is sealed by the resident and it would be treated as legal mail without being monitored by staff's review to include incoming. 115.253 (b) TDOC 502.06.3 states staff shall ensure that inmates are informed, 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. Notices and posters throughout the facility on walls, bulletin boards, resident phones and the MLTC Resident Rules and Regulations Handbook documents that the referred to the Shelby County Rape Crisis is considered private and confidential. 115.253 (c) The agency maintains a copy of the Memorandum of Understanding (MOU) with Shelby County Rape Crisis Center and was presented for review. The Auditor conducted interviews with the Center's Director of Nurses and Advocacy Manager who acknowledged the MOU dated September 11, 2015. Based on the review of agency policy, resident handbook, observation during site visit, signage throughout facility to include external resources, MOU agreement, mailboxes within housing units, test call of available services, it is determined the facility does meet all provisions of the standard.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 506.06.2 PREA Allegations, Investigations, and SART 3. MLTC Resident Rules and Regulation Handbook 4. TDOC's Website 5. Observation During Site Visit 5. Interviews with: a. Staff b. Resident Population

	115.254(a) TDOC Index 502.06.2 states, The Department shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment. It indicates that third-party reporting is included in the ways to report. It states this information shall be made available through the Resident Handbook. MLTC Rules and Regulations Handbook states “Residents are provided a way to report sexual abuse to an outside agency that is not a part to TDOC. This contact information is available or visible to residents through posters, resident handbooks or other written information on bulletin boards. The outside agency information is noted Shelby County Rape Crisis Center, 1750 Madison Avenue Memphis, TN 38103, phone number is: *9555. Third party reporting information was observed posted within the residents’ housing unit, facility front entrance, visitation, program areas and work assignment on posters and bulletin boards accessible to all staff, visitors and the resident population. All information is available in English and Spanish to include large fonts. The Auditor conducted a test call to the Shelby County Rape Crisis Center at *9555 and confirmed the available services for third party reporting. Additionally, the Auditor observed the PREA Audit Notice was posted throughout the facility in all housing units, program, front entrance, visitation, staff and resident work assignment areas on walls and bulletin boards accessible to all staff, visitors and residents. Residents and staff acknowledged the Audit posting was posted several weeks prior to the site visit (October 17, 2023). The Auditor reviewed the agency’s website at https://www.tn.gov/correction/state-prisons/prison-rape-elimination-act.html that included third party reporting information accessible to the public. The agency’s website states, “In addition to the facility PREA TIP lines, TDOC has established a TIP line for third-party reporting of sexual abuse and sexual assault at (615) 253-8178.” Interviews with the 22 residents revealed most were aware that a third-party could report a sexual assault allegation such as a family member, friend, or another resident and identified this information is on the PREA posters throughout the facility. Based on the review of policies, documents, website, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review):

1. MLTC Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TDOC TCA Lesson Plan
4. Interviews with:
 - a. MLTC Superintendent
 - b. PREA Correctional Program Director II
 - c. Random staff
 - d. Behavioral Health Administrator
 - e. Health Services Administrator
 - f. Non-security First Responder

115.261(a) (b) (c) (d) (e) TDOC Index 502.06.2 states, "All staff are required to report immediately to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of TDOC, retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with staff indicated they are aware of their responsibility and duty to report all knowledge of PREA allegations and the requirement to report to their first chain of command. Staff, to include TDOC, contractors and volunteers carry a PREA refresher card on their badge with reporting guidelines. The 18 random staff selected for interview indicated they would immediately report to the Shift Commander and complete a documented report of their awareness to include from third-party as soon as possible and always prior to departing from their shift. Non-security staff identified they would report the information to their direct supervisor, and/or first available security staff within their department who would report to the Shift Commander.

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

115.261(c) TDOC Index 502.06.2 states, "Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse as outlined in this policy and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of

	services." Interviews confirmed medical and mental health staff are aware of their duties required by this provision and this information is shared with the inmate at their initiation of services of their limitation of confidentiality and their duty to report. The Health Services Administrator indicated she had not personally received notification of a PREA allegation from a resident. However, she would immediately report the information to the Shift Commander, Clinical Supervisor, Warden, Associate Warden (Treatment)/SART Coordinator and other supervisory staff. The Behavioral Health Administrator stated he had served as a first responder of an alleged staff on inmate sexual assault via touching only. The allegation was reported to have occurred in prior months and the victim was not in the presence of the staff member. He immediately reported the allegation to the Shift Commander, and Associate Warden (Treatment)/SART Coordinator for further notifications and appropriate response. 115.261(d) MLTC does not house residents under the age of 18 years old. Per the MLTC Superintendent and TDOC State-wide PREA Coordinator, the average age range of residents at MLTC is between 20 – 66 years old. If an alleged victim is considered a vulnerable adult under a State or local vulnerable persons statute, the Department will report the allegation to the designated State or local services agency under applicable mandatory reporting laws such as Tennessee Department of Human Services (DHS) Adult Protective Services. TDOC has received guidance from Adult Protective Services which indicates that TDOC may investigate within their facilities. 115.261(e) TDOC 502.06.2 states, Facility staff shall report all allegations of sexual abuse and sexual harassment, including third-party, and anonymous reports, to the OIC Institution Investigator for an investigation. Per the MLTC Superintendent, all PREA allegations regardless of how they are reported, are immediately referred to the OIC Institution Investigator and/or the OIC Special Agent as applicable for the completion of an investigation. Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART 3. Interviews with:

	a. Agency Head Designee b. MLTC Superintendent c. Random and Specialized Staff 115.262 (a) TDOC Index 502.06.2 states It is the policy of the TDOC to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient and confidential manner in accordance with federal guidelines (Title 28 CFR Part 115. TDOLC 502.06.2 states "If facility staff receives information that an inmate is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the inmate." The Auditor utilized a variety of scenarios during interviews with random and specialized staff to include contractors and volunteers. All indicated they would remove the resident from the area of threat, secure and/or maintain a visual on the resident while notifying security staff and/or the Shift Commander. An interview with the Agency Head Designee indicated TDOC has an immediate response system in place as sexual safety is taken seriously by the agency. The first step would be to separate the at-risk individual from the potential risk and protect them from harm. There are specific areas of the compound that are designated as protective custody (PC). A protective custody investigation will be initiated, and any issues identified. The offender will remain housed in PC until the risk is eliminated by a transfer of the potential threat or until the offender expresses that they are no longer fearful and want to return to the compound. Per the MLTC Superintendent, an immediate response to ensure the safety of the resident would be initiated to include housing, job placement and programming changes where in increase of supervision is provided. An investigation would be conducted by the OIC Institution Investigator and a decision of further actions to include possible transfer of the aggressor to another TDOC facility based on the findings of the investigative report. The facility also has two cells within a segregation unit that is not being used as such. However, as needed, a resident may be held there for not longer than 24 hours for the completion of an investigation and completion of required transfer paperwork. Per the PAQ and interviews with staff there were zero instances where a resident was subjected to a substantial risk of imminent sexual abuse during the 12-month review period. Based on the review of policies, documents, lesson plan, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART 3. Interviews with: a. TDOC Agency Head Designee b. MLTC Superintendent 115.263 (a) (b) (c) (d) TDOC Index 502.06.2 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden of the facility that received the allegation shall notify the head of the facility where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. An interview with the MLTC Superintendent indicated the notification would be made via email and via a telephone call within 72 hours of receiving the notification and an investigation would be initiated. However, there have been no circumstances reported within the review period that such allegations were received. According to the PAQ, the facility has not received any notifications of an unreported PREA allegation having occurred at a residents' previous facility and after a resident's departure from MLTC. Per an interview with the TDOC Agency Head Designee, in such instances of a facility reporting and/or receiving an unreported allegation, the designated point of contact is the TDOC State-wide PREA Coordinator, who in turn will notify the Warden, the Facility's PREA Coordinator, and the Facility's Institutional Investigator. The agency does have examples of outside agency referrals as the referrals are routinely received from various the Rape Crisis Centers where the agency has established a MOU. However, none were referred for MLTC to include from the Shelby County Rape Crisis Center. Based on the review of policy, PAQ, PREA investigative cases, and staff interviews, the facility has demonstrated compliance with all the provisions of this standard.
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART 3. MLTC Index 502.06.2-1 PREA Allegations, Investigations, and SART

4. MLTC First Responder Badges

5. PREA Investigative Case Files

6. Interviews with:

a. Non-Security First Responders

b. Random staff

115.264(a) TDOC Index 502.06.2 and MLTC Index 502.06.2-1 indicate that the first security staff on scene of an alleged sexual abuse shall separate the alleged victim and abuser. The security staff shall preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the alleged sexual abuse occurred within a 72-hour period of reporting, the security shift supervisor who is notified of the allegation shall initiate the Sexual Abuse Incident Check Sheet, CR-3776.

115.264(b) TDOC Index 502.06.2 states, "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. All staff interviewed, (security and non-custody staff), were aware of their responsibilities as first responders. All reported they would immediately separate the residents and maintain sight of a victim, implement efforts to preserve a crime scene including advising those residents involved to not shower, change clothing, brush teeth, eat, drink, or use the toilet. All staff are trained as first responders and wear a PREA Response Card on their badge that lists the PREA Action Steps to include immediate steps to take when responding to an allegation of sexual abuse.

The review of the reported sexual abuse investigative case files included the following case file information while reporting a medical emergency sick call. The resident was escorted to see medical staff and the Shift Commander. He reported that it was his belief only that he could have been sexually assaulted by his cell mate based on his complaint that he could not sit down properly due to having rectal pain. The resident did not identify any physical contact by his cellmate that led to his belief. The facility's PREA protocol was activated that included notification to the SART Coordinator and OIC Institution Investigator. The first responder duties included ensuring separation of the alleged aggressor from the alleged victim, maintaining sight of the alleged victim, preservation of the assigned cell and possible evidence to include each resident's clothing and bodily liquids. The alleged victim received an assessment by MLTC medical staff and was transported to a community hospital for inpatient care. It was determined by the Regional Medical Center, that the reporting resident was suffering from constipation and not the actions of a sexual assault. The investigative findings were determined as unfounded.

The Behavioral Health Administrator also served as a non-security first responder to a reported sexual abuse allegation. The allegation alleged the grabbing of his

	genitals and not sexual penetration that required the preservation and/or collection of physical evidence and/or securing of the scene. The alleged victim reported he was not sure of the date of the incident as it had occurred in an excess of several days. Staff stated he reported the allegation to the Shift Commander who initiated the sexual abuse protocol to include an investigation. The investigative findings were determined as unfounded. Based on the review of policies, PREA investigative cases, MLTC First Responder Badges and interviews, and analysis, the facility demonstrated compliance with all the provisions of this standard.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. MLTC Index 502.06.2-1 PREA Allegations, Investigations, and SART 3. Interviews with: a. MLTC Superintendent b. Random staff 115.265 MLTC Index 502.06.2 outlines the facility's coordinated response to reported allegations of sexual abuse. The purpose of the policy is to establish standardized procedures to request, approve, and govern the actions; reporting procedures; and authority of the TDOC regarding PREA investigations and the role of the Sexual Abuse Response Teams (SART). The policy states "The facility shall coordinate actions taken in response to an incident of alleged sexual abuse or harassment among staff first responder, immediately notification to the shift commander, who will notify the Sexual Abuse Response Team (SART). The policy also includes the SART Response; Access to Emergency Care (Medical and Behavior Health; Ongoing Medical and Behavioral Health Care for sexual Abuse Victims and Abusers; Resident Access to Facility and Outside Confidential Support Services; SART Response; Investigations; Compliance Monitoring; Duties of the Review Team. All staff interviewed were aware of the initial steps of the action plan and all were identified in possession of a PREA refresher card on their badge that serves as a reference as needed. The MLTC Superintendent also referred to the facility's policy as an inclusion of the facility's coordinated response to reported sexual abuse. Based on a review of the policy, interviews and analysis, the facility has demonstrated compliance with this standard.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. Tennessee Code Annotated 50-1-207 3. Interview with: a. Agency Head Designee 115.266(a)TCA Code 50-1-207 states “Prohibition against requiring any employer or employee to waive their rights under the National Labor Relations Act or require acceptance or agreement to any provisions that are mandatory or non-mandatory subject of a collective bargaining under Federal law. The Agency Head Designee reported TDOC does not have any collective bargaining agreements for this facility nor has the agency entered into any collective bargaining agreement since August 20, 2012. There is a historical agreement in one of the agency’s East Tennessee facilities, but it does not grant protection for staff during any allegation of misconduct. Based on a review of the code, interviews and analysis, the facility has demonstrated compliance with this standard.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART 3. Retaliation Monitoring forms 4. Interviews with: a. Agency Head Designee b. MLTC Superintendent c. Staff Assigned to Conduct Retaliation Monitoring.

115.267 (a) TDOC Index 502.06.2 indicates inmates and staff who are involved in reporting sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other inmates or staff. Appointed members of the facility SART shall monitor staff and inmates for protection from retaliation utilizing PREA Retaliation Review (Inmates) for inmates, CR-3963, and PREA Retaliation Review (Staff), CR-3982, for staff. MLTC has designated the Deputy Superintendent to monitor retaliation.

115.267(b) TDOC Index 502.06.2 indicates the facility shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Per interviews with the Agency Head Designee and Superintendent, there are multiple options available to protect residents and staff from retaliation. The Agency Head Designee indicated TDOC monitors victims and aggressor for retaliation on a 30-, 60-, and 90-day time frame. In addition, TDOC offers the victim the ability to transfer facilities. Should the victim decide to remain, the aggressor is transferred to another facility. At a minimum the victim and aggressor are listed as incompatible and prohibited from being housed together. Retaliation for cooperation is not tolerated in TDOC. If the individual is an offender, they would be granted protective custody status until the aggressor was removed from the compound and the retaliation could be addressed. If the individual is a staff member, steps are instituted to ensure that retaliation is recognized, and addressed appropriately (i.e. termination of aggressor, staff transfer of retaliator, or reassignment of retaliator).

The MLTC Superintendent identified measures to protect residents would include, monitoring for a minimum of 90 days and longer if needed, for unwarranted charges in housing assignment and job assignments, program placement, disciplinary action, interaction of others to include staff and other residents, and/or an unwarranted request and/or submission of transfer. Staff would also be monitored for a minimum of 90 days that would include the review of changes in job assignments, denial of requested leave, staff performance, and interactions with other staff and the resident population. An investigation would be conducted and any staff and/or resident identified participating in acts of retaliation towards others would receive discipline, a transfer and for staff up to termination.

115.267(c) (d) TDOC Index 502.06.2 states, "For at least 90 days following a report of sexual abuse, the Department shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse. Departmental monitoring shall involve looking for any changes that may suggest possible retaliation by inmates or staff. Institutional SART members shall act promptly to remedy any such retaliation. TDOC Index 502.06.2 also states If an offender who is being monitored for retaliation transfers to another facility whose primary purpose is to house TDOC inmates, The PREA Coordinator from the sending facility shall notify the PREA Coordinator at the receiving facility of the required monitoring. The receiving facility will be responsible for conducting the monitoring and forwarding the required PREA Retaliation Review

(Inmate) for inmates, CR-3963, to the sending facility for placement in the PREA investigative file. Should the offender transfer to another facility prior to completing the 90-day cycle of monitoring, the original sending facility shall be 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 so the process can begin again with no break in monitoring for the offender. The retaliation monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. This monitoring shall include, but not be limited to inmate disciplinary reports; inmate housing or programming changes; or negative performance reviews or reassignments of staff.

The Deputy Superintendent was interviewed as a staff member who conducts retaliation monitoring. She confirmed there were zero substantiated and/or unsubstantiated sexual abuse investigative findings at the facility in an excess of two years. However, staff also conduct retaliation monitoring for unsubstantiated and substantiated sexual harassment investigative findings. She meets with the individual at 30-, 60- and 90-day intervals face to face to discuss any negativity they have experienced. A review is also conducted of their housing, program assignments, disciplinary sanctions, program placement scoring, job assignment, and interaction with other residents and staff. Although staff have not been identified as being applicable to the receipt of retaliation monitoring, staff would also be monitored for 90 days at a minimum of 30-day intervals and longer if needed. Staff would be monitored for changes in their post assignments, denial of requested leave, performance evaluations, and interactions with other staff and the resident population.

A total of four (4) PREA allegations were reported during the 12-month review period that included two (2) sexual harassment and two (2) sexual abuse allegations. The investigative findings each resident-on-resident sexual harassment was concluded as unsubstantiated. The two (2) sexual abuse investigative findings were concluded as unfounded. The review of the four (4) investigative cases files confirmed retaliation monitoring was completed for 90 days at 30-day intervals for each alleged victim identified in the unsubstantiated sexual harassment investigations. As the investigative findings were concluded as unfounded for each of the sexual abuse investigations, retaliation monitoring was not required for the alleged victims. The Retaliation Monitoring forms include the review of the victims' and aggressor listed a incompatible, separation of housing, assistance from a victim advocate, assistance from medical continuous of mental health services, receipt of assistance from program staff, changes since the reported PREA allegation, continued monitoring for any negatively affected in any manner, and unprofessional comments and /or negative actions by other residents, staff, supervisors, and or administrative personnel as a result of the PREA violation while documenting personal one-on-one conversations with the monitored individual. The tracking form provides an area for reporting at 30 days, 60 days, final 90 days, and space for extended monitoring if required. It also includes a column for the review of the retaliation monitoring by the members of the SART.

There were zero residents assigned at MLTC during the site visit who reported sexual

	abuse and/or sexual harassment. Therefore, none was available for an interview by the Auditor. Based on the review of policies, PREA investigative case files, completed retaliation monitoring forms, interviews and analysis, the facility has demonstrated compliance with all provisions of this standard.
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART 3. Interviews with: a. OIC Special Agent b. OIC Institution Investigator 115.271(a) TDOC 502.06.2 states it is the policy of TDOC to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential manner in accordance with federal guidelines (Title 28 (CFR Part 115). Staff shall accept reports made verbally, in writing, anonymously, and from third parties. Allegations shall be documented within 24 hours of becoming known to facility staff in the PREA Allegation System (PAS). These investigations shall be conducted within 72 hours of receiving the allegation. SART team members/ investigators who have received special training in conducting sexual abuse investigations in confinement settings shall investigate all allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Although the investigations were not completed within 72 hours of being reported, they were initiated within 24 hours of being reported. There were four (4) administrative and zero criminal allegations of sexual abuse/harassment PREA allegations reported during the review period. 115.271(b) TDOC 502.06.2 states, “where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations”. A Sexual Abuse Response Team (SART member who has received special training in conducting sexual abuse investigations in confinement settings shall investigate. The OIC Institution Investigator is a member of the SART and conduct all administrative investigations of alleged sexual abuse and sexual harassment. The OIC Institution Investigator refers all investigations that could

result in criminal charges to the OIC Special Agent for investigation. The review of investigative reports confirmed the investigative reports were completed by staff who completed the specialized investigative training in compliance with standard 115.34.

115.271(c) TDOC Index 502.06.2 indicates that OIC Special Agents shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. A review of investigation files demonstrated that the investigators utilized all available evidence and data. There was no physical and DNA evidence required for collection for the two reported allegations of sexual abuse. The reported incidents did not include penetration and/or other body fluid exchange.

115.271(d) TDOC Index 502.06.2 states when the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. An interview with the OIC Special Agent indicated as a sworn law enforcement officer, the OIC Special Agents are not required to consult with the prosecutor prior to conducting compelled interviews. He indicated he has a long working relationship with the State Assistant District Attorney and is aware of the evidence needed to refer a case for prosecution.

115.271(e) TDOC Index 502.06.2 states, "The credibility of a victim, suspect, or witness, shall be assessed on an individual basis, and shall not be determined by the person's status as inmate or staff. Inmates who allege sexual abuse shall not be required to submit to a polygraph examination or other truth telling devices as a condition for proceeding with the investigation of such an allegation." Review of investigation files did not indicate the use of a polygraph or other truth-telling device or examination. Investigators interviewed stated that credibility of an alleged victim, suspect, or witness is considered on an individual basis. Additionally, neither investigator indicated any circumstance when a resident would be required to submit to a polygraph examination. A review of the four (4) PREA investigative case files that included two (2) sexual abuse and two (2) sexual harassment did not reveal any indication that the alleged victim was requested to participate in polygraphy or other truth-telling device.

115.271(f) TDOC Index 502.06.2 indicates that administrative investigations shall include an effort to determine whether staff actions or failures to act facilitated the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative findings. A review of administrative investigations and sexual abuse incident reviews demonstrated the investigators and SART team members include a review to determine the effect of staff actions or failures as it pertains to the reported allegation. An interview with both the OIC Institution Investigator and the OIC Special Agent confirmed they include detailed information in the investigative report if staff's actions or lack of responsibilities contributed to

	facilitating the abuse and a separate administrative investigation would be completed. 1115.271(g) TDOC 502.06.2 states that criminal investigations shall be documented in a written report which contains a thorough description of physical, testimonial, and documentary evidence. The review of the PREA investigative casefiles and interviews with both the OIC Institution Investigator and OIC Special Agent, there were zero reported PREA allegations that included possible criminal charges in relation to sexual misconduct. 115.271(h) TDOC Index 502.06.2 states, "Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. There was zero substantiated allegations of sexual abuse and or sexual harassment determined during the 12-month review period. 115.271(i) TDOC Index 502.06.2 states that such investigative records shall be retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five additional years. This practice was confirmed by the OIC Institution Investigator and OIC Special Agent. 115.271(j) TDOC Index 502.06.2 states that the departure of the alleged abuser or victim from the employment or control of the facility or Department shall not provide a basis for terminating an investigation. Review of investigative files and interviews with both the OIC Institution Investigator and OIC Special Agent confirmed although staff may resign during an investigation, the investigation continues to include the arrest and prosecution of staff when applicable. The investigation also continues if a resident is transferred or released to include the alleged victim and/or alleged aggressor. Investigations as such would be conducted by the OIC Special Agents. 115.271 (k)(l) The Office of Investigations and Conduct is part of the Tennessee Department of Corrections and conducts its own criminal as well as administrative investigations into cases of sexual abuse and sexual harassment. Therefore, this provision is not applicable. Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all provisions of this Standard.
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ)

	2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART 3. PREA Investigative Case Files 4. Interviews with: a. OIC Institution Investigator and OIC Special Agent 115.272(a) TDOC Index 502.06.2 states, “The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.” A review of the investigation documents indicates that the Department does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse and/or sexual harassment are substantiated. The OIC Special Agent and Facility OIC Institution Investigator confirmed the preponderance of evidence is the standard necessary to substantiate an allegation of sexual abuse or sexual harassment. Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with this standard.
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART 3. TDOC PREA Status Notification CR-3984 4. Interviews with: a. MLTC Superintendent b. OIC Institution Investigator and OIC Special Agent 115.273(a) TDOC Index 502.06.2 states that following an investigation into an inmate’s allegation that he or she suffered sexual abuse in a facility, the Department shall inform the inmate in writing as to whether the allegation has been determined to be substantiated or unsubstantiated or unfounded. Interviews with the OIC Institution Investigator, OIC Special Agent, and the MLTC Superintendent confirmed the agency’s requirement for notifications to the victims upon completion of the investigation and the notifications are made by the OIC Institution Investigator.

During the 12-month review period, there were two sexual abuse allegations reported and identified as the following: one (1) resident on resident and one (1) staff on resident. The administrative investigative findings for each of the two reported allegations were concluded as unfounded. Therefore, there were zero unsubstantiated and substantiated sexual abuse investigative findings.

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

115.273(c) TDOC Index 502.06.2 states that following an inmate's allegation that a staff member has committed sexual abuse, the Department shall subsequently inform the inmate in writing whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the staff member has been indicted on a charge related to sexual abuse within the facility; and the staff member has been convicted on a charge related to sexual abuse within the facility. There were zero substantiated staff on resident sexual abuse investigative findings during the 12-month review period. There were zero residents at the facility during the site visit who reported staff on resident sexual abuse to conduct an interview.

115.273(d) TDOC Index 502.06.2 indicates that following an investigation into an inmate's allegation that he or she suffered sexual abuse in a facility, the Department shall inform the inmate in writing whenever the facility learns that an alleged abuser has been indicted on a charge related to sexual abuse within the facility. There were zero substantiated resident on resident sexual abuse investigative findings during the 12-month review period. There were zero residents at the facility during the site visit who reported resident on resident sexual abuse to conduct an interview.

115.273(e) TDOC Index 502.06.2 states that all notifications shall be done in writing using Inmate PREA Allegation Status Notification, CR-3984, and the inmate shall acknowledge by signature that he/she has received such notification. The notification shall become part of the allegation file. If the inmate refuses to sign the acknowledgement, an additional staff member shall sign and date acknowledging the inmate refusal.

The Auditor reviewed the investigative files and confirmed the alleged victims were notified of the investigative findings and received written notification by the OIC Institution Investigator. Each resident documented their signature as receiving the investigative finding on the Inmate PREA Allegation Status Notification form. Copies of the residents' notification of investigative finding are maintained in the PREA investigative case files.

Based on the review of policies, PREA investigative case files, inmate's notification of investigative findings, interviews and analysis, the facility has demonstrated compliance with this standard.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART 3. TDOC Employee Code of Conduct 4. PREA Investigative Case Files 115.276 (a) (b) (c) (d) TDOC Employee Code of Conduct states “An employee may not engage in, or allow another person to engage in, sexual activity with an inmate, probationer, or parolee, (hereby referred to as offenders). An employee may not encourage, threaten, or force an offender to have sexual relations with them or anyone else. There is no such thing as consensual sex between staff and offenders. The violation of this rule will result in disciplinary action up to and including termination and criminal prosecution. TDOC Index 502.06.2 states “Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse, sexual harassment, or PREA policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual touching only after conclusion of investigation. Sanctions shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of the Department’s sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.” One (1) staff on resident sexual abuse and zero staff on resident sexual harassment allegations were reported during the 12-month review period. The one (1) staff on inmate sexual abuse allegation was determined as unfounded by the OIC Facility Institution Investigator. Therefore, there were zero substantiated staff on inmate sexual abuse and/or sexual harassment investigative findings which required staff disciplinary sanctions. Based on the review of policies, PREA investigative case files, and analysis, the facility is compliant with all provisions of this standard.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MLTC Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TDOC Index 115.01 Standards for Volunteers and Coordination of Community Involvement
4. TDOC Code of Conduct
5. PREA Investigative Case Files

6. Interview with:

a. Superintendent

115.277(a), (b) TDOC Employee Code of Conduct states "An employee may not engage in, or allow another person to engage in, sexual activity with an inmate, probationer, or parolee, (hereby referred to as offenders). An employee may not encourage, threaten, or force an offender to have sexual relations with them or anyone else. There is no such thing as consensual sex between staff and offenders. The violation of this rule will result in disciplinary action up to and including termination and criminal prosecution.

TDOC Index 502.06.2 states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies and if found to have engaged in sexual abuse or sexual harassment of an inmate shall be prohibited from further contact with any inmate.

TDOC Index 115.01 states that if after investigation it is necessary to limit the services of a volunteer, the approving authority shall notify the volunteer in writing of such action. The approving authority may restrict a volunteer to entering only the assigned TDOC location which shall be designated as the volunteer's primary site. The approving authority may terminate the services of a volunteer, and such termination shall apply to all institutions.

Per interview with the Superintendent, access would be restricted to volunteers and contractors from entering all TDOC facilities. Notification would be immediately made by their contracting agency and an investigation would be initiated against the contractor or volunteer. If the investigative finding is determined as substantiated, the individual would be subject to criminal prosecution and reported to relevant licensing bodies as applicable. There were zero reported allegations of sexual abuse and/or sexual harassment alleged against volunteers and/or contract staff during the review period.

Based on the review of policies, PREA investigative case files, staff interview and analysis, the facility is compliant with all provisions of this standard.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART 3. MLTC Resident Rules and Regulations Handbook 4. MLTC 502.01-1 Uniform Disciplinary Process 5. PREA Investigative Case Files 6. Interviews with: a. MLTC Superintendent b. Behavior Health Administrator 115.278(a) TDOC Index 502.06 states, “Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. There were zero substantiated resident on resident sexual abuse and/or sexual harassment allegations determined at the facility during the 12-month review period. MLTC Resident Rules and Regulations Handbook outlines that sexual assault and sexual harassment will not be tolerated and those who engage in such conduct will be dealt with appropriately, including use of the disciplinary process as well as a referral for criminal prosecution. Sexual contact of any nature between an offender and a staff member is prohibited and punishable by Tennessee law and TDOC policy. 115.278(b) & (c) TDOC Index 502.06.2 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Per an interview with the MLTC Superintendent, residents who are classified and charged as aggressors would be disciplined to include criminal charges as applicable. Staff would follow the guidelines for the alleged charge and the resident would be dismissed from the facility’s program and charged accordingly. She added that based on the classification of the facility as a Transition Center, residents who are determined to have severe mental health disabilities would not be assigned. Sexual misconduct violations are classified by codes within the Uniform Disciplinary Procedures policy. Rape is identified as a Class A. Sexual Harassment and Sexual Misconduct are identified as Class B or C. A resident’s mental status would be considered in regarding to imposed disciplinary

	sanctions. 115.278(d) TDOC Index 502.06.2 states, If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Per the Behavioral Health Administrator, the facility does offer individual therapy to including the services of a license therapy to an aggressor and victim. However, due to confidentiality, the services would not be conducted in group sessions. However, per the MLTC Superintendent a resident identified as an aggressor while assigned at the facility would be removed from the program and transferred to another TDOC facility within 24 hours. 115.278(e) TDOC Index 502.06.2 states an inmate may be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact." There were zero substantiated resident on resident sexual abuse and/or sexual harassment investigative findings at the MLTC during the 12-month review period and/or since the last PREA audit. 115.278(f) TDOC Index 502.06.2 states, "For the purpose of disciplinary action, a report sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation." There were zero residents reported to have received disciplinary sanctions for falsely reporting an incident or lying regarding a PREA allegation during the 12-month audit review period. 115.278(g) TDOC Index 502.06.2 states, "Any prohibition on inmate-on-inmate sexual activity shall not consider consensual sexual activity to constitute sexual abuse." Per interview with the MLTC Superintendent, the facility does not consider consensual sexual activity between residents to be sexual abuse. Based on a review of policies, interviews and analysis, the facility is compliant with all provisions of this standard.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims

3. TDOC Index 113.30 Administrative Policies and Procedures Access to Health Care

4. National PREA Resource Center Specialized Training: PREA Medical and Mental Care Standards

5. Interviews with:

- a. Behavioral Health Administrator
- b. Health Services Administrator
- c. Random Staff
- d. Non-Security First Responders

115.282(a) TDOC Index 502.06.3 states victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and behavioral health providers, according to their professional judgment, in accordance with Policy #113.30. If no qualified medical or behavioral health providers are on duty at the time of a report or 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 shall notify the medical member of SART or their Designee. Medical care should be limited to stabilizing the victim for transport. Medical and behavioral health providers shall follow operational protocols regarding evidence preservation. All inmates alleged to be victims of sexual abuse shall automatically be referred to behavioral health staff utilizing the referral process.

In accordance with TDOC Index 113.30, Inmates within the physical custody of the TDOC shall have timely access to the appropriate level of health care on a 24-hour a day basis. Health services shall be provided with respect to the inmate's autonomy and privacy, and without discrimination.

Behavioral Health and Health Services staff are required to complete the training curriculum "Specialized Training: PREA Medical and Mental Health Care Standards Notification of Curriculum Utilization December 2013 presented by the National PREA Resource Center is utilized as the training curriculum for TDOC medical and mental health specialized training. The lesson plan consists of four (4) modules: Module 1 - Detecting and Assessing Sign of Sexual Abuse and Harassment; Module 2- Reporting and the PREA Standard; Module 3 - Effective and Professional Responses; Module 4 - The Medical Forensic Examination and Forensic Evidence Preservation. This training provides an agency policy that outlines medical and mental health services to be provided to victims of sexual abuse.

The Auditor's review of two (2) sexual abuse investigative casefiles confirmed medical treatment was documented on a TDOC Accident/Incident/Traumatic Injury Report for facility medical treatment and community hospital care. Documentation confirmed the inmates were evaluated by mental health via the TDOC Institution Health Services Referrals.

Per the Health Services Administrator, medical staff are scheduled 24/7 and residents are treated within minutes of reporting an allegation of sexual abuse. Following any report by a resident concerning sexual assault, the resident would be brought to medical for an examination to address any immediate medical needs while receiving timely, unimpeded access to emergency medical treatment. The clinician will identify and triage inmates that require medical intervention, and provide treatment (First Aide type, ice bandages etc.) necessary to stabilize the inmate prior to and during transfer to the Crisis Center where the forensic examination would be completed.

Per the Behavioral Health Administrator, staff are assigned Monday through Friday during normal business hours and are scheduled on call 24 hours daily. Regardless of when a resident reports an allegation of sexual abuse, the resident would be seen within 24 hours of reporting the incident. There were no residents who reported an allegation of sexual abuse at the facility during the site visit for an interview.

TDOC Index 502.06.3 states, "If no qualified medical staff are on duty at the time of a report of a recent abuse, a correctional officer trained to render first aid may help as needed." Medical staff are on duty 24/7 at MLTC and medical services are provided as needed. Staff selected for interviews indicated they would immediately report all incidents of reported sexual abuse to the Shift Commander while ensuring the separation of the victim and aggressor. The victim would receive immediate medical treatment followed by mental health services arranged by the Shift Commander. All acknowledged medical staff are scheduled 24/7.

115.282(b) TDOC Index 502.06.3 states, "If no qualified medical staff are on duty at the time of a report of a recent abuse, a correctional officer trained to render first aid may help as needed." Medical staff are on duty 24/7 at MLTC and medical services are provided as needed. Although mental health staff are normally scheduled Monday - Friday during normal business hours, they are scheduled on-call 24 hours daily and are required to report. All staff selected for interviews were aware that medical staff would be notified residents who reported an allegation of sexual abuse. Each described actions taken would include notifying the Shift Commander and medical staff while keeping the victim safe and separated from the abuser. An interview conducted with non-security staff confirmed the resident had previously been separated from his alleged aggressor, as the incident had occurred in previous days by a staff member. The allegation alleged touching only and there was no evidence to preserve and/or collect. The Shift Commander was notified, and sexual assault protocol was initiated.

115.282(c) TDOC Index 502.06.3 indicates that inmate victims of sexual abuse, while incarcerated, shall be offered test for sexually transmitted infections and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care and as medically appropriate. MLTC reported there were no instances in which a test for sexually transmitted infections and/or sexual transmitted infections prophylaxis was warranted during the 12-month review period due to no penetration and/or exchange of body fluids.

	115.282(d) TDOC Index 502.06.3 indicates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation. Interviews with medical staff also verified that the services would be provided at no cost to the resident population. Based on the review of agency policies, investigative case files, medical and mental health documentation, interviews and analysis, the facility is compliant with all provisions of this standard.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	vidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims 3. National PREA Resource Center Specialized Training: PREA Medical and Mental Care Standards 4. Interviews with: a. Behavioral Health Administrator b. Health Services Administrator 115.283 (a) TDOC Index 502.06.3 addresses the requirements of this standard. If the screening process indicates that an inmate has experienced prior sexual victimization, or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a referral to a medical and/or behavioral health provider within 7 days of the screening. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The policy outlines services required in the event of sexual abuse. In an interview with medical staff, they stated that they would ensure the victim is stable and then follow treatment plans from the attending physician or local hospital. An interview with Behavioral Health Administrator confirmed mental health staff would meet with the residents who report sexual abuse within 24 hours of being reported if not immediately while offering supportive counseling. Continued follow-up services would be based on the individual's treatment needs.

115.283 (b) TDOC Index 502.06.3 indicates that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. TDOC facilities offer follow-up services within the correctional facilities. An interview with the Behavioral Health Administrator indicated the evaluation and treatment of residents who have been victimized would include an assessment on how the incident has impacted them. The availability of these services would continue as requested by the victim. After-care services upon release to the local community will be arranged by the Clinical Case Manager who arranges services within the residents' release area. The Clinical Case Manager arranges community after-care for both medical and mental health services prior to the resident's release from MLTC. There were zero substantiated sexual abuse investigations and zero sexual abuse allegations that reported sexual penetration. Therefore, there were no zero instances in where aftercare was requested for a victim of sexual abuse during the review period.

115.283 (c) TDOC 502.06.3 indicates the facility shall provide such victims with medical and behavioral health services consistent with the community level of care. Interviews with both the Health Services Administrator and Behavioral Health Administrator indicated the level of care provided to the residents is nothing less than equal to the community level. Per the Health Services Administrator, the sexual abuse victim would receive initial testing for sexually transmitted infections at Crisis Center follow-up testing and treatment with repeated testing for a minimum of one year and/or longer as needed. Per the Behavioral Health Administrator, therapy counseling mental health could be offered and continued based on his treatment plan.

115.283 (d) & (e) MLTC does not house female residents. Therefore, provisions d and e are not applicable.

115.283 (f) TDOC 502.06.3 states that inmate victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted infections and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. Per the Health Services Administrator these services would be available for the resident population. The two (2) reported allegations of sexual abuse did not involve penetration of any sort and did not require testing for sexually transmitted infections.

115.283 (g) TDOC Index 502.06.3 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Per the Health Services Administrator and Behavioral Health Administrator, the victim would not be held responsibility for the financial cost of treatment services. One resident did receive a medical examination from a local hospital due to rectum pain that was identified as constipation. The resident did not incur any financial responsibility for treatment.

115.283(h) TDOC Index 502.06.3 states that all facilities shall attempt to conduct a

	behavioral health evaluation of all known inmate-on-inmate abusers within 14 days of learning of such abuse history. They shall be offered treatment when deemed appropriate by behavioral health providers. An interview with staff who perform risk screening for victimization or abusiveness, they said that an inmate disclosing prior sexual abusiveness, as well as inmates who disclose prior sexual victimization, are offered a referral to Behavioral Health. The resident would be given the option of being evaluated and seen within three (3) days of the referral. The Behavior Health Administrator stated the aggressor would be offered an assessment and seen within three (3) days. However, if the resident was determined to require and/or request specific programs related to sexual abuse offenses, the facility does not offer such programs. There were zero reported sexual abuse allegations determined as substantiated and/or in which a resident was identified an aggressor during the 12-month review period. Based on the review of policies, investigative case files to include medical and mental health documentation, interviews and analysis, the facility is compliant with all provisions of this standard.
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART 3. TDOC Sexual Abuse Incident Review Reports 4. Interviews with: a. MLTC Superintendent b. State-Wide PREA Coordinator c. Incident Review Team Member 115.286 (a) (b) (c) TDOC 502.06.2 states, " the facility shall conduct a Sexual Abuse Incident Review Report, CR-3985, at the conclusion of every sexual abuse investigation, including investigations in which the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include the Warden/Superintendent/Designee, Associate Warden of Treatment/Deputy Superintendent/Assistant Warden at privately managed facilities, facility and OIC Institution Investigator, line supervisor, and

medical/mental health professionals. These individuals are members of the Sexual Assault Response Team (SART). Sexual Abuse Incident Reviews were completed for the four reported PREA allegations.

MLTC reported four (4) PREA allegations during the 12-month review period. Two (2) residents on resident sexual harassment allegations were determined as unsubstantiated. One (1) staff member on resident sexual abuse allegation was determined as unfounded. One (1) resident on resident sexual abuse allegation was determined as unfounded. Although an incident review was not required for neither of the four (4) reported allegations based on the investigative findings, the Sexual Abuse Review Team conducted an incident review within 30 days of each of the completed investigations (sexual harassment and unfounded sexual abuse).

The Sexual Abuse Incident Team consisted of members of SART that included the MLTC Superintendent, MLTC PCM, OIC Institution Investigator, MLTC PREA Coordinator, Mental Health Professional, Line Staff, SART Medical Professional, Security Captain, and Chief Counselor. The reviews were thorough and followed the requirements of this standard and documented as completed within 30 days of the investigation.

115.286 (d) (e) TDOC 502.06.2 requires that the team consider if 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, that the team examine the area in the facility where the incident allegedly occurred to determine if there are physical plan issues that may have contributed to the incident and assess staffing levels in the area and whether monitoring technology should be deployed or augmented to supplement supervision by staff in these areas. The team is required to prepare a report of findings for the Superintendent/Warden that identifies problem areas, necessary corrective action, and recommendations for improvement. The Auditor reviewed the incident review reports and found they contained the required information. Specifically, the incident reviews documented the following: whether the allegation or investigation indicated a need to change policy or practice to prevent , detect, or respond to sexual abuse; whether monitoring technology should be deployed or augmented to supplement supervision by staff; an examination of the area to determine whether physical barriers may have enabled the abuse; adequacy of staffing levels in the area during different shifts; and the consideration of whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBT identification, status or perceived status, or gang affiliation or was motivated or caused by other group dynamics of the facility, may have enable abuse. Comments by the SART members were noted to include the assurance of camera placement. The facility has added numerous additional cameras throughout the facility with additional cameras pending to increase staff and resident safety to include from sexual abuse.

Per the State-wide PREA Coordinator, a copy of the incident review is scanned and electronically forwarded to him for review. The determination of the incident review is utilized to capture the findings while identifying any recommendations for

	improvement. He reviews all incident reviews from the various facilities within the agency and has not noticed any trends with the occurrences. The MLTC Superintendent indicated the Incident Review Team consult of members of the Sexual Assault Response Team (SART) who are upper-level management staff. The SART conducts monthly PREA walk-throughs throughout the facility to include an area where an allegation has been reported to have occurred. Staff explain the area to elevate what if any circumstances and/or conditions could have contributed to the occurrence to include those identified within the provision. Recommendations for needed change and/or corrections are submitted for review and implemented as needed. The MLTC Deputy Superintendent was interviewed regarding her role as a member of the Incident Review Team. Although an incident review was not required for neither of the four (4) reported allegations based on the investigative findings, the Sexual Abuse Review Team conducted an incident review within 30 days of each of the completed investigations (sexual harassment and unfounded sexual abuse). The facility conducts an incident review of all reported PREA allegations within 30 days of the completed investigation. An Incident Review is normally scheduled during a monthly SART meeting. The SART review the case allegations and examine the identified area during the walk-through to identify any barriers and/or conditions that could have contributed to the occurrence to include staffing level, mirror placement, video monitoring, race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility. The findings of the incident review are documented on the Sexual Abuse Incident Review Report to include any recommendations. A copy of the incident review is scanned and electronically forwarded to the State-wide PREA Coordinator. 115.286(e) TDOC Index 502.06.2 indicates that the facility shall implement the recommendations for improvement or shall document the reason for not doing so. Per review of the completed incident reviews, recommendations were documented by the SART members to include the placement of additional cameras, purchase of microfiber cloth to clean cameras, and additional PREA protocol training for staff. An excess of 170 cameras has been added throughout the facility and the requested installation of additional cameras. PREA protocol training was observed during a shift briefing during the site visit. Based on the review of policies, timely completed incident review reports, interviews and analysis, the facility is compliant with all provisions of this standard.
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MLTC Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. 2021-2022 Annual SSV PREA Report
4. 2022 SVV Documentation for Private Contract Facilities
5. Department of Justice Requested Submission
6. Interview:
 - a. State-wide PREA Coordinator

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

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

115.287(c) The State-wide PREA Coordinator provided a copy of their most recent SSV report that demonstrated that the data collected by the Facility is at least sufficient to answer all questions on the survey conducted by the Department of Justice, the Survey of Sexual Violence.

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

115.287(e) TDOC Index 502.06 states, State-wide-PREA Coordinator shall ensure that data collected is securely retained. TDOC shall make all aggregated sexual abuse data, from TDOC facilities and private facilities with which it contracts, readily available to the public at least annually through the TDOC website. Copies of SVV reports to include substantiated sexual abuse allegations within private contracted facilities were submitted for review.

115.287(f) TDOC 502.06 indicates that a report prepared by the State-wide-PREA Coordinator shall be prepared utilizing the Department of Justice annual format. The Auditor was provided with a copy of the 2022 SSV-2 that supported the report and was submitted timely to the Department of Justice as dated October 6, 2022.

	Per the State-wide PREA Coordinator, the most recent request for data from the Department of Justice was received on October 17, 2023. The report was submitted on November 4, 2023. Confirmation of the SSV Submission Verification to the Department of Justice was provided. Based on the review of policies, incident reviews, interviews and analysis, the facility is compliant with all provisions of this standard.
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06 PREA Implementation, Education, and Compliance 3. Agency website 4. 2021-2022 Annual PREA Report 5. Interviews with: a. PREA Correctional Program Director II/State-wide PREA Coordinator b. Agency Head Designee 115.288(a) (b) (c) (d) TDOC Index 502.06 addresses the requirement of this standard. The Directive indicates that TDOC staff shall aggregate incident-based sexual abuse data annually. Maintain review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. Ensure that all aggregated sexual abuse data is included in an annual report that includes an assessment of the Department's sexual abuse prevention, detection, and response policies, practices, and training; If applicable, identifies Department-wide problem areas or problems within specific correctional facilities; Is used to facilitate corrective action at the Department and correctional facility levels; compares the current calendar year's data and activities with that available from previous years; Assesses the Department's progress in addressing sexual abuse; and is approved by the Commissioner and made readily available to the public through the Department's website. Personal identifiers shall be removed prior to the data being made publicly available. Per interview an interview with the Agency Head Designee, the agency does use the incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and

	response policies, practices, and training. As incidents are reported and investigated, trends are identified (i.e. regarding the time, location, staff involved etc.). As the trends are identified, processes and policies are refined to ensure the adequate addressing of any issues found. If there is a deficiency noted that can be corrected with additional training, it is arranged. If there is an issue that needs to be clarified, a memorandum of instruction is issued. The retaliation monitoring that staff conduct for victims and staff reporters was born out of trends observed. The Annual PREA Report is prepared by the TDOC State-wide PREA Coordinator and submitted through the Director of Compliance for the Commissioner's review and approval. Once approved, the report is posted on the TDOC website. State-wide PREA Coordinator confirmed the agency does review data collected and aggregated pursuant to standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. When the data shows that corrective action measures are needed, immediate actions are taken to ensure PREA compliance and the safety of staff and offenders. He completes an Annual Report that is submitted to the Commissioner for review. Once the Commissioner reviews and approves the report, it is posted on the agency's public website. Typically, the agency's Annual Reports does not contain sensitive information that needs to be redacted, as such information is excluded and would not be included in the report. The Auditor reviewed the agency's website and verified that the 2021 - 2022 Annual Report was signed by the Interim Commissioner and published and made available to the public. The Annual Report included a comparison of 2020 -2021 and 2021 - 2022. The report was dated October 6, 2022. The report is well written and addresses the requirement of this standard. Based on a review of policy, website, Annual Report, interviews and analysis, the agency is compliant with all provisions of this standard.
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	1. MLTC Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06 PREA Implementation, Education, and Compliance 3. TDOC Agency website 4. 2021-2022 Annual PREA Report 5. Interview with: a. State-wide PREA Coordinator

	115.289 (a) (b) (c) (d) TDOC Index 502.06 addresses the requirements of this standard. The directive indicates the State-wide-PREA Coordinator shall ensure that data collected is securely retained. The State-wide PREA Coordinator is responsible for completing an Annual Report and when approved by the Commissioner it is made available to the public through the Department's public website. The report should redact information that would present a clear and specific threat to the safety and security of a prison before publication indicating the nature of the redacted information and related personal identifiers shall be removed prior to being made public. Securely maintain incident-based and aggregate data ensuring only authorized personnel have access to the information. The State-wide PREA Coordinator shall maintain sexual abuse data for at least 10 years after the date of the initial collection. Per an interview with the State-wide PREA Coordinator, he indicated the data is securely maintained for at least 10 years in a computerized system with access granted to authorized personnel only. The Auditor reviewed the agency website at https://www.tn.gov/correction/sp/prison-rape-elimination-act.html and verified that the 2021-2022 Annual Report was accessible to the public. Personal identifiers were excluded from the report. Based on the review of policy, website, annual report, interview and analysis, the facility is compliant with all provisions of this standard.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion TDOC Index 502.06 PREA Implementation, Education, and Compliance was reviewed and meets the requirements of this standard. The directive requires the PREA Coordinator to ensure that Department PREA-related activities comply with federal PREA standards in the following areas, Audits, and Auditing and corrective action. This is the second year of the fourth audit cycle for MLTC. The Agency oversees 10 facilities and the agency website posted each of the facility's PREA audit reports posted for all facilities during the past audit cycle. The Auditor provided all requested documentation to include extensive files throughout the audit process to support a conclusion of compliance with PREA the standards. The documentation review included a sufficient sampling based on the size of the facility of case records, training records, investigative reports, additional program information and documents. The Auditor conducted an excess of the required number of staff and inmates based on the population and all were knowledgeable of the agency's zero tolerance of sexual abuse and how to report to include staff and inmates assigned to the facility. The Auditor was given full access to tour all areas to include the Main, Annex, Warehouse, and TRICOR while being provided private offices/areas to conduct staff and inmate interviews and to review all requested documentation. The

	requested documentation was uploaded with the OAS. Residents confirmed their observation of the notice of audit posted throughout the facility in housing units, program areas and work areas that noted the procedure to submit confidential correspondence to the Auditor. Per an interview with the mailroom staff, residents were allowed to forward confidential correspondence to the Auditor in the same manner as mail addressed to their legal counselor. The Auditor did not receive any correspondence from staff and/or resident population. Based on the above, the facility does meet all provisions of this standard.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Per TDOC directives and standard requirements, TDOC ensures all final reports will be published on their websites to be available to the public. A review of the TDOC website at www.tn.gov/correction/sp/prisonrape-elimination-act.html contained the final previous 15 PREA reports completed for TDOC. Final reports were published on the agency website within 90 days of issuance. Based on the above, the facility has demonstrated substantial compliance with this standard.

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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 community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.)	yes
115.212 (b)	Contracting with other entities for the confinement of residents	
	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 residents.)	yes
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	no
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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
115.215 (f)	Limits to cross-gender viewing and searches	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	

	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 residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents 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
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, 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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents 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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	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
115.218 (a)	Upgrades to facilities and technology	
	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 residents 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
115.218 (b)	Upgrades to facilities and technology	
	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	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	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
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	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 115.221(d) above).	yes

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents 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 residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	yes
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents 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
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents 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
115.241 (i)	Screening for risk of victimization and abusiveness	
	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 resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident'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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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 residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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 residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident 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
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents 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
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident 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
	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
115.252 (d)	Exhaustion of administrative remedies	
	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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident 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
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, 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.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident 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
	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
	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
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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
	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
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, 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
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do 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
115.261 (c)	Staff and agency reporting duties	
	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
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	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
115.261 (e)	Staff and agency reporting duties	
	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

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident 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
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident 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
	Upon learning of an allegation that a resident 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,	yes

	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?	
	Upon learning of an allegation that a resident 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
115.264 (b)	Staff first responder duties	
	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
115.265 (a)	Coordinated response	
	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
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	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
	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 resident disciplinary reports?	yes
	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:4. Monitor resident housing changes?	yes
	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 resident program changes?	yes

	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
	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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	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
115.271 (a)	Criminal and administrative agency investigations	
	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 115.221(a).)	yes
	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 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	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
115.271 (e)	Criminal and administrative agency investigations	
	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 resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.271 (g)	Criminal and administrative agency investigations	
	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
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	na
115.272 (a)	Evidentiary standard for administrative investigations	
	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
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	na

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, 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
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	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
115.276 (d)	Disciplinary sanctions for staff	
	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
	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
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	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 residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	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 resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident 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
115.282 (b)	Access to emergency medical and mental health services	
	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 § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	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
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(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
115.287 (d)	Data collection	
	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
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (f)	Data collection	
	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
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 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
	Does the agency review data collected and aggregated pursuant to § 115.287 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
	Does the agency review data collected and aggregated pursuant to § 115.287 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

115.288 (b)	Data review for corrective action	
	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
115.288 (c)	Data review for corrective action	
	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
115.288 (d)	Data review for corrective action	
	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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes