

PREA Facility Audit Report: Final

Name of Facility: South Central Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 01/04/2025

Date Final Report Submitted: 07/04/2025

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: Ericka Sage

Date of Signature: 07/04/2025

AUDITOR INFORMATION

Auditor name: Sage, Ericka

Email: erickasage11@yahoo.com

Start Date of On-Site Audit: 11/19/2024

End Date of On-Site Audit: 11/21/2024

FACILITY INFORMATION

Facility name: South Central Correctional Center

Facility physical address: 555 Forrest Avenue, Clifton, Tennessee - 38425

Facility mailing address: 555 Forrest Ave, Clifton, Tennessee - 38425

Primary Contact

Name:	Helen Moon
Email Address:	helen.moon@corecivic.com
Telephone Number:	7314339399

Warden/Jail Administrator/Sheriff/Director

Name:	Grady Perry
Email Address:	grady.perry@corecivic.com
Telephone Number:	9122882071

Facility PREA Compliance Manager

Name:	Helen Moon
Email Address:	helen.moon@corecivic.com
Telephone Number:	731-433-9399
Name:	Geneva Patino Roberts
Email Address:	geneva.patinoroberts@corecivic.com
Telephone Number:	931.676.5372
Name:	Shannon Boyd
Email Address:	shannon.boyd@corecivic.com
Telephone Number:	931.676.5372

Facility Health Service Administrator On-site

Name:	Amber Paden
Email Address:	amber.paden@corecivic.com
Telephone Number:	931-676-2800

Facility Characteristics

Designed facility capacity:	1508
Current population of facility:	1163
Average daily population for the past 12 months:	1150
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-86
Facility security levels/inmate custody levels:	medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	295
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	33
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	28

AGENCY INFORMATION

Name of agency:	CoreCivic, Inc.
Governing authority	

or parent agency (if applicable):	
Physical Address:	5501 Virginia Way, Suite 110, Brentwood, Tennessee - 37027
Mailing Address:	
Telephone number:	615-263-3000

Agency Chief Executive Officer Information:	
Name:	Damon T. Hininger
Email Address:	
Telephone Number:	615-263-3000

Agency-Wide PREA Coordinator Information			
Name:	Heather Baltz	Email Address:	heather.baltz@corecivic.com

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:	
0	
Number of standards met:	
45	
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:	2024-11-19
2. End date of the onsite portion of the audit:	2024-11-21

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:	Wo/Men's Resource and Rape Assistance Program (WRAP), Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1508
15. Average daily population for the past 12 months:	1150
16. Number of inmate/resident/detainee housing units:	16
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**

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1184
19. 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:	128
20. 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:	119
21. 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:	0
22. 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:	35
23. 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
24. 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:	0

25. 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:	11
26. 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:	11
27. 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:	1171
28. 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
29. 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):	The facility reported they were unable to run a list of all inmates who were at the facility on day one who identified as lesbian, gay, or bisexual. The auditor was able to speak with various staff and interviewed five inmates who identified as gay.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. 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:	505
31. 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:	28

32. 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:	33
33. 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	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	23
35. 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
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The selection was based on ensuring representation from each housing unit. When completing the random selection, it was noted that a representative of varying age, race, ethnicity, and length of time in the facility was represented. The auditor ensured they independently selected inmates to be interviewed and not facility staff.

37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
38. 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):	Each interview was conducted in a private interview location, without others able to overhear. The auditor introduced herself, explained the audit process, and explained the limits of confidentiality. The auditor utilized protocol questions in an open-ended manner and also asked follow-up questions, such as the inmate's perception of personal and sexual safety.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	24
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".	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	3

41. 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:	11
42. 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:	1
43. 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:	2
44. 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
44. 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.
44. 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 reported they had no inmates identified as limited English proficient at the time of the onsite audit. The auditor spoke with staff, reviewed documentation, including investigative reports, and spoke with inmates, and was unable to locate any inmate who was not fluent in English.

45. 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:	5
46. 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:	5
47. 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:	5
48. 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:	1
49. 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
49. 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.

49. 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 reported that they do not house inmates in segregated housing for the risk of victimization. There was no indication this had been done. The auditor spoke with staff who supervised in segregated housing units, reviewed documentation, including investigative reports, and spoke with inmates who reported sexual victimization.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The auditor handbook indicates that at least 20 random and 20 targeted inmates should be interviewed based on the population of the facility. The auditor interviewed 23 random and 24 targeted inmates, which is over the minimum required by 7. The auditor was unable to interview any inmates who were limited English proficient, and only one inmate who disclosed sexual victimization during risk screening, because the facility said they weren't able to identify any inmates in these categories. The auditor was able to review several inmate files and was able to locate one inmate who disclosed sexual victimization during a risk screening. The auditor oversampled in other targeted categories, per the auditor handbook. Inmates were willing to speak with the auditor, and staff were helpful in facilitating these private interviews. Due to the physical layout of the facility, the auditor conducted interviews with inmates in several locations, but all were conducted confidentially, without others able to overhear. The auditor also asked targeted inmates the random protocol questions, but did not include them in the total for random inmates.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	14

52. 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
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor randomly selected staff to be interviewed by ensuring that staff were selected from each shift. Security and non-security staff were also interviewed. The audit team utilized the random staff protocol questions, explained the auditor's limits to confidentiality, what the audit process was, and asked open-ended questions. Each interview was conducted in a private location where others could not overhear. No staff declined to be interviewed as part of this audit. The overall impression was that staff took PREA seriously and would immediately respond if something happened. In general, staff liked working at the facility, and considered it a safe place to work.
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.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	29

56. Were you able to interview the Agency Head?	☒ Yes ☐ No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
58. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
59. 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)

60. 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
If "Other," provide additional specialized staff roles interviewed:	The auditor utilized the specialized staff protocol questions, explained the auditor's limits to confidentiality, what the audit process was, and asked open-ended questions. Each interview was conducted in a private location where others could not overhear. Some specialized staff served in multiple specialized roles and were interviewed utilizing more than one protocol question. The total number of specialized staff reflects the actual number of staff interviewed. A summary of interview outcomes is included in the associated audit standard/provision within the narrative section of the audit report.
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
61. Enter the total number of VOLUNTEERS who were interviewed:	2
61. 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
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
62. Enter the total number of CONTRACTORS who were interviewed:	2

62. 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
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
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.	
64. Did you have access to all areas of the facility?	☒ Yes ☐ No
Was the site review an active, inquiring process that included the following:	
65. 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

66. 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
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
68. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	On the first day of the audit, the auditor conducted a complete site review/tour of the facility, including housing units, intake areas, segregated housing, food services, offices, closets, and other areas. The auditor ensured appropriate PREA signage was available in all locations where inmates congregate and tested all critical functions, including advocacy and hotline functions. The auditor observed positive staff and inmate interactions, paying particular attention to the staffing levels and supervision of inmates at the facility. The auditor looked for areas that may be considered "blind spots" and made recommendations as appropriate. The auditor reviewed log books, ensuring supervisor rounds were appropriately conducted. The auditor observed opposite gender announcements occurring, as well as reviewing bathrooms, showers, and search areas to ensure inmates have the availability to have privacy from opposite gender staff. The auditor had informal conversations with staff and inmates throughout the tour, asking specific questions about staffing, supervision, and sexual safety. The auditor reviewed camera locations/footage, which was extensive without impeding privacy in the bathroom and shower areas. The auditor took detailed notes using the Audit Site Review Checklist.
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.	
70. 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

71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The auditor independently selected records for review before, while onsite, and after the site review was completed, including corrective action. The auditor independently selected and reviewed at least twelve months of documentation for all records needed. The facility was responsive to the auditor's requests for documentation, and there were no barriers to obtaining files. The auditor paid attention to record storage procedures, ensuring confidential PREA-related information is confidential and appropriately stored.

The auditor originally requested 58 inmate records, 10 volunteer records, and 10 contractor records. It is important to know that the auditor reviewed several additional records during the corrective action period.

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.

72. 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	11	11	11	11
Staff-on-inmate sexual abuse	11	11	11	11
Total	22	22	22	22

73. 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.

74. 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	3	0	0	0
Total	0	3	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	2	7	2
Staff-on-inmate sexual abuse	0	4	1	6
Total	0	6	8	8

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.

76. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

9

79. 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	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
81. 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)
82. 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	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	5
84. 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)

85. 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	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
87. 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	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
89. 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)
90. 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

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

0

92. 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)

93. 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)

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

There were no staff on inmate sexual harassment allegations in the 12 months preceding the audit to review.

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

95. 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

96. 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

97. 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.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: - CoreCivic Policy 14-2 Sexual Abuse Prevention and Response - CoreCivic Policy 14-100 Sexual Abuse Prevention and Response 14-2J CoreCivic Zero Tolerance Policy Acknowledgment form - Position Description of the Senior Director, PREA Programs and Compliance - Agency Organizational Chart - Q & A with PREA Coordinator - Memorandum Appointment of PREA Coordinator (PC) - Q & A with CoreCivic VP (on behalf of the Agency Head)

- South Central Correctional Center Organizational Chart
- Memorandum Regarding the PREA Compliance Manager (PCM)

Interviews Conducted:

- PREA Coordinator
- PREA Compliance Manager
- Agency Head Designee
- Random Staff
- Random Inmates
- Contractors
- Volunteers

115.11 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response is a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. It states, "CoreCivic has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. Such conduct is prohibited by this policy and will not be tolerated. This includes inmate-on-inmate sexual abuse or harassment, and employee-on-inmate sexual abuse or harassment. All employees and contractors are required to sign the 14-2J CoreCivic Zero Tolerance Policy Acknowledgment form to acknowledge the CoreCivic Zero Tolerance Policy."

During the corrective action period, the facility implemented a new policy, CoreCivic Policy 14-100 Sexual Abuse Prevention and Response. This policy also states, "CoreCivic has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. Such conduct is prohibited by this policy. This includes inmate-on-inmate sexual abuse or harassment, and employee-on-inmate sexual abuse or harassment. All employees and contractors are required to sign the 14-2J CoreCivic Zero Tolerance Policy Acknowledgment form to acknowledge the CoreCivic Zero Tolerance Policy."

The CoreCivic Policy 14-2 and CoreCivic Policy 14-100 Sexual Abuse Prevention and Response outline the agency's approach to preventing, detecting, and responding to such conduct. The policy covers: zero tolerance, hiring and promotion, training, supervision and monitoring /staffing plans, upgrades to facilities and technologies, external emotional support services, inmate screening, inmate orientation and education, housing and program assignments, limits to cross-gender viewing and

searches, reporting sexual abuse and/or sexual harassment, coordinated response/ Sexual Abuse Response Team (SART), response procedures, administrative investigations, criminal investigations, post investigation review, incident classification, inmate notifications, disciplinary procedures, collection and use of data and audits.

The policy is comprehensive and addresses each PREA standard within it; however, prior to the issuance of the interim report, the auditor was told that the policy is in the process of revision due to Tennessee Department of Corrections policy updates. The agency needed to apply for new policy waivers, which needed to be approved. Additionally, the auditor noted that the policy that is on the facility's website is an outdated policy. During the corrective action period, the policy was implemented and provided to the auditor. The facility updated its website with the new policy.

The PREA Zero Tolerance Policy Acknowledgement form that employees, contractors, and volunteers must sign states "In accordance with the Prison Rape Elimination Act of 2003 (PREA), CoreCivic has mandated a zero-tolerance policy towards all forms of sexual abuse and sexual harassment. Such conduct is prohibited and will not be tolerated in CoreCivic facilities."

Interviews with staff, contractors, volunteers, and inmates verified that the agency and facility reinforce the zero-tolerance policies, and each interviewee understood the importance of preventing, detecting, and responding to allegations of sexual abuse and sexual harassment.

The agency has strategically discussed the zero-tolerance policy in education, training, and materials that are provided. The auditor observed several areas where the zero-tolerance policy was clearly posted throughout the facility for inmates, staff, volunteers, contractors, and employees can be reminded.

115.11 (b) Core Civic employs Heather Baltz, an upper-level and agency-wide PREA Coordinator (PC).

Both the CoreCivic Policy 14-2 and 14-100 Sexual Abuse Prevention and Response define the PC as "an upper-level management FSC employee designated to develop, implement, and oversee CoreCivic's companywide efforts to comply with the PREA National Standards and the company's Sexual Abuse Response and Prevention Program. He/she provides supervisory oversight to all CoreCivic facilities, ensuring

coordination in the prevention, detection, intervention, investigation, and discipline/prosecution of sexual abuse as specified in this policy.”

The position description provided for PC Baltz states that her position is a Senior Director of PREA Programs and Compliance. It states the PC “...develops, implements and oversees the company policies and procedures in complying with the standards...”.

The position description essential functions list several duties, including developing/overseeing the implementation of PREA-related policies/procedures, liaison, and resource for management and partners, coordinators implementation plans and actions, coordinating training as required by the standards, collecting and maintaining data, and prepares annual reports, analyzes data to assess and improve the effectiveness of the PREA program.

A Q&A with PC was provided to the auditor, which is an overview of the answers to the interview protocol questions for the PREA Coordinator. This document states that the PC has the time to manage all of its PREA-related responsibilities. It also explains that if the PC identifies issues with complying with the PREA standards, they will assist the facility with corrective action plans, revise policies if needed, provide technical assistance, and can involve CoreCivic Managing Directors and VPs to elevate concerns that need to be addressed. This did not replace an interview that was conducted with the PC via video call

A memorandum was provided to the auditor, dated May 31, 2024, which was directed at all CoreCivic staff and explained the appointment of Heather Baltz to the position of PC.

The organizational chart provided shows PC Baltz as reporting to the Vice President of Core Services, who is also designated as the Agency Head Designee for the purpose of conducting the PREA interview. Daren Swenson was listed as the Vice President for Core Services at the time of this audit.

The interview with the PC and the Agency Head Designee reinforced Ms. Baltz had the time and authority to complete her duties as the agency PC. Ms. Baltz reports there is another full-time agency-level position that assists her in ensuring statewide compliance with the PREA standards, which was noted as reporting to the PC on the Organizational Chart provided to the auditor. That position is titled Agency Director of

PREA Compliance and Investigations, and she was onsite during the audit on behalf of the Agency PREA Coordinator. While onsite and afterwards, the auditor was able to observe the PREA coordinator's level of authority, as evident when she was able to provide immediate and clear direction regarding compliance issues. The facility understood she had the authority to direct those changes and was responsive to her direction.

Mr. Swenson, the Agency Head Designee and Vice President of Core Services, also discussed the agency PC position and level of responsibility and oversight within the organizational structure.

A Q&A with the CoreCivic VP (on behalf of the Agency Head) was provided to the auditor, which is an overview of the answers to the interview protocol questions for the Agency Head. This did not replace an interview that was conducted with the VP via video call, which was still conducted.

Although the agency complies with this provision, due to the size and complexity of the agency, it is recommended that the agency continue to look for resources to ensure the sustainability of the PREA program within CoreCivic. The agency is sustaining PREA compliance due to the dedication of the staff currently working in PREA; however, it may not be sustainable long term.

115.11 (c) CoreCivic Policy 14-2 and 14-100 Sexual Abuse Prevention and Response states, "Each CoreCivic facility has a designated PREA Compliance Manager to coordinate efforts at the facility level to comply with the PREA Standards. The position is the Administrative Duty Officer level manager appointed by the Warden/Facility Administrator who maintains responsibility for the facility's Sexual Abuse and Response Prevention Program." Additionally, the PCM is defined in the policy as: "An Administrative Duty Officer-level manager appointed by the Warden/Facility Administrator who maintains responsibility for the facility's Sexual Abuse Response and Prevention Program.

The South Central Correctional Center (SCCC) Organizational Chart was provided to the auditor. The chart shows the PCM as the Assistant Warden of Programs. This position reports directly to the Warden of the facility.

The facility reported that the PCM was Helen Moon. A memorandum dated October 9, 2024, explains that Ms. Moon was appointed as the PCM of SCCC. The auditor

	began engaging in conversations with the PREA Compliance Manager before the onsite visit, in which she was responsive and knowledgeable about PREA at the facility. During an interview with the PCM, she indicated she had a clear understanding of her responsibilities as the PCM. She indicated that she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. Additionally, the memorandum named a backup for her when she is absent as the Chief of Unit Management. The Chief was available throughout the audit to assist the PCM as needed and filled in for the PCM during the corrective action period when needed. Interviews with staff and others at the facility indicated that it was known that Ms. Moon was designated as the PREA Compliance Manager. The auditor was also able to observe her ability to immediately address compliance issues without resistance from others. Staff and inmates appeared to have a high level of respect for her, and the auditor witnessed several appropriate interactions with staff and inmates with the PCM throughout the site review. The PCM was approachable and worked to resolve issues at the lowest level possible. The PCM personally tours the entire facility multiple times a week to have visibility and address PREA issues, as needed. During the 180-day corrective action period, the PREA Compliance Manager had periods of personal absences. During those absences, responses were delayed; however, the backup was able to respond as needed. During my long-term observations of the facility's unique complexity, it is recommended that the facility continue to look for ways to fund a full-time PREA Compliance Manager to ensure sustained compliance with PREA. Corrective Action and Conclusion: The facility implemented a new PREA policy during the corrective action period; therefore, the auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed:

- CoreCivic Policy 14-100 Sexual Abuse Prevention and Response
- Contract with Tennessee Department of Corrections
- Memorandum Regarding PREA Standard 115.12

Interviews Conducted:

- PREA Coordinator
- Contract Monitor
- PREA Compliance Manager

115.12 (a) The agency reported on the PAQ that they have entered into or renewed a contract for the confinement of inmates since the last PREA Audit, however, the PAQ said there were no contracts that qualified for this provision. The auditor clarified with the agency/facility that they have not entered into or renewed a contract for the confinement of its inmates, as they are the contracted agency.

The facility provided a Contract with the Tennessee Department of Corrections with CoreCivic, which described the agreement between the two agencies. The contract requires that CoreCivic comply with PREA standards.

A memorandum regarding this standard was provided, which said “CoreCivic is a private provider and does not contract with other agencies for the confinement of those in their care. As such, the auditor

After reviewing the available documentation, it was determined that CoreCivic is a contracted agency and does not contract with other agencies for the confinement of its inmates.

CoreCivic is a private entity, and other governmental agencies contract with them for the confinement of their inmates.

115.12 (b) The PAQ explained that all the contracts require the agency to monitor the contractor’s compliance with PREA standards.

	The Contract states “The Contractor shall adhere to the federal Prison Rape Elimination Act (42 USC Sec. 15601 et seq, with all applicable Federal PREA standards, and with 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. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: • CoreCivic Policy 14-100 Sexual Abuse Prevention and Response • 2024 PREA Staffing Plan • 2023 PREA Staffing Plan • 2022 PREA Staffing Plan • End of Shift Report/ Samples of Unannounced Rounds • Unannounced Round Documentation/Log books • Camera Mapping Plan • Video System Contract Interviews Conducted: • Warden • PREA Coordinator • PREA Compliance Manager • Intermediate and higher-level staff

115.13 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response, states “The facility, in coordination with CoreCivic FSC, shall develop an annual staffing plan that provides for adequate levels of staffing to protect inmates against sexual abuse. The location of video monitoring systems will be considered when determining adequate levels of staffing. In calculating staffing levels and determining the need for video monitoring the following factors should be taken into consideration:

- i. Generally accepted detention and correctional practices
- ii. Any judicial findings of inadequacy
- iii. Any findings of inadequacy from federal investigative agencies
- iv. Any findings of inadequacy from internal or external oversight bodies
- v. All components of the facility’s physical plant (including “blind spots” or areas where staff or inmates may be isolated
- vi. The composition of the inmate population
- vii. The number and placement of supervisory staff
- viii. Institutional programs occurring on a particular shift
- ix. Any applicable state or local laws, regulations, or standards
- x. The prevalence of substantiated and unsubstantiated incidents of sexual abuse, and
- xi. Any other relevant factors”

The policy also outlines that the facility PCM will complete Form 14-21 Annual PREA Staffing Plan Assessment and forward it to the Warden for review. Upon completion, the Warden forwards the form to the PREA Coordinator for review.

The Annual PREA Staffing Plan Assessment for 2022, 2023, and 2024 was provided to the auditor as documentation. Each staffing plan considers all enumerated factors 1-11 as outlined in the policy and explains any changes since the last staffing plan. The staffing plan form is a checkbox-type document that does not allow for narrative discussion. It would be recommended that the form include sections to explain how the facility is considering each factor, in addition to a yes/no checkbox.

The PREA Compliance Manager and Warden were interviewed regarding this provision. They both were able to explain that this staffing plan is reviewed on an

annual basis and ensures all the required factors are considered.

The auditor was able to observe during the site review where blind spots had been considered. The facility has several cameras throughout the facility to assist in blind spots, and is in the process of installing several additional cameras. The PREA Compliance Manager provided the auditor with information from the contractor involved in the camera installation project, who provided the auditor with a full map of all the new cameras that will be installed. He indicated he worked closely with the Tennessee Department of Corrections, which is responsible for the camera upgrade, and each location took into consideration the PREA guidelines. Additionally, the auditor was provided with the Video VP System contract, which explains the requirements for the cameras that will be installed.

The auditor did find some areas that needed further examination. For example, there were areas with doors propped open and/or doors that were unsecure. The auditor provided the facility with a detailed list, to include an overall recommendation that the facility should ensure reminders are provided to staff to not prop doors open or leave them unlocked when not in use. If there is a need to prop open a door (such as a closet), the facility should look at ways to reduce risk in that area. These changes may be adding a window to the door, increasing supervisor rounds, adding a camera or mirror in some areas, etc. Additionally, there were some areas the auditor recommends that inmates are not allowed access, and signs are added when appropriate, and other operational practices, such as restricting key sets. The auditor also recommended that the facility implement processes to ensure that inmates and staff are never left alone in areas that others cannot review, such as coolers and closets.

After the site review, but prior to the issuance of the interim report, the facility immediately began to address recommendations from the auditor, providing photo examples, when appropriate.

Throughout the site review, the auditor had informal conversations with staff and inmates to discuss staff supervision, blind spots, and other concerns. Feedback was provided to staff while onsite about recommendations to increase sexual safety in those areas, and staff were very responsive to the recommendations made.

115.13 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response, section D Supervision and Monitoring /Staff Plans states "The PREA Compliance Manager shall document and describe the deviations on the 1-1B Notice to Administration (NTA), along with a thorough justification for the deviation and description of any corrective

actions that were taken to resolve the deviation.”

The PAQ noted there were no deviations from the staffing plan in the past twelve months.

During the auditor’s interview with the Warden and PREA Compliance Manager, they explained that there had been no deviations from the staffing plan in the past twelve months. The auditor reviewed several documents that reinforced that deviations had not been needed. The facility has identified its critical posts and will hire overtime if needed to fill them. Staff can be reassigned if needed throughout the facility to ensure critical posts are covered. The auditor would like to note that staffing was listed as a concern during random staff and inmate interviews.

115.13 (c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response, section D, Supervision and Monitoring /Staff Plans, describes the annual staffing plan as required. It also states, “Following consultation with the facility staff, the FSC PREA Coordinator shall assess, determine, and document whether adjustments are needed to: the staffing plan established pursuant to this section, the facility’s deployment of video monitoring systems and other monitoring technologies and the resources the facility has available to commit to ensure adherence to the staffing.”

The staffing plan is completed on an annual basis, and examples for 2022, 2023, and 2024 were provided to the auditor as documentation. The PREA Coordinator was a reviewer on the staffing plan, which describes the staffing plan pursuant to paragraph (a) of this section, the facility’s deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan.

The PREA Coordinator and the PCM understood this requirement and described the process for reviewing annually. Included in this review are the staffing plan, video monitoring system, and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. They explained this is an ongoing review that occurs post-incident as well.

The auditor noted that the 2024 staffing plan noted a reduction in active beds from 1676 to 1272, and a reduction of three staff on first shift, from thirteen to ten, and a reduction of two staff on second shift from 11-9.

115.13 (d) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response, section D Supervision and Monitoring /Staff Plans states, "Intermediate level and/or upper-level facility supervisors shall conduct unannounced facility rounds to identify and deter staff sexual abuse and sexual harassment. The occurrence of such rounds shall be documented as an unannounced round or "unannounced PREA Round" in the applicable log. This practice shall be implemented for night shifts as well as day shifts and through all areas where inmates are permitted. Employees shall be prohibited from alerting other employees that supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility."

A End of Shift report was provided as documentation of unannounced PREA rounds. In the report, there is a section to cover unannounced PREA checks/rounds and indicates they must be conducted minimum of one area per shift by the shift supervisor. The auditor noted that the samples that were provided in the OAS were not consistently documented. Some end-of-shift reports did not have any PREA rounds documented, and others did not show the time the rounds were completed. The auditor requested copies of End of Shift reports for the first of every month, for the last six months on all shifts. When reviewing them, it was noted that they were not consistently documented and did not include the time the rounds occurred.

During the site review, the auditor observed that there are other logbooks to document supervisor rounds that do include the date and time. The auditor also reviewed several logbooks to ensure rounds were being conducted, and it showed they were not completed consistently.

The auditor informally discussed supervisor rounds with staff and inmates during the site review. Some staff and inmates explained that supervisors are constantly making rounds through all areas of the facility, periodically throughout the day, and they are not announced by others. A few did note that rounds aren't completed as frequently by some supervisors. The facility management team tours the facility daily, and the warden tours the entire facility at least once a week, but they are typically at the same time daily/weekly. The auditor noted good interactions with supervisors and staff /inmates during the rounds that were conducted.

The auditor interviewed three supervisory staff members specifically to conduct unannounced supervisor rounds. Each person interviewed was able to clearly explain how they conducted supervisory rounds. They explained it is done at all hours of the day, ensuring that other staff are not alerting anyone to their presence or intent to make rounds. Supervisors explained that they would conduct rounds in all areas, not just housing units. They may enter alternative entrances so that staff will not see

	that they are coming. They specifically explained that these rounds are conducted to identify and deter staff sexual abuse and sexual harassment. The facility entered into a corrective action period to ensure that supervisory rounds were completed as required by this provision. Monthly, the auditor randomly selected date ranges to view logbooks to verify rounds were taking place as required. The facility sent the auditor scanner copies of logbooks for the requested dates. The auditor created a spreadsheet to track when rounds were conducted, ensuring they were completed during random times throughout all shifts for every area. In March 2025, the PCM sent a roster for Captains and Lieutenants who were trained on rounds. She said that during this training, Captains and Lieutenants were advised of the purpose of the rounds, how to complete them, and how to document them properly. Each Captain and Lieutenant signed the attendance roster for this training, which was provided to the auditor as proof of documentation. The auditor reviewed logbooks after that date and found that they were much more legible. Corrective Action and Conclusion: During the corrective action period, the auditor randomly selected dates on a monthly basis to review logbooks that show supervisory rounds. After reviewing logbooks for several months by randomly selecting dates to review, the auditor was satisfied that the facility has institutionalized this provision; therefore, the auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard Auditor Discussion Supporting Documentation Reviewed: - Memorandum for PREA standard 115.14 - Inmate Rosters Interviews Conducted:

	- Random Staff - Random Inmates 115.14 (a-c) The PAQ indicated the facility does not house youthful offenders per the contract item from the Tennessee Department of Corrections. A memorandum for this standard was provided to the auditor, which said “South Central Correctional Center does not house youthful offenders per contract with the Tennessee Department of Corrections.” The auditor interviewed several staff and inmates and included a file review that included the inmate's date of birth. There was no indication when speaking with staff, inmates, or in document review that the facility had ever housed anyone under the age of 18 years old. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: - CoreCivic Policy 14-100 Sexual Abuse Prevention and Response - Tennessee Department of Corrections 113-37 Gender Accommodation - Tennessee Department of Corrections 506.06 Searches - Search Procedures Facilitator Guide - PREA Housing and Programs Review Form - Training Rosters

Interviews Conducted:

- Random Staff
- Random Inmates
- Supervisory Staff Conducting Unannounced Rounds
- Transgender Inmates

115.15 (a) The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Cross-gender inmate strip searches (male staff on female inmate, or female staff on male inmate) and cross gender visual body cavity searches (i.e., viewing of the anal and/or genital opening) shall not be conducted except in exigent circumstances. A cross gender visual search of a body cavity under exigent circumstances shall be conducted only pursuant to an approved cross gender strip search.”

The PAQ stated that there had been no cross-gender strip or cross-gender visual body cavity searches of inmates.

The auditor interviewed several inmates from the facility, who indicated that staff had not conducted cross-gender strip or visual body cavity searches. Interviews with staff also reinforced that this is never done at this facility. There was no documentation or indication that this had occurred in the past. All staff understood that this is only done in exigent circumstances or when performed by medical practitioners; however, they said that should never be the case because there is adequate same-gender staff on duty at all times.

115.15 (b) The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “Pat searches of female inmates by male staff are prohibited except in exigent circumstances (temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order). The facility shall not restrict female inmate access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.”

The PAQ said that there had been no pat-down searches of female inmates that were conducted by male staff. This facility primarily houses male inmates.

115.15 (c) The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response Policy Change Notice states, "Whenever a cross-gender pat search of a female inmate, cross gender visual body cavity search of any inmate, or a cross-gender strip search of any inmate does occur, the search shall be documented. Documentation shall be in a log maintained by the facility and in a 5-1B Notice to Administration (NTA) in accordance with CoreCivic Policy 5-1 Incident Reporting. Details of the exigent circumstances must be included in all log entries and 5-1B Notices."

Interviews with inmates and staff indicated that there had not been cross gender strip or body cavity searches, but staff understood that if there was a cross-gender search on a female inmate, it would always be documented. There were no examples of this occurring for the auditor to review.

115.15 (d) The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response Policy states "Inmates may 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/ living quarter checks." It also states, "Staff of the opposite gender are required to announce their presence when entering an inmate housing unit. Where a larger housing unit is broken into several individual smaller units, such as pods, cellblocks, dorms, etc., the staff member must announce as they enter each of the smaller individual units. (115.15 (d))

a. A verbal announcement upon arrival is required only when the status quo of the gender supervision on the housing unit changes from exclusively same gender to mixed- or cross-gender supervision. For example, a female correctional officer entering a housing unit is not required to announce if there is already a female correctional officer in the unit.

b. Escorting or housing unit-assigned staff are required to announce the entrance of visiting TDOC staff and other visitors.

c. In the event multiple opposite gender staff enter a housing unit simultaneously, only one of the opposite gender staff need make the announcement.

d. Announcements are required for both security and non-security staff.

e. It is not acceptable to announce only at the beginning of a shift.

f. Staff roving from one pod/dormitory to another inside of a larger unit must re-announce each time they enter."

The auditor spoke with several inmates during the site review. All reported that they had the ability to shower, perform bodily functions, and change their clothing without

nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia, unless incidental to a routine cell check, except a few that had concerns that female intake staff were in the area when searches were taking place.

The auditor toured the intake area and noticed searches were conducted in holding cells, which also had toilets. The auditor noted an open-bar cell front, along with cameras that were in the cells. The auditor verified the cameras were not operational yet, and that there were plans to pixilate the toilet area. The auditor expressed concern since this was also a search area. The facility was told they would either need to keep the cameras off or search in another area. The facility indicated they would not turn on the cameras. Additionally, the auditor was told by intake staff that if female staff are working in the area, they stay back when searches are taking place. Since the holding rooms have toilets within open view from the open-bar cell front, the auditor believes these are not considered "cells"; therefore, viewing that is incidental to a routine cell check would not count. The facility immediately modified the cell fronts to ensure there is adequate privacy. Photos of the holding cells were provided to the auditor, and solid stainless steel had been added to the cell front. The auditor also recommends that the facility formalize a process to ensure that female staff aren't in the area when searches are taking place.

The auditor also noted during the site review that there was a door to a bathroom in the gym that was removed. The facility immediately responded and added a curtain, which the auditor was able to observe.

The auditor noted during the site review that the majority of the shower and bathroom areas had adequate privacy. The showers on the units, however, had very long curtains added to the inside of the showers that would not allow staff to adequately see what was happening in the area. The auditor noted that curtains likely were not needed for the shower door that is currently on there, and how high it sits. Regardless, since the curtains were on the inside of the shower door, same-gender staff would be unable to conduct a security check if needed. The facility immediately responded by putting the curtains on the outside of the door, so staff could conduct a security check as needed, and provided photo proof documentation to the auditor. The auditor viewed new shower doors being installed that had adequate privacy needs, but had a better ability for staff to see if inappropriate conduct is occurring. The auditor recommends that once those doors are installed throughout the facility that the facility remove the curtains.

The auditor also noted in the Annex that they had very long curtains covering bathroom stalls. The auditor was told they had recently removed the doors and wanted to ensure there was privacy for inmates. The auditor requested that the

facility cut the bottom of the curtain so you can see feet, without exposing breasts, buttocks, or genitals. The facility immediately responded and provided the auditor with photos upon completion.

The majority of security, non-security, and management staff who were interviewed said that opposite-gender staff announce their presence when entering a housing unit and may only see an inmate in a state of undress if it was incidental to a routine cell check. A few staff said there were some staff who didn't always remember to do this. All staff understood their responsibility to limit cross-gender viewing to only exigent circumstances or when incidental to a routine cell check.

The auditor conducted a thorough site review of the facility. The auditor noted that the doors were all painted to say, "opposite gender must announce their presence". This is a clear, visible reminder for staff to announce when entering a housing unit. The auditor also observed opposite gender announcements taking place by male and female staff announcing they were entering the pod and announcing their gender, such as "female on the pod" or "male on the pod". Most staff and inmates indicated they do this at all hours, even during the graveyard. There were some inmates and staff who indicated that some staff do not always remember to announce. The auditor believes that although the facility is substantially compliant with the requirement for opposite gender staff to announce themselves that reminders are periodically sent out, and supervisors should address this if they observe staff not conducting announcements, as required. The auditor does believe the practice of male staff announcing when female staff come on the unit is commendable and provides a backup to ensure this is done every time.

115.15 (e) The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response Policy states, "The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner."

The Tennessee Department of Corrections 506.06 Searches states, "If there is no doubt as to the gender of a person or there is no reason to suspect the person is not the gender that they appear, they should be searched in accordance with policy mandates stated herein as they relate to that gender. If there is uncertainty as to a person's gender, the responsible officer shall use best judgment as to how the person presents, as male or female, and shall arrange for an officer of that gender to conduct the search. If the subject of the search then objects on the basis of gender, an officer

of the person's apparently preferred gender shall conduct the check."

The PAQ noted that such searches have not occurred in the past twelve months.

The auditor interviewed five transgender inmates during the onsite audit. The facility reported there were no intersex inmates at the facility during the onsite audit to speak with. Each transgender inmate was clear that they are never physically searched or examined for the sole purpose of determining their genital status. They said staff obtained this information by discussing with a medical practitioner or staff evaluating a case plan.

Staff who were interviewed also indicated that they would never search a transgender or intersex inmate for the sole purpose of determining their genital status. There was no indication in any of the file reviews conducted that this had occurred at this facility in the past.

115.15 (f) The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response Policy states, "all searches of transgender and intersex inmates shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs."

It also explains "i. Requiring two staff to search transgender inmates would be more intrusive than necessary.

ii. "Dual searches" where two different gendered staff search different parts of an inmate's body are not acceptable.

iii. Searches of breasts shall be conducted using the back of the hand

iv. Requests for transgender inmates to remove appearance-related items such as prosthetics, clothing that may convey gender identity, wigs, and cosmetics shall be consistent with requirements for the removal of similar items for other non-transgender/intersex inmates."

The PAQ explains that one hundred percent of security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.

	The auditor reviewed the Search Procedures facilitator guide, which explained how to conduct searches in a professional and respectful manner. The auditor verified staff at the facility had taken this training by reviewing training rosters. Tennessee Department of Corrections 113-37 Gender Accommodation form states that pat searches shall be conducted consistent with training and in accordance with policy #506.06. Interviews with five transgender inmates indicated they had been searched in a professional and respectful manner, and typically consistent with the gender of the staff they requested to complete the search. The auditor was able to sit in on a meeting that was scheduled monthly with inmates who identify as transgender or intersex. This meeting takes place with medical, mental health, and management staff monthly, with an open invitation to any transgender or intersex inmate who would like to attend. This meeting allows these inmates to discuss anything they would like, including safety and privacy concerns, or concerns with staff or inmates who are disrespectful. They would have the opportunity to discuss search concerns at this time as well. The auditor was impressed with the open communication and how willing staff were to address these issues at the lowest possible level when they could. It was also explained to the auditor by transgender inmates that they have developed a community within this population that allows inmates to work with staff to keep those who belong to this community safe. The auditor believes this is a best practice that allows open communication on the needs or concerns any transgender or intersex inmates may have. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Voyce Services Agreement for Translations Services
- Voyce Language ID
- Intake PREA Pamphlet in Spanish
- Language Access Poster
- Voyce Access Instructions

Interviews Conducted:

- PREA Coordinator
- PREA Compliance Manager
- Agency Head Designee
- Inmates with Disabilities, including Hard of Hearing, Deaf, Blind, or Low Vision
- Inmates with Disabilities, including Intellectual, Psychiatric, or Speech
- Risk Screening Staff
- Intake Staff

115.16 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The facility shall take appropriate steps to ensure that inmates/detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and respond to respond to sexual abuse and sexual harassment.

a. Inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective, and appropriate to the needs of the inmate/detainee shall be provided when simple written or oral communication is not effective.

b. The facility will ensure that information is effectively communicated orally, on an individual basis, to inmates/detainees with limited reading skills. In the event an inmate/detainee has difficulty understanding provided information and/or procedures

due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such inmates/detainees on an individual basis.”

A Voyce Services Agreement was provided, which explains access to on-demand video and audit language translation services for all spoken languages, including Spanish. It also includes sign language video services

A Language Access Poster and Voyce Access Instructions were provided to the auditor that explained the process for utilizing interpretation.

The auditor was able to interview one hard-of-hearing inmate at the facility. The facility said they did not have any deaf inmates, so the auditor was unable to utilize a sign language interpreter video relay system that the staff had available.

The inmates who were interviewed who were hard of hearing reported they had received the applicable PREA information, and assessment, knew how to report a PREA incident, and felt safe. They were able to take advantage of all aspects of the PREA program and felt the staff did a good job ensuring they understood PREA.

The auditor interviewed the only blind inmate identified at the facility at the time of the onsite audit. The inmate did not read braille but said they did have access to hear the PREA information and was well versed. They reported good communication with staff, with the ability to take advantage of all aspects of the PREA program.

The auditor interviewed five inmates with physical and cognitive disabilities. They were able to explain that they had received all PREA-related information in a way they could understand and felt safe to report an incident, should one occur. Staff who participate in various PREA processes understood that they would ensure the information was provided on a case-by-case basis, depending on the inmate’s abilities and needs.

115.16 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The facility shall take reasonable steps to ensure meaningful access to all aspects of the facility and agency efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are Limited English Proficient (LEP). Interpreters shall be provided who can interpret effectively, accurately, and impartially, both

receptively and expressively, using any necessary specialized vocabulary.”

A contract with Voyce was provided, which explains that over-the-phone and video interpretation will be utilized when needed.

The Inmate Orientation Checklist was provided to the auditor, which includes documentation of language line services if needed. It is also noted that the checklist is in English and in Spanish.

The Voyce Language ID explains access to different languages. Forty-one different languages were options.

A PREA Brochure in Spanish was uploaded in support of compliance with this standard.

The facility reported to the auditor that there were no of inmates who were limited English proficient at the time of the site review. The auditor spoke with several staff and inmates throughout the audit process and reviewed various documentation. She was unable to identify any inmates at the facility who were limited English proficient.

The facility staff indicated they understood the need to use an interpreter when needed. They reported they would use the Voyce service, and there was contact information readily available to staff. Additionally, it was observed that there were some staff who were employed at the facilities who spoke other languages besides English. Although not utilized for this PREA audit, they typically would be utilized for providing PREA education and PREA risk screening assessments.

Staff who conduct the PREA Risk Assessment and Inmate Education were interviewed. All were able to explain the language line process that is available. Additionally, the auditor was able to observe the language line information posted throughout the facility in several locations.

115.16 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The facility will not rely on inmates/detainees to provide interpretation services, act as readers, or provide other types of communication assistance except in limited

	circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate/detainee's safety, the performance of first-responder duties, or the investigation of the inmate/detainee's allegations.” Interviews with inmates and staff verified the facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants for PREA-related conversations unless there is an exigent circumstance. There was no indication that this had ever been done in the past at the facility. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.17 Hiring and promotion decisions	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: - CoreCivic Policy 14-2 Sexual Abuse Prevention and Response - CoreCivic Form 14-2H Self Declaration of Sexual Abuse/Sexual Harassment for Applicant, Employees, and Contractors - CoreCivic Form 3-20-2B PREA Questionnaire for Prior Institutional Employers - Outside Agency Request for Employee Information Examples - New Hire Packets Interviews Conducted: - PREA Coordinator - PREA Compliance Manager - Human Resources

115.17 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states “to the extent permitted by law, CoreCivic will decline to hire or promote any individuals, and decline to enlist the services of any contractor, who may have contact with inmates/detainees and who has:

a. 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);

b. 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; or

c. Been civilly or administratively adjudicated to have engaged in the activity as outlined above in B.1.a., b.”

The PAQ noted that there were 512 staff hired in the twelve months preceding the audit. The auditor was provided a list of all staff hired, and the auditor selected and reviewed 31 new hire packets, to include information required in this provision.

Interviews with Human Resources staff indicated that all newly hired staff complete the application that includes this information. All applicants are asked specifically about these issues, and contractor records are reviewed before entry into the facility.

115.17 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states, “Any incident of sexual harassment shall be considered in determining whether to hire or promote any individual or to enlist the services of any contractor, who may have contact with inmates/detainees.”

An interview with Human Resources indicated that the agency/facility would 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. The auditor randomly selected employee files for employees who had been hired or promoted in the twelve months preceding the audit, that support compliance with this provision.

115.17 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states "Consistent with federal, state, and local law, the facility shall make its best effort 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 as defined by this policy. The CoreCivic 3-20-2B PREA Questionnaire for Prior Institutional Employers form, or contracting agency equivalent form, shall be used to obtain such prior employment information."

Additionally, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states, "The CoreCivic 3-20-2B PREA Questionnaire for Prior Institutional Employers form was provided as documentation. It asked the applicable questions. The auditor was able to review new hire records for employees hired in the past twelve months with prior institutional experience, and the applicable form was completed and in their file. The Human Resources Manager explained that this is completed every time there is a new hire.

The PAQ noted that there were 240 staff hired in the twelve months preceding the audit. The auditor was provided a list of all staff hired, and the auditor randomly selected and reviewed 21 new hire packets, to include information required in this provision. The auditor reviewed 21 records of criminal history checks for employees and 10 contractors as well.

The Human Resources staff were interviewed and understood the requirement to complete a criminal history check. They said this is completed by the Tennessee Department of Corrections prior to every new hire. The auditor reviewed 31 total criminal history check records, which were completed, as required by this provision.

The auditor reviewed the hire packets for 21 total staff and was able to find several examples of the facility contacting prior institutional employers for information regarding substantiated allegations of sexual abuse, or any resignations during a pending investigation of an allegation of sexual abuse. The Human Resources staff were also aware of this requirement and explained it was completed prior to hiring any new employee.

115.17 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states, "Before hiring new employees or enlisting the service of any contractor who may have contact with inmates/detainees, CoreCivic shall ensure that a criminal history record check has been conducted."

The PAQ noted that there were 20 new contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

A list of all contractors at the facility was provided to the auditor. The auditor randomly selected 10 contractors to ensure criminal history checks had been completed before enlisting the services of any contractor who may have contact with inmates. All had a criminal history check.

The Human Resources staff were interviewed and understood the requirement for contractors to have a criminal history check prior to contact with inmates. They explained this is always completed by the Tennessee Department of Corrections prior to them entering the facility.

115.17 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states "CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with inmates/detainees, or, have in place a system for otherwise capturing such information."

The auditor randomly selected 21 random staff files for employees and 10 for contractors. The auditor was provided the documentation that they had received criminal history checks within the past five years for all employees.

115.17 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states, "The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form shall be completed by employees as part of the promotional process, including both inter-facility promotions and intra-facility promotions. The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form shall be completed by current employees and contractors on an annual basis to serve as verification of the fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy. The annual signature shall be in lieu of having the form completed as part of an annual review process. The completed 14-2H form shall be retained in each employee's personnel file."

The 14-2H Self Declaration of Sexual Abuse/Sexual Harassment was provided as documentation. It asks if the employee/applicant/contractor about previous allegations as defined in 115.17 (a), and states they have a continuing affirmative

	duty to disclose any facts that would change any of the answers and explains that material omissions regarding such misconduct, or the provision of materially false information, is grounds for termination or refusal to hire. The Human Resources Manager provided several of these forms that had been completed by applicants, employees, and contractors as documentation. The Human Resources Manager said the facility does not conduct a self-evaluation, and there was no indication that is the case. 115.17 (g) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “To the extent permitted by law, CoreCivic may decline to hire or promote, and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information.” The facility verified there were no examples of this occurring, however, the Human Resources Manager was aware of the requirement. 115.17 (h) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Unless prohibited by law, CoreCivic 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 former employee has applied to work.” The facility reported there had been no requests during this audit period, therefore there were no examples of this for the auditor to review. The Human Resources Manager was also aware of the requirement. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documentation Reviewed:

- CoreCivic Policy 14-100 Sexual Abuse Prevention and Response
- 07-1B PREA Physical Plant Considerations
- Documentation of Substantial Expansion/Modification
- Memorandum Regarding PREA Standard 115.18
- Camera Mapping Plan
- Email from Contractor Regarding Camera Upgrade

Interviews Conducted:

- Agency Head
- Warden
- PREA Coordinator
- PREA Compliance Manager

115.18 (a) The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the ability of the facility and company to protect inmates/detainees from sexual abuse. Considerations for modifications and renovations shall be documented on form 7-1B PREA Physical Plant Considerations.”

The 71-B PREA Physical Plant form was submitted as documentation. The form discusses the considerations for the project and asks to consider how technology may enhance the agency’s ability to protect a detainee from sexual abuse. The form indicates the staff completing it should review and explain the following:

- The layout of the cells/dormitories/rooms enable adequate supervision of inmates/detainees.
- The existence of blind spots that may require correction by additional

cameras, mirrors, or additional staff.

- Design/layout of shower stalls and/or shower areas enable inmate/detainees to shower without staff of the opposite gender viewing breasts, buttocks, or genitalia.
- Design/layout of the toilets (including urinals) enable inmate/detainees to perform bodily functions without staff of the opposite gender viewing breasts, buttocks, or genitalia.
- For installation or updates of a video monitoring system, electronic surveillance system consideration was given as to how this technology enhanced the ability to protect inmates/detainees from sexual abuse.
- Other

An example of a completed form was provided as documentation, dated 8/8/2024, in which the facility ordered and replaced 34 new shower doors that were designed and manufactured by detention companies to meet TDOC standards which allows for privacy from incidental viewing by staff members of the opposite gender.

The Agency Head explained the process for ensuring this is completed. He said the PREA Coordinator for the Agency is involved in any modifications that are made at any of the CoreCivic facilities.

115.18 (b) The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect inmates/detainees from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations.”

A memorandum was provided to the auditor, which states, “South Central Correctional Center has not installed or updated video monitoring systems or other monitoring technology as of this date.” The facility let the auditor know the Tennessee Department of Corrections has been contracting for a camera upgrade, which is in process. The auditor was provided with a camera mapping plan, and an email that shows PREA was considered in this process. The auditor pointed out areas during the site review that should be prioritized for cameras.

The Agency Head Designee explained during his interview in detail how the agency

	replaces and expands camera systems. He can view the cameras from his office, and states they have an agency commitment to have high-quality camera coverage. The warden discussed the process for obtaining additional technology and explained that there is a constant review to ensure that any blind spots are appropriately addressed with staffing or video monitoring. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: • CoreCivic Policy 14-100 Sexual Abuse Prevention and Response • CoreCivic Policy 13-79A Sexual Assault Response • CoreCivic Form 13-79A Rape/Sexual Assault Protocol • CoreCivic Form 14-2C Sexual Abuse Incident Check Sheet • Tennessee Department of Corrections 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims • Tennessee 2022 Nursing Protocols – Sexual Assault /PREA • MOU between CoreCivic and the Jackson Madison County General Hospital • Completed Investigative Packets • MOU with the Wo/Men’s Resource and Rape Assistance Program (WRAP) • Memorandum Regarding PREA Victim Advocate • MOU between CoreCivic and Clifton Police Department/Toole County • Meeting the Needs of Prison Rape Victims: Advocacy Training Curriculum

- Training Records of Staff Advocates

Interviews Conducted:

- PREA Coordinator
- PREA Compliance Manager
- Investigators
- Shift Supervisors
- Wo/Men's Resource and Rape Assistance Program (WRAP) Representative
- Victim Services Coordinator
- SANE at Jackson Madison County General Hospital

115.21 (a) The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, TDOC OIC is responsible for ensuring that the requirements of PREA Standards 115.21 and 115.71 are followed for each criminal investigation." It also states, "All allegations of sexual abuse or sexual harassment shall be referred for investigation to the Tennessee Department of Corrections Office of Investigations and Conduct (OIC). That agency investigative process will be followed for allegations of sexual abuse."

The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response, M. Coordinated Response Procedures, and CoreCivic Policy 13-79A Sexual Assault Response outline the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

There were 24 administrative and 24 criminal investigations during the twelve months preceding the audit. The auditor independently selected and reviewed 11 out of the 23 PREA investigative packets, which included documentation of completion of the uniform evidence protocol. The auditor was able to review the protocol and agreed it maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Interviews with staff indicated the evidence protocol was understood. Some employees had first responder cards, which included evidence preservation steps.

115.21 (b) The CoreCivic Policy 13-79A Sexual Assault Response states “The protocol shall be developmentally appropriate for youth, where applicable, and, as appropriate, shall be 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.”

The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response lists the U.S. Department of Justice Office on Violence Against Women's “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents” as reference.

The CoreCivic Form 13-79A Rape/Sexual Assault Protocol was provided to the auditor and it complied with this provision.

115.21 (c) The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “The investigating agency shall offer all victims of sexual abuse access to forensic medical examinations, without financial cost, where medically appropriate or necessary for gathering evidence. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible.”

The CoreCivic Policy 13-79A Sexual Assault Response states, “Facility Administrative Duty Officer (ADO) staff shall consult with law enforcement prior to transporting an inmate for an examination to be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). If it is determined that an examination is necessary for the collection of evidence, then the facility shall transport the alleged victim to the location directed by law enforcement. If a SAFE/ SANE provider is not available, the examination may be performed by other qualified medical practitioners at the off-site location. CoreCivic staff will not collect physical evidence.”

The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “The facility shall offer all victims of sexual abuse access to forensic medical exams, where evidentiarily or medically appropriate. The PREA Compliance Manager, Facility Investigator, or ADO shall consult with TDOC OIC prior to transporting an inmate for an examination to be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). If it is determined that an examination is necessary for the collection of evidence, then the facility shall transport the alleged victim. If a SAFE/ SANE provider is not available, the examination may be performed

by other qualified medical practitioners. The facility reported in the PAQ that there were no SANE examinations in the past twelve months, but if there were, they would be provided by a SANE/SAFE and without financial cost.”

The auditor contacted a SANE at Jackson Madison County General Hospital, who was able to explain the SANE process and indicated they would be provided at no cost to the inmate.

An unsigned MOU with Jackson Madison County General Hospital was provided to the auditor for review. CoreCivic has been unable to enter into the agreement, but they were able to show an attempt that was made on December 9, 2024. Regardless of the signed agreement, the hospital is providing SANE examinations, as required by this standard.

115.21 (d) The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “The investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center.” Additionally, it states, “If unable to secure the services of a victim advocate to accompany the alleged victim to the SAFE/SANE exam, and if requested by the victim, the facility may use a qualified facility staff member for this purpose.”

A MOU with the Wo/Men’s Resource and Rape Assistance Program (WRAP) was provided to the auditor. The MOU states that WRAP agrees, and CoreCivic will ensure an advocate can accompany and support the victim through the forensic medical examination and during investigatory interviews. The MOU outlines the responsibilities of both parties and was signed in 2/2024.

The auditor contacted a representative from Wo/Men’s Resource and Rape Assistance Program (WRAP) to discuss the services they provide at the facility. She initially reported that they did not have an agreement with the facility. The auditor provided WRAP with the signed MOU that was provided with the audit documentation, and she indicated she had not been in her position very long and had been unable to locate it in their files. The PC from CoreCivic was able to contact her to get the misunderstanding resolved. WRAP did say they would respond to the hospitals in the area for SANE for all exams, including those conducted on inmates who are at the facility. These are done at the hospital, and they can always respond.

115.21 (e) The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states

"As requested by the victim, either a victim advocate from a Rape Crisis Center or a qualified community-based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Check Sheet via the IRD."

Wo/Men's Resource and Rape Assistance Program (WRAP) to discuss the services they provide at the facility. She said that they are able to accompany and support the victim through the forensic medical examination process and investigatory interviews. They also provide emotional support, crisis intervention, information, and referrals.

The auditor contacted a SANE, who also verified advocacy services from a rape crises center would be made available during the forensic examination.

The facility provided a memorandum that explained there were two agency staff members who were trained to provide victim advocacy services if needed or requested by the victim. In reviewing the training records provided, they had taken the specialized medical and mental health training, but not training specifically for advocacy. In discussions with the facility, they reported they will not utilize staff for advocacy as they have MOUs with community-based advocates; however, it was later reported to the auditor that they have decided to utilize staff advocates if community advocates are unavailable. The facility provided the auditor with documentation that two staff members had received training in 2/2025, along with a copy of the advocacy curriculum utilized.

115.21 (f) This facility reports that it utilizes the Tennessee Department of Corrections Office of Investigation to conduct criminal investigations. The Office of Investigation is subject to PREA requirements and is audited separately by the Tennessee Department of Corrections. The facility states that they have requested that the facility comply with applicable PREA standards in the contract, which was provided to the auditor in a previous standard. The contract does specifically mention compliance with PREA standards; therefore, the auditor finds the facility is compliant with this provision.

An MOU between CoreCivic and the Clifton Police Department was provided to the auditor; however, it was explained that this is only as an outside reporting entity, and not applicable to this standard, as they do not conduct criminal investigations. The MOU provided was signed on 11/12/2024. It states, "This MOU sets forth the

understanding between the parties related to compliance with United State Department of Justice National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA)- Title 28 of the Code of Federal Regulations, Part 115.”

115.21 (g) The facility understands that the requirements of paragraphs (a) through (f) of this section shall also apply to:

(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and

(2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

There are currently no state agencies or Department of Justice components that are responsible for investigating allegations of sexual abuse at the facility, but we understand the requirements if that should occur.

115.21 (h) The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “If unable to secure the services of a victim advocate to accompany the alleged victim through the SAFE/SANE exam, and if requested by the victim, the facility may use a qualified facility staff member for this purpose. The staff member must have been screened by SART and the warden/ designee for appropriateness to serve in this role and must have received documented education concerning sexual assault and forensic examination issues.”

The facility said there were two staff members who might serve in this role. The auditor requested documentation that they have been screened for appropriateness and have received applicable education concerning sexual assault and forensic examination issues in general. The auditor was provided with training records for both staff members, who were listed as advocates; however, it was not the appropriate training. In discussions with the facility, they reported they will not utilize staff for advocacy as they have MOUs with community-based advocates; however, it was later reported to the auditor that they have decided to utilize staff advocates if community advocates are unavailable. The facility provided the auditor with documentation that two staff members had received training in 2/2025, along with a copy of the advocacy curriculum utilized.

	Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: - CoreCivic Policy 14-100 Sexual Abuse Prevention and Response - Tennessee Department of Corrections 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims - Completed Investigative Packets Interviews Conducted: - PREA Coordinator - PREA Compliance Manager - Investigators 115.22 (a) The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “The warden shall ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment.” The facility reported there were 24 allegations of sexual abuse and sexual harassment in the twelve months preceding the audit. They reported all of those allegations resulted in an administrative investigation and were referred for criminal investigation. The auditor reviewed 11 out of 23 investigative packets for the 12 months preceding the audit. Each packet included the necessary documentation to show that an investigation was immediately initiated following a report of sexual abuse or sexual

harassment.

The auditor interviews two investigators who are located at the facility and conducts administrative investigations of sexual abuse or sexual harassment. The investigators explained that an investigation would always be completed for every allegation.

115.22 (b) The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "An administrative investigation into an allegation with potentially criminal behavior shall not be initiated by a facility investigator until TDOC OIC declines to accept the case or otherwise authorizes the facility to begin an administrative investigation. Administrative Investigations shall not interfere with criminal investigations being conducted by TDOC and shall be coordinated with the investigative entity conducting that investigation." TDOC has the legal authority to conduct criminal investigations at this facility.

This policy is posted on the website at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

The auditor reviewed 11 out of 23 investigations of sexual abuse and sexual harassment that were reported in the 12 months preceding the audit. Each investigation documented when a referral was made to law enforcement.

115.22 (c) The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response outlines the agency's approach to conducting criminal investigations, including a referral to TDOC.

The facility reports that TDOC of Investigation is responsible for conducting criminal allegations. The facility posts the PREA policy on its website at https://www.corecivic.com/hubfs/_files/PREA/Facilities/TrousdaleHardemanSouthCentralWhiteville-14-02-1.pdf. This policy describes the responsibilities of both the agency and the investigating entity.

The auditor interviewed two administrative investigators who are located at the facility. Each investigator was able to explain the role of the TDOC, Office of Investigations, and the responsibilities of each agency.

	115.22 (d-e) The facility understands that any state entity or Department of Justice component that would be responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations. There is currently no such agency responsible for conducting these investigations, but the facility is aware of the requirements should that change. The auditor reviewed completed investigative reports and did not see any investigations that indicated these entities conducted investigations as described in this provision. An interview with two administrative investigators also indicated this had not occurred. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: • CoreCivic Policy 14-100 Sexual Abuse Prevention and Response • CoreCivic PREA Overview Training • CoreCivic Code of Ethics Training • CoreCivic Form 14-2A PREA Training Acknowledgment - Pre-Service and In-Service • CoreCivic Form 14-2J PREA Zero Tolerance Policy Acknowledgement • Screenshots of Electronic Signatures

- PREA Training Transcripts
- Memorandum Regarding PREA Standard 115.31

Interviews Conducted:

- PREA Compliance Manager
- Random staff

115.31 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states "All CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment."

It also states "At a minimum, all employees shall receive pre-service and annual in-service training on the following:

- a. The CoreCivic zero-tolerance policy for sexual abuse and sexual harassment;
- b. How to fulfill employee responsibilities for sexual abuse/sexual harassment prevention, detection, reporting, and response in accordance with this policy;
- c. The right of inmates to be free from sexual abuse and sexual harassment
- d. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- e. The dynamics of sexual abuse and sexual harassment in confinement, including locations, situations, and circumstances in which sexual abuse may occur;
- f. Signs of victimization and the common reactions of sexual abuse and sexual harassment victims;
- g. How to detect and respond to signs of threatened and actual sexual abuse;
- h. How to avoid inappropriate relationships with inmates;
- i. How to communicate effectively and professionally with inmates/, including LGBTI and gender non-conforming inmates; and
- j. How to comply with laws relevant to mandatory reporting of sexual abuse to outside authorities"

Additionally, the Code Of Ethics Training was provided to the auditor in support of this standard. It covers topics, such as safeguarding those in our care, fulfilling our duty to protect, sexual misconduct and suicide prevention, interacting appropriately with residents, and maintaining a professional distance.

In the auditor's review of CoreCivic's PREA training, it was determined it covers all components of this requirement.

Staff interviews indicated a good understanding of the PREA training they have received. Staff were able to list several components they remember being trained on, and explained they are trained annually on these topics.

The auditor reviewed training rosters that showed staff had minimally been trained in each requirement of this provision.

115.31 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states "Such training shall be tailored to the gender of the inmates at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of inmate (i.e. male facility to a female facility or vice versa) shall receive additional training."

This facility primarily houses male inmates, but the training covers both genders.

A memorandum was provided to the auditor that states "South Correctional Facility has not had any employees that was reassigned from a facility that houses all males to a facility that houses all females or vice versa."

115.31 (c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states that employees shall receive annual PREA training.

Since this provision requires that employees receive refresher training every two years, and refresher information in off years, the facility exceeds this provision of the standard by policy.

	The auditor interviewed several random and specialized staff who were able to recall the PREA training they had received. The auditor independently selected 27 of the 295 staff to review applicable training rosters for the past two years. In reviewing the training records, all had received training, as required. Additionally, while onsite the auditor was told that the facility entered into a competition to complete annual PREA training this year. Since all staff took the training, as required, they were able to receive prizes, including a dinner that was provided to them. This rewards-based system ensures staff understands the importance of completing training and also encourages them to complete it as soon as possible. 115.31 (d) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Employees shall be required to confirm, by either electronic or manual signature, their understanding of the training that they have received. At Pre-Service Training and annual In-Service Training, each employee and contractor shall be required to sign a 14-2A PREA Training Acknowledgment - Pre-Service and In-Service form. Signed documentation will be maintained in the employee's training and/or HR file.” The facility provided a screenshot of an electronic signature. Each employee must check this when completed with the training, that states “I do hereby document that I have received training on the Prison Rape Elimination Act (PREA) in accordance with PREA Standards 115.31 (a)(1)-(10) and 15.15 (f) and I understand the training that I have received. Many staff who were interviewed acknowledged they received and understood the PREA training, as required. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.32	Volunteer and contractor training
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: • CoreCivic Policy 14-100 Sexual Abuse Prevention and Response • Tennessee Department of Corrections 115.01 Standards for Volunteers and Coordination of Community Involvement • CoreCivic Form 14-2J PREA Zero Tolerance Policy Acknowledgement • CoreCivic Form 22-1A Volunteers Training Matrix • CoreCivic Form 14-2K PREA Overview: Training for Contractors and Volunteers • CoreCivic Form 22-1C Volunteer Code of Ethics • Tennessee Department of Corrections FY4-25 PREA Training • CoreCivic Form 22-1B Volunteers Agreement • CoreCivic Form 14-2A PREA Training Acknowledgement Preserves and In-Service • Lists of Volunteers and Contractors • Tennessee Department of Corrections Volunteer Confidentiality and Policy Agreement/Training Certification • Verification of PREA Training • Volunteer Services Training Manual Interviews Conducted: • Volunteers • Contractors 115.32 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “All volunteers and contractors who have contact with inmates shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting, and response as outlined in this policy.” Tennessee Department of Corrections 115.01 Standards for Volunteers and Coordination of Community Involvement states, “Orientation and training for

volunteers is mandatory and shall follow the guidelines detailed in the Volunteer Services Training Manual.”

Contractors who routinely enter the facility receive PREA training and sign the same training acknowledgment forms. The auditor reviewed the PREA Overview: Training for Contractor and Volunteers, which included the agency’s prevention, detection, and response protocols, as well as an overview on what is sexual abuse and sexual harassment, CoreCivic’s Zero tolerance policy, how to fulfill their role in the CoreCivic and/or agency PREA policy, and how to comply with the law.

Contractors who are vendors, delivery drivers, or other contractors who have limited contact in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment form, which provides basic training on zero-tolerance reporting.

The auditor reviewed a Volunteer Services Training Manual, which outlines the requirements to be a volunteer, including PREA training. It thoroughly covers PREA, including its responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting, and response. It discusses boundaries, including how to avoid manipulation, and is very clear about the agency’s zero tolerance policy.

The facility said they had 33 contractors and 28 volunteers on the PAQ, and the facility provided a list of both. The auditor randomly selected training records, including the CoreCivic Training Acknowledgement for 10 volunteers and 10 contractors. The auditor was able to verify that each had received the required training.

The auditor interviewed two contractors and two volunteers as part of the audit. All were well-versed in PREA and remembered their PREA training. They were able to describe what was taught to them in the training and were able to explain how they had or would respond to a PREA incident.

115.32 (b) The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates. All volunteers and contractors who have contact with inmates shall acknowledge the CoreCivic zero-tolerance policy regarding sexual abuse and sexual harassment, and information on how to report such incidents. All volunteers and contractors shall be required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment form (115.32

(b)). i. Contractors, including but not limited to, medical, mental health, education, and food service, shall receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment - Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms.”

It also says that “The 14-2K PREA Overview Training for Contractors and Volunteers may be required should their duties develop into recurring contact with inmates”.

The Volunteer Services Training Manual states that PREA training for volunteers may be adjusted on how much contact each volunteer will have, but all volunteers must be notified of TDOC’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents.

CoreCivic Policy 22-1 Volunteer Services and Management states, “Each volunteer shall complete an appropriate, documented orientation and/or training program prior to assignment and shall agree, in writing, to abide by all facility policies, particularly those relating to the security and confidentiality of information. Training of approved volunteers shall be appropriate to the level of access and inmate contact associated with their volunteer assignment.”

These requirements prioritize the level and type of training based on the services they provide and the level of contact they have with inmates. All volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment when filling out the 14-2J PREA Zero Tolerance Policy Acknowledgment forms and/or the 14-2A PREA Training Acknowledgment forms.

115.32 (c) The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “The signed documentation confirming that each Volunteer or Contractor understands the training that he/she has received will be kept in the volunteer or contractor's file by either the Learning Development Manager, facility Volunteer Coordinator or other staff designated by the warden/Facility Administrator or PREA Compliance Manager.”

The Tennessee Department of Corrections Volunteer Confidentiality and Policy Agreement/Training Certification that each volunteer must sign explains their service may be terminated for sexual misconduct, harassment, or sexual abuse and states they understand the policies regarding PREA.

	This satisfies the requirement that the agency maintain documentation confirming that volunteers understand the training they receive. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-100 Sexual Abuse Prevention and Response · CoreCivic 14-2AA PREA Prevent, Detect, Respond Brochure · PREA Posters · PREA Video at https://www.prearesourcecenter.org/resource/new-prea-education-videos-adult-and-juvenile-people-confinement · Inmate Handbook – English · Inmate Handbook – Spanish · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response Attachment C: Inmate Orientation to Prison Rape Elimination Act (PREA) · CoreCivic Intake Pamphlet - English · CoreCivic Intake Pamphlet - Spanish · Tennessee Department of Corrections Orientation Acknowledgment Form · Tennessee Department of Corrections Inmates with Hearing Disabilities Poster · PREA Posters/Postings · Letter from the Warden · Inmate Files

Interviews Conducted:

- Random Inmates
- Intake Staff

115.33 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Upon arrival at the facility for intake, each inmate shall be provided with information regarding sexual abuse prevention and reporting (e.g. inmate handbook, CoreCivic 14-2AA PREA Prevent, Detect, Respond Brochure, contracting agency brochure, handout, etc.)”.

The facility reports that there were 496 inmates admitted, and all of them were provided this information at intake in the twelve months preceding the audit.

It was verified during the site review that there are PREA postings and brochures in the intake areas within the facility.

Additionally the facility provides inmates with a copy of the handbook that includes PREA information. The auditor reviewed the PREA portion of the handbook, which explains what PREA is, how to report, and what to expect if something were to occur.

While touring the intake areas, the intake staff walked the auditor through the entire process for inmates’ admittance to the facility, paying particular attention to explaining processes for conducting searches, PREA risk screening, and providing education. The intake staff go over PREA with every inmate who arrives at the facility on the first day they are there. While in holding, waiting to be processed, every inmate views the PREA video, which plays in both English and Spanish.

The auditor independently selected 25 records of inmates who had been admitted over the twelve months preceding the audit. In addition to the 25 records, the auditor reviewed records for the 47 inmates that was interviewed; however, some were the same, so there was a total of 58 educational records that were provided. This included a sampling from every housing unit, and the majority were inmates who had arrived at the facility within the past twelve months. All records provided had documentation to show they received PREA information as required by this standard. Many of the inmates who were interviewed remembered hearing about

PREA when they arrived at the facility; however, some had been at the facility for several years and weren't able to remember if they had received it.

115.33(b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "Within 30 days following intake, either in person or through video, inmates shall receive comprehensive educational information on the following topics related to sexual abuse and sexual assault prevention and intervention:

- a. CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment;
- b. How to report incidents, threats or suspicions of sexual abuse or sexual harassment;
- c. An inmate's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents;
- d. Inmate -on-inmate sexual abuse;
- e. Employee-on-inmate sexual abuse;
- f. Self-protection from sexual abuse;
- g. Availability of policies regarding sexual abuse prevention/intervention; and
- h. Available emotional support services (treatment and counseling) to include internal and external victim advocates and community support services.

The facility reported that there were 496 inmates admitted during the twelve months preceding the audit who were at the facility for at least 30 days. They reported that 100% of these inmates received comprehensive education as required in this provision.

During interviews with random inmates, several were unsure if they had received comprehensive education, as required by this provision. The auditor asked probing questions, including asking specifically about the video that was shown, but some inmates denied watching the video. In reviewing their records, the auditor was able to verify they had received the education as required, but many had been at the facility for several years, so it wasn't recent. There is no requirement in this provision to take "refresher" education; however, the auditor would encourage the facility to continue to look for ways to educate inmates, as needed.

The auditor had viewed the inmate PREA video while at other facilities and verified that it included the right to be free from sexual abuse and sexual harassment and to

be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The video used is available through the PREA Resource Center at <https://www.prearesourcecenter.org/resource/new-prea-education-videos-adult-and-juvenile-people-confinement>.

The auditor reviewed 58 inmate educational records, and every record that was provided showed the inmates had received education, and many had received it several times, due to transferring from other facilities.

115.33(c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "Inmates who have been transferred from another facility shall receive intake material from the receiving facility to serve as refresher training."

The facility reported that current inmates who have not received such education were educated within one year of the effective date of the standards and received education upon transfer to a different facility, to the extent the policies and procedures of the inmate's new facility differ from those of the previous facility.

The auditor independently selected 58 education records for review. which provided a representative sample including inmates who arrived at the facility in the twelve months preceding the audit.

115.33(d) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "The facility shall provide resident education at intake in formats accessible to all residents, including those who are disabled or Limited English Proficient (LEP)."

The facility understood that they 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 and agency efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The facility had Tennessee Department of Corrections Inmates with Hearing Disabilities Posters throughout the facility, indicating that the facility would provide inmates with hearing disabilities with auxiliary aids and services free of charge. This includes the use of a sign language interpreter and oral transliterators, TTYs, videophones, note-takers, computer-assisted real time transcription services, written materials, telephone handset amplifiers, assistive listening devices and systems,

telephone compatible with hearing aids, closed caption decoders or TVs with built-in captioning, and open and closed captioning for use in the facilities programs, activities, and services. The poster states that to request these services, inmates should complete a TDOC inmate inquiry information request form and submit it to the Chief Counselor.

A letter from the warden is provided to all inmates who enter the facility, which states that if they are having difficulty understanding the orientation program and/or written materials due to a language and/or literacy problem, hearing or vision impairment, they will receive personal assistance from a facility staff member or volunteer.

The facility will ensure that information is effectively communicated orally, on an individual basis, to inmates with limited reading skills. In the event an inmate has difficulty understanding provided information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such inmates on an individual basis.”

The auditor interviewed two inmates who were deaf/hard of hearing, but neither required the use of a sign language interpreter. Sign language interpretation would be provided by a video relay system, but the facility reported there were no inmates at the facility at the time of the site review who required one. The inmates interviewed reported they knew what PREA was, and that they had received this information in a format they understood.

There were no inmates who were reported as being blind at the time of the site review; however, the auditor interviewed one inmate who was vision-impaired. The facility reports that if they did have a blind inmate, it would ensure that education would be provided in a format accessible. The video is reported to be narrated, closed captioned, and in ASL, and staff reported they would verbally explain all PREA information. The vision-impaired inmate who was interviewed recalled receiving PREA education.

PREA information was provided to the inmate population in Spanish on the CoreCivic Intake Pamphlet. Several documents provided included English and Spanish on the same form, such as the handbook and Acknowledgement Form. It was also noted when reviewing documentation for 115.51 that there were several educational documents translated into Spanish as well, including a variety of postings throughout the facility.

The facility reported there were no inmates who were limited English proficient at the time of the site review for the auditor to interview. The auditor could not identify any limited English proficient inmates in interviews with staff, inmates, or during the site review and documentation review. The auditor was provided instructions to use the language translation services, which are explained in detail in 115.16.

The auditor did note that the video is always shown in Spanish directly after the English version. The staff member responsible for providing the education describes steps taken when an inmate was limited in English proficiency.

115.33 (e) The agency maintains documentation of the inmate's participation in educational sessions by maintaining the acknowledgment form.

The facility provided the auditor with the Tennessee Department of Corrections Orientation Acknowledgment Form, which includes confirmation that the inmate has received PREA information and has viewed the PREA video.

The auditor was able to verify this documentation while onsite by independently selecting and reviewing 58 inmates' records.

115.33 (f) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "In addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats".

Key information is continuously available throughout the facility. The auditor was able to see key information in every inmate housing unit, education, program, and work area she visited.

Conclusion:

The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion Supporting Documentation Reviewed: · CoreCivic Policy 14-100 Sexual Abuse Prevention and Response · NIC Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course · PREA Resource Center First Response and Evidence Collection Training Screen Prints · 14-2A1 PREA Training Acknowledgment Specialized Training · Completed Training Acknowledgement Interviews Conducted: · Investigators 115.34 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “In addition to the general training provided to all employees, and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PREA Compliance Manager shall ensure that more than one person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as a back-up during employee absences (e.g., leave, paid time off, sickness, offsite training, etc.)”. A copy of the NIC Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course was provided to the auditor. It was reported that all investigators are required to take this training prior to conducting a PREA allegation. The training is comprehensive and includes a course introduction, overview of PREA investigations, working with victims, interviewing techniques, and institutional culture and investigation. The facility provided the auditor with PREA Resource Center First Response and Evidence Collection Training screen prints; however, the auditor clarified that the investigators are required to take the NIC training.

The auditor reviewed training records for both investigators at the facility, which showed they had completed the specialized training, as required by this standard

The auditor interviewed both PREA investigators at the facility. Each investigator's interview explained the specialized training they received, in addition to the regular PREA training that each employee must take.

The standards require that training be completed, but do not require refresher training. The Director of PREA Compliance and Investigations noted that she has provided additional investigations training, to include specific training on credibility assessments. The auditor recommends that refresher training be provided as needed.

115.34 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states "Specialized training for investigators shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral."

The NIC Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course includes all requirement in this provision, including techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The investigators who were interviewed confirmed training on these topics.

115.34 (c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "Employees who conduct sexual abuse and sexual harassment administrative investigations are required to document completion of this training by signing the 14-2A1 PREA Training Acknowledgment Specialized Training. This documentation shall be maintained in the employee training file."

The PAQ stated there were three investigators at the facility, and documentation of

	the completed NIC Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course training was provided for all three investigators. Copies of signed 14-2A1 PREA Training Acknowledgement Specialized Training forms were provided to the auditor. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: - CoreCivic Policy 14-100 Sexual Abuse Prevention and Response 14-2 A1 PREA Acknowledgement Specialized Training forms - NIC Prison Rape Elimination Act (PREA) Specialized Training for Medical and Mental Health - Roster of Medical and Mental Health Practitioners - CoreCivic Form 14-2A PREA Training Acknowledgment - Pre-Service and In-Service - CoreCivic Form 14-2J PREA Zero Tolerance Policy Acknowledgement - Memorandum Regarding PREA Standard 115.35 Interviews Conducted: - Medical Staff - Mental Health Staff

115.35 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "In addition to the general training provided to all employees to comply with PREA Standard 115.31, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals shall receive specialized medical training as outlined below:

- a. How to detect and assess signs of sexual abuse and sexual harassment;
- b. How to preserve physical evidence of sexual abuse;
- c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- d. How and to whom to report allegations of sexual abuse and sexual harassment."

The facility reported that they utilize the NIC Prison Rape Elimination Act (PREA) Specialized Training for Medical and Mental Health. The training was provided to the auditor as documentation, and in review of the training, it covers the topics required by this standard.

The facility reports there are 21 medical and mental health care practitioners who work regularly at the facility, and all have received specialized training as required in this standard.

The auditor interviewed two medical staff and one mental health staff member. Each described receiving the specialized training they had been provided, and they were able to discuss each topic and understood the requirements.

The auditor independently selected and received documentation of specialized training for 10 medical and mental health staff and contractors. The auditor has not received all of the requested documentation as of the date of the interim report; therefore, the facility entered into a corrective action period.

The auditor received proof documentation of specialized training for every medical and mental health staff member during the corrective action period.

115.35 (b) The facility does not conduct forensic medical examinations; therefore, this provision of the standard is not applicable.

A memorandum was provided to the auditor, which states, "CoreCivic staff does not conduct forensic examinations."

Interviews with medical professionals confirmed that medical examinations are not conducted at the facility.

115.35 (c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "Medical and Mental Health Staff are required to document completion of this training by signing the 14-2A1 PREA Training Acknowledgment Specialized Training. This documentation shall be maintained in the employee training file."

The auditor received signed copies of the medical and mental health staff 14-2A1 PREA Training Acknowledgement Specialized Training as documentation for this standard.

115.35 (d) Medical and mental health staff also must receive the training mandated for employees under 115.31 and for contractors and volunteers under 115.32, depending upon the practitioner's status at the agency.

Compliance with this provision is discussed in the standard analysis for 115.31 and 115.32; however, the auditor did confirm that medical and mental health staff were part of the random selection.

Interviews with medical and mental health staff confirmed they had received regular PREA training, in addition to the specialized training.

The auditor was provided with training records that confirmed compliance with training as required in 15.31 and 115.32, and are specifically discussed in those standards.

Corrective Action and Conclusion:

The facility entered into corrective action, in which the auditor was provided with the

	requested training documentation. The facility was required to show proof of documentation that all medical and mental health staff had received the specialized training, as required by this standard. The auditor monitored compliance during the corrective action period by receiving proof of documentation for every current and newly employed medical and mental health staff. The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-100 Sexual Abuse Prevention and Response · Screening Tool · Completed PREA Screenings · Tennessee Department of Corrections 502.06.1 Prison Rape Elimination Act (PREA) Screening, Classification, and Monitoring · PREA Intake Spreadsheet from 1/25/2023 through 12/29/2023 · PREA Intake Spreadsheet from 10/3/2023 through 10/29/2024 Interviews Conducted: · Screening Staff · Random Inmate 115.41 (a) The Tennessee Department of Corrections 502.06.1 Prison Rape Elimination Act (PREA) Screening, Classification, and Monitoring states, “All inmates shall be screened, using the PREA Screening Application, upon arrival at the facility for their risk of being sexually abused by other inmates or sexually abusive towards other inmates.” The facility conducts screenings for inmates during intake at the facility utilizing the Tennessee Department of Corrections Screening Tool.

Interviews with staff at the facility who conduct screening for risk and random inmate confirm that this is the process. The initial screenings are conducted by the Orientation Case Manager. During an interview with the auditor, he was able to explain the process for conducting initial screenings. He reports verbally asking the questions, as written, and ensuring that inmates understand the questions that are asked. The auditor viewed the room where the screenings are conducted during the site review. Screenings are completed in a private room, where others cannot overhear.

Many inmates recalled receiving PREA screenings; however, some inmates had been at the facility for several years and didn't have a good memory of being screened.

115.41 (b) The Tennessee Department of Corrections 502.06.1 Prison Rape Elimination Act (PREA) Screening, Classification, and Monitoring states, "This screenings shall ordinarily take place with 72 hours of arrival at the facility."

The PAQ said that all inmates who had entered the facility in the twelve months prior to the audit had received an initial PREA risk screening within 72 hours.

Interviews with staff who conduct risk screening confirmed that the initial screening is ordinarily conducted the same day of arrival at the facility, exceeding the requirements of this provision of the standard.

The auditor independently selected 58 screening records for review. There were some instances in which the forms were either not provided to the auditor, or the initial screenings were past the 72-hour deadline.

The auditor also reviewed PREA screening tracking spreadsheets from 1/1/2023 through 10/29/2024. This spreadsheet indicated that there were several instances where the screenings were not completed within the 72 hours, as required.

There were several inmates who were interviewed who were unable to recall the initial PREA risk screening.

Interviews with the staff completing the initial PREA screening indicated this is

typically completed on the first day after arrival at the facility, but there are instances when it is not. It did appear that there was some confusion regarding whether these screenings are required when there is an overnight court or medical return. The facility was able to clarify that any overnight trip should prompt another PREA screening.

The facility entered into a corrective action period, in which the auditor monitored compliance with this standard.

During corrective action, the auditor received lists of every inmate who had been admitted to the facility and independently selected several records to review, along with logs that indicated any that were not completed on time. The risk screenings provided were within 72 hours; therefore, the auditor determined the facility had institutionalized this provision.

115.41 (c) The Tennessee Department of Corrections 502.06.1 Prison Rape Elimination Act (PREA) Screening, Classification, and Monitoring explains the facility's objective screening process. It states, "If the answers to questions 1, 2, and 3 are yes, the inmate shall be scored at risk for victimization

If the answer to questions 7 and 9 is yes, the inmate shall be scored at risk for victimization

If the answer to question 8 is yes, the inmate shall be scored at risk for victimization

If the answer to question 9 is yes, the inmate shall be scored at risk for victimization

If the answer to question 11 is yes, the inmate shall be scored as a victim

Any "YES" answer for EI, E6, E8, or EI 1 shall require a referral to behavioral health."

For risk of sexual abusiveness, it states, "If the answer to 1 is yes, the inmates shall be scored at risk for abusiveness.

If the answer to 4 is yes, the inmate shall be scored as an aggressor."

The auditor independently selected and reviewed records for 58 inmates, including those who entered the facility in the twelve months preceding the audit prior to the issuance of the interim report. Each screening form that was utilized was objectively scored, as required. Additionally, the auditor also reviewed several assessments throughout the corrective action period.

The screening tool was reviewed by the auditor and determined to be objective.

115.41 (d) The Tennessee Department of Corrections 502.06.1 Prison Rape Elimination Act (PREA) Screening, Classification, and Monitoring states, “

The PREA screening application is used to determine if an inmate is at risk of victimization shall,

at a minimum, consist of the following criteria:

1. Whether the inmate has a mental, physical, or developmental disability
2. The age of the inmate (24 or younger or elderly, 60 or older)
3. The physical build of the inmate (5'5" and/or less than 150 pounds)
4. Whether the inmate has previously been incarcerated
5. Whether the inmate's criminal history is exclusively non-violent
6. Whether the inmate has prior convictions for sex offenses against an adult or child
7. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
8. Whether the inmate has previously experienced sexual victimization
9. The inmate's own perception of vulnerability
10. Whether the inmate is detained solely for civil immigration purposes.
11. Whether the inmate is a former victim of institutional (prison or jail) sexual abuse.”

The screening tool was reviewed by the auditor and asks:

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

Whether the inmate has a mental, physical, or developmental 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 been previously incarcerated

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

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

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

Whether the inmate has previously experienced sexual victimization

The inmate's own perception of vulnerability

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

The auditor was able to observe the location where the PREA risk screening takes place and discuss the screening with staff. The staff explained the entire PREA screening process to the auditor during the site review, including a review of the criteria used to assess risk of victimization.

The auditor independently selected and reviewed 58 inmate records prior to the issuance of the interim report, which included initial screening information to confirm the criteria used. The auditor also received several completed risk assessments throughout the corrective action process.

115.41 (e) The Tennessee Department of Corrections 502.06.1 Prison Rape Elimination Act (PREA) Screening, Classification, and Monitoring states "The PREA Screening application to determine if an inmate is at risk of being abusive shall, at a minimum, consist of the following criteria:

1. Prior acts of sexual abuse
2. Prior acts of violent offenses
3. History of prior institutional violence
4. Prior history of institutional sexual abuse"

The Screening Tool asks:

"History of prior institutional (jail or prison) sexual abuse

Prior acts of sexual abuse

Prior acts of violent offenses

History of prior institutional violence”

Additionally, The Tennessee Department of Corrections 502.06.1 Prison Rape Elimination Act (PREA) Screening, Classification, and Monitoring states “Any inmate identified as a Sexual Aggressor shall be monitored quarterly by the assigned counselor and documented on the offender management system (OMS) screen LIBC for a minimum of one calendar year and is to be re-evaluated at annual reclassification and a new PREA screening is to be conducted.”

The auditor independently selected and reviewed 58 screening records for review prior to the issuance of the interim report. All files that included the PREA screenings included acts or prior sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse in assessing inmates for risk of being sexually abusive. The auditor was able to locate records for inmates who were scored as potentially aggressive; however, some inmates did not have a PREA screening, due to the length of time they had been at the facility. The auditor noted there were some records that included prior versions of the PREA screening because they had received the screening several years ago.

The staff members who were interviewed who completed the screenings were able to explain that every inmate is screened for risk of abusiveness, in addition to risk of being abused.

115.41 (f) The Tennessee Department of Corrections 502.06.1 Prison Rape Elimination Act (PREA) Screening, Classification, and Monitoring states, “Within 30 days of the inmate's arrival at a facility, the facility will again screen, using the PREA Screening Application, reassessing the inmate for risk of victimization or abusiveness to include any additional relevant information received by the facility since the intake screening.”

The facility reported that Case Managers conducted this assessment with inmates in a private office location, prior to 30 days after arrival at the facility. The auditor spoke with two Case Managers at the facility. The Case Managers explained the process of conducting these reassessments.

Some inmates who were interviewed remembered receiving a 30-day PREA risk screening, and some did not remember or did not believe they had received one.

The auditor independently selected and reviewed 58 screening records for review, which included a representative sample from the twelve months preceding the audit. The auditor reviewed 55 screening records to ensure they were re-screened for risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The auditor noted that several files indicated that inmates received this reassessment after the 30-day required timeframe.

Additionally, the auditor was provided with a PREA screening tracking spreadsheet from 1/1/2023 through 10/29/2024. This spreadsheet indicated that there were several instances where the screenings were not completed within the 30 days, as required.

During corrective action, the auditor received lists of every inmate who had been admitted to the facility and independently selected several records to review, along with logs that indicated any that were not completed on time. The risk screening reassessments provided were within 30 days; therefore, the auditor determined the facility had institutionalized this provision.

115.41 (g) The Tennessee Department of Corrections 502.06.1 Prison Rape Elimination Act (PREA) Screening, Classification, and Monitoring states, "An inmate's risk level shall be rescreened when warranted due to a referral, request, incident of sexual abuse or sexual victimization, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness."

Additionally, the Tennessee Department of Corrections 502.06.1 Prison Rape Elimination Act (PREA) Screening, Classification, and Monitoring states "Inmates will be screened using the PREA Screening System Application located on the

TDOC intranet for the following occurrences:

- a. Upon triggering events or referrals that occur based upon observation from staff.
- b. Upon each occurrence of a guilty finding for a disciplinary action of a sexual nature
- c. Upon each substantiated finding of sexual abusiveness or sexual victimization.
- d. During the offender's annual reclassification process.
- e. Upon an offender being housed at a facility longer than 24 hours, he/she shall be screened in accordance with Policy #502.06.1.

f. Upon return, when an offender is away from his/her assigned facility for more than 24 hours, a new PREA screening shall be conducted in accordance with Policy #502.06.1.”

The auditor requested documentation of reassessments for 7 inmates who had substantiated sexual abuse allegations during the twelve months preceding the audit. These records were independently selected by the auditor. The facility provided copies of follow-up PREA screenings for only 3 of the 7 inmates requested. The facility indicated this was already an area they had self-identified as a compliance concern and provided the auditor with a corrective action plan. The facility had identified that the root cause of the issue was a lack of communication between the facility investigators and the Classification Coordinator. The action steps included the PREA Compliance Manager forwarding results of PREA allegations to the Classification Coordinator for possible reassessment/ rescreening of the inmate (victim/aggressor). The Chief of the Unit Management will follow up, via email, ensuring reassessment/ rescreening has been completed.

The facility entered a corrective action period, in which the auditor monitored compliance with this provision throughout the corrective action. The auditor received investigation logs and independently selected several substantiated cases to ensure assessments were completed, as required by this provision. Each record provided was in compliance with this provision.

115.41 (h) The Tennessee Department of Corrections 502.06.1 Prison Rape Elimination Act (PREA) Screening, Classification, and Monitoring states, “Inmates refusing to answer particular questions or not disclosing complete information shall not be disciplined. These questions include:

- a. Whether or not the inmate has a mental, physical, or developmental disability
- b. Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming
- c. Whether or not the inmate has previously experienced sexual victimization
- d. The inmate's own perception of vulnerability”

Intake and Case Managers who perform screening for risk were able to articulate that an inmate would never be disciplined for refusing to participate in a risk screening. When interviewing inmates, the auditor was not made aware of an inmate who had been disciplined. There was no evidence that this had ever occurred.

115.41 (i) The Tennessee Department of Corrections 502.06.1 Prison Rape Elimination Act (PREA) Screening, Classification, and Monitoring explains the control of the dissemination within the facility of responses to questions on the screening forms in order to ensure that the sensitive is not exploited to the inmate's detriment by staff or other inmates. It states, "Classification teams or unit management teams from diagnostic classification units will interview and evaluate all inmates for sexually aggressive/victim tendencies utilizing the PREA Screening System Application located on the TDOC intranet within 72 hours of arrival. User security access to this system shall be requested by the Associate Warden of Treatment/Deputy Superintendent (Assistant Warden Programs at privately managed facilities) to the TDOC Statewide PREA Coordinator. Additional information shall be gathered utilizing the risk needs assessment. Any conflicting information with the TDOC Sexual Aggressor or Sexual Victim screening should be reported to and resolved by the Chief Counselor." It also 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. This information is strictly need-to-know, 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."

The policy defines "Need to Know" as "Need to know: A criterion for limiting access of certain sensitive information to individuals who require the information to make decisions or take action with regard to an inmate's safety or treatment or to the investigative process."

In interviews with staff who screen for risk it the auditor was told that the PREA risk screenings are limited to only certain staff at the facility who need access to them. Most staff do not have access to them.

Corrective Action and Conclusion:

The facility entered into a corrective action period in which the auditor monitored compliance to ensure that PREA assessments are completed within 72 hours of arrival at the facility, and again within 30 days and rescreened when warranted due to a referral, request, incident of sexual abuse or sexual victimization, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The auditor independently selected several records each month, and all complied with this standard. The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-100 Sexual Abuse Prevention and Response · Tennessee Department of Corrections 502.06.1 Prison Rape Elimination Act (PREA) Screening, Classification, and Monitoring · Tennessee Department of Corrections 113.37 Gender Accommodation · Tennessee Department of Corrections Jobs Form · PREA Screenings/Designator Information · Tennessee Department of Corrections PREA Housing and Programs Review Form (CR-4086 PREA Housing and Programs Review) Interviews Conducted: · Screening Staff · Random Inmates · Lesbian, Gay, Bisexual, Transgender, and Intersex Inmates 115.42 (a) The Tennessee Department of Corrections 502.06.1 Prison Rape Elimination Act (PREA) Screening, Classification, and Monitoring 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. This information is strictly need-to-know, and 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 CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “The facility shall use the assessment obtained through use of form TDOC PREA Screening”. At initial intake and at all subsequent reassessments, consideration is of housing,

recreation, work, program, and other activities. The computerized screening automatically calculates the risk based on the answers to the questions. A score is automatically assigned based on that score. The facility reports they assign housing, bed, work, education, and programs utilizing the PREA designators, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Inmates may score as “victim”, “potential victim”, “predator”, “potential predator”, or “Not Applicable”. The computerized system will not allow an inmate who scores as a victim/potential victim to be housed with an inmate who scores as a predator/potential predator.

The auditor requested PREA designators of every inmate who worked in certain locations, which had less supervision, such as the outside warehouse area. The auditor was able to see that there were no inmates assigned to those areas who had a potential predatory or predator designator.

The auditor reviewed the forms utilized to enter work, education, and program assignments; however, it does not specifically document a review of a PREA designator. Since this is a TDOC form, the facility does not have the ability to modify it. Although the auditor verified, they are keeping potentially vulnerable inmates separated from those who are potentially aggressive. For documentation purposes, it was requested that the facility handwrite or otherwise document that PREA designators are considered for purposes of work, education, and program assignments. The facility issued a email to staff that complete these assignments via email that said, “When reviewing offenders make sure you are considering their PREA designators when making housing, cell, work, education, and program assignments, please make sure that you are notating in the comment section on the attached forms that you have checked their PREA designators prior to assignment.”

The auditor monitored compliance during the corrective action period and was able to determine the facility had institutionalized this standard by clearly marking that they had received the PREA designators.

115.42 (b) The facility reported they make individualized case by case-by-case determinations about how to ensure the safety of each inmate.

The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “The facility shall make individualized case-by-case determinations about how to ensure the safety

of each inmate.”

The Tennessee Department of Corrections 502.06.1 Prison Rape Elimination Act (PREA) Screening, Classification, and Monitoring 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.” Additionally, it states, “Inmates who enter TDOC and are identified as Sexual Aggressors or Sexual Victims on the PREA Screening System Application to the TDOC intranet may be considered for protective custody placement, or placement in an institutional setting considered more controlled than the general population.” The policy explains that “ Any inmate identified as a Sexual Aggressor shall be monitored quarterly by the assigned counselor and documented on the offender management system (OMS) screen LIBC for a minimum of one calendar year and is to be re-evaluated at annual reclassification, and a new PREA screening is to be conducted.”

In interviews with all staff, it was apparent that this was completed. The staff who conducted PREA risk screenings and others were all able to articulate how important it was to ensure that vulnerable inmates were safe from inmates who may be aggressive.

115.42 (c) The Tennessee Department of Corrections 113.37 Gender Accommodation describes the role of the Gender Accommodation Review Committee (GARC) and a Facility Team. It 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 Programs Review, CR-4086, considering the patient’s health and safety, as well as potential management and security concerns. An inmate’s own views regarding safety shall be solicited and considered.

1. Inmates who have completed gender-affirming surgery prior to incarceration shall be placed in a correctional facility as determined by the GARC.
2. For the purposes of facility placement, self-inflicted genital mutilation does not constitute gender-affirming surgery.
3. Placement and programming assignments shall be reassessed at least every six months at a re-classification hearing, or as warranted, to review any threats to safety experienced by the inmate.
4. Facility teams shall convene and meet with the offender as part of the reassessment process and document the meeting and any accommodation changes on the CR-4086.
5. Lesbian, gay, bisexual, transgender, or intersex inmates shall not be placed in

dedicated facilities, units, or wings, solely on the basis of such identification or status.

6. An inmate will not be placed in restrictive housing on the basis of gender identity alone.

7. The TDOC Statewide PREA Coordinator shall notify the Commissioner, Deputy Commissioners, and the applicable Assistance Commissioners of the GARC's action to approve an inmate's assignment to a given facility."

The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states:
"Transgender/Intersex Housing

a. The decision whether to assign a transgender or intersex inmate to a male facility or a female facility will be made by TDOC prior to the inmate's arrival at a CoreCivic facility in accordance with TDOC Policy 113.37 Clinical Services Intervention for Gender Dysphoria. The Warden shall consult with TDOC, the CoreCivic Managing Director, and the CoreCivic FSC PREA Coordinator in the event there are concerns with a placement.

b. In deciding whether to house a transgender/intersex inmate in a male or female unit, pod, cell, or dormitory within the facility subsequent to arrival, or, when making other housing and programming assignments for such inmates, the facility shall consider whether the placement would ensure the inmate's health and safety and whether the placement would present management or security problems."

The facility utilizes the TDOC PREA Housing and Programs Review form. This form covers an inmate's own perception of vulnerability, privacy concerns in regards to showers, security related issues, medical/mental health, PREA risk assessments, housing, work status, education, and programs, and is signed by the Security Director, Classification Supervisor, Medical, Mental Health, Facility Commander, and Programs Director.

The facility PCM explained that housing decisions regarding the gender of the facility will be decided by TDOC prior to being assigned to SCCC. If an inmate has been placed at SCCC, it has been determined that they will be housed in a primarily male facility. The committee will review that placement, as needed or requested.

The auditor interviewed five transgender inmates at the facility. The facility indicated that there were no intersex inmates who were at the facility at the time of the site review. All five inmates said they were able to let staff know about safety issues they were having. Some had complaints about the process, but the majority felt safe at

the facility.

The facility holds monthly meetings that all transgender and intersex inmates can participate in voluntarily, provides an opportunity for them to discuss any housing and programmatic concerns they may have with the facility administration. The auditor participated in one meeting, and the staff were very open and willing to address any concerns that were brought forward. It is the auditor's opinion; these monthly meetings are a best practice.

115.42 (d) The Tennessee Department of Corrections 113.37 Gender Accommodation policy specifically states that placement and programming assignments for each transgender or intersex inmate shall be reassessed at least every six months (twice each year) to review any threats to safety experienced by the inmate.

The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "Placement and programming assignments for each transgender or intersex inmate shall be reassessed every six months to review whether any threats to safety were experienced by the inmate. This review shall be documented on the CR-4086 PREA Housing and Programs Review."

Interviews with inmates who identify as transgender confirmed that they were met with on a routine basis to discuss any concerns they may have, and believed their own views with respect to their own safety are given serious consideration. All transgender inmates the auditor interviewed felt safe in their current housing situation.

The facility reported this should be completed once every six months; however, there was an oversight, and it had not been completed, as required. The auditor was provided with documentation that verified they had not been completed biannually, as required. The facility entered into a corrective action period, in which the auditor monitored compliance with this provision. The facility identified the issue, and the staff who are responsible for completing this now understand the requirements.

During corrective action, the appropriate reviews were completed for every transgender and intersex inmate. The facility reports the next review is due in 8/2025.

The auditor was able to sit in on a meeting that was scheduled monthly with inmates who identify as transgender or intersex. This meeting takes place with medical,

mental health, and management staff monthly, with an open invitation to any transgender or intersex inmate who would like to attend. This meeting allows these inmates to discuss anything they would like, including safety and privacy concerns, or concerns with staff or inmates who are disrespectful. They would have the opportunity to discuss search concerns at this time as well. The auditor was impressed with the open communication and how willing staff were to address these issues at the lowest possible level when they could. It was also explained to the auditor by transgender inmates that they have developed a community within this population that allows inmates to work with staff to keep those who belong to this community safe. The auditor believes this is a best practice that allows open communication on the needs or concerns any transgender or intersex inmates may have.

The facility entered a corrective action in which the auditor monitored compliance with this provision and ensured that biannual reviews are appropriately documented.

115.42 (e) The Tennessee Department of Corrections PREA Housing and Programs Review Form states, "The inmate's view with respect to his/her overall safety shall be given serious consideration when determining placement." It then asks the inmate to describe their own perception of vulnerability and privacy concerns with regard to showering.

The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "Inmates identified as transgender shall be rescreened every six (6) months by the assigned case manager counselor to review any threats to safety experienced by the inmate".

While attending the monthly meeting during the onsite, the auditor was able to observe staff ask each inmate if they had safety concerns. There were inmates who brought up concerns, which were immediately addressed. When speaking with inmates who are transgender, each said they felt like they could go to staff with safety concerns and provided the auditor with examples of when they had done that, and felt their concerns were heard and addressed.

115.42 (f) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

The degree of separation required is dependent on the layout of the facility and may

be accomplished either through physical separation (e.g., separate shower stalls) or by timephasing or scheduling (e.g., allowing an inmate to shower before or after others).

The number of separate showers per day and the time of day for showering separately may be limited due to the facility's physical plant and/or institutional needs.

Staff shall use discretion in determining whether to grant requests to shower separately made by newly arrived inmates who have not been identified as Transgender or Intersex or have this review pending.

AT THIS FACILITY, TRANSGENDER AND/OR INTERSEX INMATES ARE PROVIDED THE OPPORTUNITY TO SHOWER SEPARATELY AS FOLLOWS:

ALL TRANSGENDER AND INTERSEX INMATES WILL BE AFFORDED SHOWERS DURING FACILITY COUNT TIMES, WHEN ALL INMATES ARE SECURED IN THE CELLS. THIS WILL BE DOCUMENTED IN THE UNTIL LOGBOOK WHERE THE INMATE IS HOUSED."

CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities states, "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates/detainees. Facilities should adopt procedures that will afford transgender and intersex inmates the opportunity to disrobe, shower, and dress apart from other inmates."

The staff who conducted PREA risk screenings were also aware of this requirement.

All five transgender inmates who were interviewed said that they had the opportunity to shower separately.

During the site review, the auditor observed all areas where transgender and intersex inmates shower. Even though it is a private shower area, all transgender and intersex inmates are provided a separate shower time during count. This allows them to have additional privacy.

	The facility has an open invitation for all transgender and intersex inmates to meet with the facility administration once month. The auditor attended a meeting in which shower issues were specifically discussed. 115.42 (g) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "The establishment of a unit, pod or wing solely dedicated to the housing of LGBTI and/or Gender Non-Conforming inmates is strictly prohibited unless required by consent decree, court order or other comparable legal authority." The auditor was told the facility is not subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. There was no indication in interviews with staff, inmates, or during the site review observations that this had been done in the past. The inmates who were interviewed were spread out in different units in the facility. Corrective Action and Conclusion: The facility entered into a corrective action period, with provision (a), to ensure it is documented that staff are reviewing an inmate's PREA designator when doing work, education, and program assignments. The auditor monitored compliance throughout the corrective action period by reviewing these assignments monthly. The auditor was able to determine that this provision had been institutionalized. Staff who do work, program, and education assignments clearly label that PREA has been considered. The facility entered into a corrective action period with provision (d), which states that placement and program assignments for each transgender or intersex inmate shall be reassessed at least twice a year to review any threats to safety by the inmate. The auditor monitored compliance throughout the corrective action period. The facility completed the review for every transgender or intersex inmate housed at the facility during the corrective action period on the appropriate form and is now aware that this needs to be completed once every six months. The auditor has determined at the end of the corrective action period that the facility is in substantial compliance with every provision of this standard.
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115.43	Protective Custody
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documentation Reviewed:

- CoreCivic Policy 14-100 Sexual Abuse Prevention and Response

Interviews Conducted:

- Warden
- Staff Who Supervise Inmates in Segregation
- Random Inmates
- Inmates Who Have Alleged Sexual Abuse
- Lesbian, Gay, Bisexual, Transgender, and Intersex Inmates

115.43 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Inmates at high risk for sexual victimization shall not be placed in involuntary restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary restrictive housing for less than 24 hours while completing the assessment.”

The facility said they have had no inmates who were at high risk for sexual victimization placed in involuntary segregated housing in the past twelve months.

The auditor interviewed inmates, including those who were at high risk of victimization, and none reported being placed in segregated housing solely for this purpose. There were no indications in any documents reviewed, or onsite observations that this had occurred.

The staff who supervised segregated housing were not aware of any inmates who had been placed there for high risk of victimization. Staff reported this would only be done as a last resort.

The warden was aware that inmates who were at high risk of victimization should not be placed in segregated housing.

115.43 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states "Inmates placed in restrictive housing pursuant to section I.8. above shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility shall document the following: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) the reasons for such limitations".

Since no inmates had been placed in segregated housing for risk of victimization, there had been no examples for this auditor to review to ensure compliance.

Staff who supervise inmates in segregated housing were aware of this requirement and said they would be provided access to the required programs, privileges, education, and work opportunities; however, they were not aware of a time when they segregated someone at risk for victimization.

115.43 (c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "Restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days".

The facility said there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days. The auditor did not find any indication that this had occurred; therefore, there were no examples to review. Staff who supervise inmates in segregated housing were aware of this requirement and said that if an inmate were placed in segregation, they would be moved as soon as possible to another, less restrictive housing assignment.

The auditor discussed this with the warden, and he was aware of the requirements in this provision.

115.43 (d) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states "If involuntary restrictive housing is warranted as outlined above the documentation of such action shall clearly specify a basis for the facility's concern for the inmates

	safety and the reason (s) why no alternative means of separation can be arranged”. The auditor discussed this with the warden, and he was aware of the requirements in this provision; however, there was no indication that this had been done. 115.43 (e) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “Every 30 days, a review of each inmate’s status will be conducted to determine whether there is a continuing need for separation from the general population”. The staff who supervised inmates in segregated housing understood this requirement and said there had not been a time that this occurred. The auditor discussed this with the warden, and he was aware of the requirements in this provision. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-100 Sexual Abuse Prevention and Response · PREA Poster for Inmates · PREA Poster for Staff · Memorandum of Understanding with Clifton Police Department · PREA Poster for Inmates · Memorandum Regarding PREA Reporting · Inmate Handbook

Interviews Conducted:

- PREA Compliance Manager
- Random Staff
- Random Inmate
- Chief of Police for Clifton Police Department

115.51 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states:

“Inmate Reporting

a. Inmates shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other inmates or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

b. Inmates who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: (5-ACI-3D-15; 4-ALDF-4D-22-7)

i. Verbally reporting to any employee, including the facility Chaplain:

ii. Submitting a request to meet with Medical or Mental Health staff and/or reporting to medical staff during sick call:

iii. Calling the facility 24-hour toll-free notification telephone number;

iv. Forwarding a letter, sealed and marked “confidential”, to the Warden/Facility Administrator or any other employee;

v. Calling or writing someone outside the facility who can notify facility staff;

vi. Contacting the facility PREA Compliance Manager; and

vii. Electronically reporting allegations of sexual abuse and harassment utilizing facility-provided Tablets or e-mail (where available).”

The facility provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities

that may have contributed to the abuse.

A memorandum was provided to the auditor, that was dated 8/29/2024 from PCM Moon to the inmate population, that explained various ways inmates can report sexual abuse or sexual harassment and access emotional support services. The facility posts this memorandum on the inmate housing units bulletin boards, which the auditor was able to observe onsite.

The auditor viewed several posters throughout the facility that provided reporting information for inmates at this facility. There were posters in several locations providing reporting information, including in housing units, visiting rooms, classrooms, program areas, etc.

The auditor tested the inmates' phone systems and left a "test" message on the PREA hotline. The PREA hotline does not require the use of an inmate PIN, allowing those who are reporting to remain anonymous. Once contacted, the information is immediately forwarded to supervisors to ensure someone can interview the inmate and/or follow up with the investigation. The PCM was able to immediately forward the information for the test call to the auditor for review.

Almost all inmates interviewed were able to recite the several ways they could report sexual abuse and sexual harassment. Many inmates also said they would feel comfortable talking to a staff person if they had an issue.

Staff who were interviewed by the auditor were well-versed in the various reporting options for inmates.

115.51 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states "Each facility shall provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of CoreCivic or TDOC and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to facility officials, allowing the inmate to remain anonymous upon request. Rape Crisis Centers shall not be utilized or listed as an agency for the purposes of reporting sexual abuse and sexual harassment. The mailing address and/or phone number of the entity shall be posted in all housing units and shall be included in the written inmate education material."

The Inmate Handbook also said, "To make a report (including an anonymous report) to an agency outside of CoreCivic and the Tennessee Department of Corrections, write to:

Clifton Police Department

142 Main St.

Clifton, TN 38425"

A memorandum of understanding with the Clifton Police Department states, "The Police Department agrees to receive and forward written communication alleging sexual abuse and sexual harassment from inmates to the facility Warden and/or Investigator and when permitted by law, allow the inmate reporter to remain anonymous by request. Said notifications shall either be made by e-mail or telephone to the Warden or investigator within two (2) business days."

There were no inmates and staff who volunteered this as a reporting option; however, it appears the MOU was recently signed on 11/12/2024. Although this information was posted throughout the housing units and other areas on posters, the auditor recommends continuing to seek ways to educate inmates on their anonymous reporting option.

The auditor contacted the Chief of Police for Clifton PD, who said they would comply with the requirements of this provision. He said that if an inmate wanted to remain anonymous, they would honor that request. He also said he has not had any inmates report a PREA incident to them yet.

The facility reports that they do not house inmates solely for civil immigration purposes. The auditor was not able to find any indication that they had housed inmates for this purpose in the past.

115.51 (c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "Employees /contractors must take all allegations of sexual abuse seriously, including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports".

During staff interviews, they were all able to say they would accept reports made verbally, in writing, anonymously, and from third parties, and would document any

verbal reports immediately. In reviewing the allegations the facility provided as documentation, there were a variety of ways that inmates reported the information, and each time, regardless of the way, it was immediately investigated, and first responders documented reports the same day.

115.51 (d) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "CoreCivic employees, contractors, volunteers, and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line at 1-866-757-4448 or through www.CoreCivic.ethicspoint.com".

The facility reported in the PAQ that staff are informed of their options to privately report sexual abuse and sexual harassment allegations through the Code of Conduct Training Class. The auditor requested and received a copy of the Code of Conduct Training, which clearly states that staff can report to the Ethics line or on the ethics website if they do not feel comfortable or if it is impractical. The training also states they can report to Human Resources and FSC Legal.

A PREA poster that is for staff was provided to the auditor. It explains that staff must immediately report allegations of sexual abuse and sexual harassment by immediately telling their supervisor, contacting the shift supervisor, ethics liaison, or ethics line by phone or website. The auditor was able to see the poster was posted in staff-only areas, such as staff breakrooms.

The auditor observed the Ethics posters throughout the facilities during the site review in various locations, including staff breakrooms and bulletin boards.

Some staff knew they could contact the Ethics line if they wanted to privately or anonymously report to someone outside of the institution; however, many staff said they would feel comfortable reporting to a supervisor.

The auditor contacted the phone number for the Ethics line that was listed on the posters throughout the facility. The message said if it was a new allegation, the person calling needed to contact another phone number. The auditor contacted the new phone number and was able to contact an operator. The operator asked the auditor a series of questions, including whether the auditor wanted to remain anonymous. The operator explained that if the auditor wanted to remain anonymous, there was a way to log into a website and communicate confidentially with an

	investigator without having to give out their name or contact information. After providing all the information, the auditor received an email with login information. By the next day, the auditor had received a message from the Director of Ethics and Compliance at CoreCivic. He said that if it were not a “test” report, he would forward the allegation to the warden and the PREA team from the Facility Support Center. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · Tennessee Department of Corrections Policy 501.01 Inmate Grievance Procedures · CoreCivic Policy 14-100 Sexual Abuse Prevention and Response Interviews Conducted: · PREA Compliance Manager · Grievance Coordinator 115.52 (a) The facility reports they do have administrative procedures for dealing with inmate grievances regarding sexual abuse. The Tennessee Department of Corrections Policy 501.01 Inmate Grievance Procedures states “ An inmate may submit a grievance of sexual abuse at any time. The CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “CoreCivic facilities do not maintain administrative procedures to address inmate grievances regarding sexual abuse. Allegations of sexual abuse and/or sexual harassment are processed outside of the facility's inmate grievance process

i. Should a report of sexual abuse or sexual harassment be submitted and received as an inmate grievance, it will immediately be referred to the facility Investigator, Administrative Duty Officer, and/or PREA Compliance Manager for investigation and reporting in accordance with this policy.

ii. All inmate grievances alleging sexual abuse and sexual harassment shall be reported as PREA Incidents in the in the 5-1 IRD.”

The auditor spoke with the Grievance Coordinator at the facility, who verified that they would accept grievances regarding sexual abuse. The Grievance Coordinator said she was not aware of any time when she had received such a grievance, and the auditor verified through reviewing a log of all the grievances over the past 12 months that there were no grievances relating to sexual abuse.

115.52 (b) The Tennessee Department of Corrections Policy 501.01 Inmate Grievance Procedures 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.

The auditor spoke with the Grievance Coordinator at the facility, who verified that they would not apply time limits to sexual abuse grievances, or require an inmate to use an informal grievance process, or otherwise attempt to resolve with staff. She understood that nothing in this section shall restrict the ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.

115.52 (c) The Tennessee Department of Corrections Policy 501.01 Inmate Grievance Procedures states “ 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.”

The Grievance Coordinator was aware of this requirement, even though she was not able to provide examples for the auditor to review since there had been no grievances related to sexual abuse.

115.52 (d) The Tennessee Department of Corrections Policy 501.01 Inmate Grievance Procedures 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 (AWT) or Deputy Superintendent (DS) within 90 days of the initial filing of the grievance.

Computation of the 90-day time period shall not include time used by inmates in preparing the grievance. TDOC may claim an extension of time to respond, up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The inmate shall be notified in writing by the AWT/DS of any such extension and be provided a date by which a decision will be made. At any level of the grievance, including the final level, if the inmate does not receive a response within the time allotted to reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level. (See subsection (5) below regarding emergency PREA grievances)."

The Grievance Coordinator was aware of this requirement, even though she was not able to provide examples for the auditor to review since there had been no grievances related to sexual abuse.

115.52 (e) The Tennessee Department of Corrections Policy 501.01 Inmate Grievance Procedures states "Third parties (including fellow inmates, staff members, family members, attorneys, and outside advocates) shall be permitted to assist inmates in filing grievances related to allegations of sexual abuse and shall also be permitted to file such requests on behalf of inmates.

If a third party files such a request on behalf of an inmate, the inmate shall agree to have the grievance filed on their behalf and document such on the Inmate Grievance, CR-1394. The inmate shall be required to personally pursue any subsequent steps in the grievance process. If the inmate declines to have the request processed on his/ her behalf, the inmate's decision shall be documented on the original Inmate Grievance, CR-1394, and signed by the inmate."

The Grievance Coordinator was aware of this requirement, even though she was not able to provide examples for the auditor to review since there had been no grievances related to sexual abuse.

115.52 (f) The Tennessee Department of Corrections Policy 501.01 Inmate Grievance Procedures states "After receiving an emergency grievance alleging that an inmate is subject to substantial risk of imminent sexual abuse, the grievance chairperson shall immediately forward the grievance (or any portion thereof that alleges substantial risk of imminent sexual abuse) to the AWT/DS so that any required immediate corrective action may be taken. The grievance chairperson shall provide an initial response within 48 hours and shall issue a final decision within five calendar days.

	The initial response and final decision provided within the PREA Allegation System (PAS) 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. Timeframes in (3) above still apply after any immediate corrective action has been implemented.” The Grievance Coordinator was aware of this requirement, even though she was not able to provide examples for the auditor to review since there had been no grievances related to sexual abuse. 115.52 (g) The Tennessee Department of Corrections Policy 501.01 Inmate Grievance Procedures states, “The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.” The Grievance Coordinator was aware of this requirement, and the auditor did not find any indication that an inmate had been disciplined for filing a grievance related to sexual abuse. Conclusion: The auditor has determined the facility is in full compliance with every provision of this standard.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: - CoreCivic Policy 14-100 Sexual Abuse Prevention and Response - MOU with Wo/Men’s Resource and Rape Assistance Program (WRAP) - Inmate PREA Handbook

- PREA Hotline Posting
- The CoreCivic Form 14-2C Sexual Abuse Incident Check Sheet
- Memorandum to the Inmate Population
- Memorandum to the Mailroom Staff

Interviews Conducted:

- PREA Compliance Manager
- Random Staff
- Random Inmates
- WRAP Representative
- Just Detention International Representative
- Mailroom Staff

115.53 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Inmates shall have access to outside victim advocates for emotional support services related to sexual abuse by being provided with mailing addresses and telephone numbers, including toll -free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Mailing addresses and phone numbers shall be posted in all housing units and shall be included in written inmate education material.

4. Reasonable communication between inmates and the posted numbers for emotional support or advocacy services shall be permitted in as confidential manner as possible. The facility shall post the extent to which such communication will be monitored and/or recorded.

5. The facility shall have a process in place to ensure that written correspondence between inmates and agencies offering victim advocacy services may remain confidential. Inmate correspondence to and from a rape crisis center maintaining an MOU with the facility shall be processed as legal mail.”

A PREA Hotline Posting that includes directions on how inmates can contact WRAP was provided to the auditor, and the auditor was able to observe these postings

throughout the facility during the site review. The posters provide toll-free hotline numbers and addresses.

The auditor was provided the MOU with WRAP that was signed in February 2024. The MOU includes an agreement to assist the facility in fulfilling certain requirements in the PREA standards, such as 115.21 and 115.53. It states that the facility will provide inmates with access to emotional support services through WRAP by providing them/ posting with information, addresses, and telephone numbers. WRAP agrees to provide crisis and support line for counselors for immediate crisis intervention, referral, and education for inmates who have recently experienced sexual abuse or sexual harassment or who are currently in crisis from past sexual abuse.

A memorandum to the inmate population was posted throughout each housing unit that explains the inmates may contact emotional support services TSSAC, at *9555. The memorandum clarifies that this is not a reporting mechanism, but a line for emotional support services only. Additionally, it states that inmates may also write to: WRAP, 512 Roland Ave., Jackson, TN. 38301.

The facility provided the auditor with a copy of the inmate handbook in support of this standard, which states, "If you have been the victim of sexual abuse inside or outside of prison, the facility has a number available for you to call and obtain emotional support. Trained counselors will speak with you and provide counseling and/or crisis intervention. The WOMEN'S Response and Rape Assistance Program (WRAP) is an outside agency that provides this service. Calls to this number will be confidential and will not be monitored or recorded.

1. Pick up the handset
2. Press 1 for English/2 for Spanish
3. When prompted, enter your PIN number
4. When prompted to enter the destination number, dial *9555

You may also write to:

WRAP

512 Roland Avenue

Jackson, TN 38301

The WRAP number is not a number to report an incident of sexual abuse. It is for emotional support services. In accordance with mandatory reporting laws, WRAP will not forward reports back to the facility for investigation unless you threaten to cause

harm to yourself or others, threaten the safety of the public, or report any child/ vulnerable adult abuse information. You should discuss with the person taking the call if you have a concern.”

The CoreCivic Form 14-2C Sexual Abuse Incident Check Sheet included information regarding the victim requesting a victim advocate, and when requested, the victim advocate is made available. This ensures that emotional support services from an advocate are made available. The auditor reviewed several investigative files that showed an advocate was offered and made available when requested.

The auditor emailed a representative from Just Detention International, an international health and human rights organization that seeks to end sexual abuse in all forms of detention. The representative notified the auditor that he had reviewed their database, and it did not indicate they had received any information regarding the facility in the past twelve months.

The auditor communicated with a WRAP Representative, who did not believe they had an agreement with the facility to provide services. She indicated that she was unaware of an MOU; however, the facility provided the auditor with a signed copy of an MOU that was signed in February 2024. After further discussions between the PREA Coordinator and WRAP, it was determined that the representative from WRAP had begun working there in August 2024 and was unable to locate the MOU.

The auditor tested the phone line to the victim advocacy center while conducting the site review of the facility. The phone worked, and a representative answered and was able to verify they provide services via hotline whenever an inmates contacts them. The facility has explained that all calls are originally routed to TSSAC, which then explains services that can be offered, and then forwards the calls to WRAP upon request from the inmate.

115.53 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “Inmates shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

a. Consistent with applicable laws and emotional support service provider policy, information shall be reported to the facility without the inmate’s consent, in the event that the inmate (1) threatens suicide or to commit other harm to self ; (2) threatens

to harm another person; (3) shares with the community agency information that relates to abuse or neglect of a child or vulnerable adult; or (4) threatens the security of the facility or to escape.

b. If confidential information must be disclosed, facility staff will not share any information

beyond what is necessary to address the immediate safety concern or to otherwise comply with applicable law.”

The auditor was able to verify through interviews that inmates are informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

A memorandum to inmates is posted in all housing units, which explains that communications with advocacy centers for emotional support are not recorded or monitored.

If confidential information must be disclosed, facility staff will not share any information beyond what is necessary to address the immediate safety concern or to otherwise comply with applicable law”.

WRAP states its confidentiality policy is to keep information confidential, except when a legal exception exists, such as an actual or suspected abuse or neglect of a child or vulnerable adult, imminent threat of harm to self or others, following a court order, or when given written permission by the inmate to release the information. The MOU specifically states that WRAP agrees to provide inmates with information on the extent to which communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The CoreCivic PREA pamphlet states “Calls made to community agency/rape crisis center PREA Hotline numbers are not monitored or recorded. Information that you provide to community agencies concerning an allegation of sexual abuse will remain confidential, as required by law. There are, however, certain situations and conditions under which staff from those agencies/services are required to report. These may include, but are not limited to, situations where you may cause harm to yourself or others; any threats made to the safety and security of the facility and/or public; and any information that relates to abuse or neglect of a child or vulnerable adult. If

	confidential information must be disclosed, information will not be shared beyond what is necessary to address the immediate safety concern or to otherwise comply with applicable law. If you are concerned about the extent to which community agencies forward reports of sexual abuse to law enforcement or the facility, you should discuss this with that agency when you place the call.” The auditor asked the facility's PREA Compliance Manager if the mail to and from WRAP was confidential and treated as legal mail. In response, the facility put out directions to all staff working in the mailroom that any mail to and from WRAP will be treated as legal mail. A memorandum that said, “All mail coming in or going out of the facility from any Advocacy center (Wrap, Center of Hope, Avalon) is to be treated as legal mail.” This was posted in the mailroom, which the auditor verified when onsite, on November 20, 2024. 115.53 (c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “CoreCivic shall maintain, or attempt to enter into, Memorandums of Understanding (MOU) or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. The facility provided the auditor with a signed MOU with WRAP to provide inmates with confidential emotional support services related to sexual abuse. The auditor discussed the MOU with the representative from WRAP, and she was unaware of the MOU; however, she had just started working there in August. The PREA Coordinator was able to communicate with WRAP, and they are now aware of the MOU. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard. Although a representative from WRAP was unaware of the MOU, it appeared to be an oversight due to position turnover at WRAP, and they are now aware and able to provide services. Additionally, the facility reports it can also work with other advocacy centers if needed, if, for some reason, WRAP is unavailable.
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documentation Reviewed:

- CoreCivic Policy 14-100 Sexual Abuse Prevention and Response
- Ethics Poster
- Website Information for CoreCivic
- PREA Investigations

Interviews Conducted:

- PREA Coordinator
- PREA Compliance Manager
- Random Staff
- Random Inmates

115.54 CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “CoreCivic employees, contractors, volunteers, and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line at 1-800-461-9330 or by email corecivic.com/ethicsline.”

It also states “Third-party reporting information is posted on the facility page on the CoreCivic website: corecivic.com”

The website states “Third Party Reporting Method(s):

CALL:

South Central Correctional Facility 931-676-5372

Tennessee Department of Corrections (TDOC) PREA Tip Line: 615-253-8178

Call the CoreCivic Ethics and Compliance Hotline: 1-800-461-9330, or
www.corecivic.ethicsline

WRITE:

Tennessee Department of Corrections

320 Sixth Ave North,

Nashville, TN 37243-0465

Warden's Office,

South Central Correctional Center

PO BOX 279

Clifton, TN 38425"

The auditor tested the ethics website to ensure that this reporting option was working correctly. The auditor found that the online form was easy to complete and even had the option to create a password and check the status of the report. It also allows you to report anonymously if you should choose to do so. The auditor received an email response from the Director of Ethics and Compliance the same day, that notified her that the report had been received. The email was addressed to the warden, facility investigator, and PCM at the facility, and copied to the PREA Coordinator. The Director of Ethics and Compliance noted that if the auditor was making an actual report, their office would send the reporting party an email or call to acknowledge the receipt of the report and advise that the report had been escalated to the appropriate leaders at the facility for investigation/review, however for purposes of the audit, the auditor was copied on that email.

The auditor sent a letter to the Tennessee Department of Corrections, as noted as a reporting option on the website. The TDOC PREA Coordinator emailed the auditor and said there was a delay in receiving the letter because it was not addressed to the PREA Office." The auditor contacted the CoreCivic PREA Coordinator and asked that the website be updated to include ensuring it says "ATTN PREA". This was completed, and the auditor verified completion through reviewing the website.

The auditor sent a letter to the Warden's Office, as indicated on the website. The facility PCM verified the letter was received and said they processed it as an actual report, by notification to the shift captain, the PCM, and the investigator as soon as the letter was received in the mailroom.

During the site tour, the auditor was able to see third-party reporting information available on inmate bulletin boards. During random interviews with inmates and staff, most said they could have a friend or family member report on their behalf.

The auditor reviewed 11 out of the 23 PREA investigations that were conducted in the twelve months preceding the audit. The auditor was able to verify that any

	allegation that was reported by a third party was immediately investigated. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-100 Sexual Abuse Prevention and Response · Tennessee Statute for Mandatory Reporting for Minors · Tennessee Statute for Mandatory Reporting for Vulnerable Adults · PREA Investigations · PREA Investigations Log Interviews Conducted: · PREA Compliance Manager · Warden · Investigators · Random Staff · Medical Staff · Mental Health Staff · Inmates who have Reported Sexual Abuse 115.61 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “In accordance with this policy, employees/contractors are required to report

immediately any knowledge, suspicion, or information regarding, an incident of sexual abuse or sexual harassment that has occurred in any facility (including a facility that is not part of CoreCivic).”

All facility staff understood they were to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. Staff were able to clearly describe the process for reporting and understood their responsibilities.

The agency and facility leadership that was interviewed understood that every allegation must be reported and investigated.

When reviewing the sexual abuse and sexual harassment investigations in the past twelve months, each allegation appeared to be immediately reported and investigated.

The auditor reviewed incident reports and the PREA Investigator Log for allegations and then reviewed 11 out of the 23 investigations in the 12 months preceding the audit. These investigations verified that employees immediately reported any knowledge, suspicion, or information regarding sexual abuse and sexual harassment.

The auditor interviewed 5 inmates who had reported sexual abuse. Each inmate who was interviewed said that all staff immediately responded to their allegation.

115.61 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Apart from reporting to designated supervisors or officials, employees/contractors shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions.”

Staff interviewed all understood that PREA information needed to be as confidential as possible, and many were able to talk about who may or may not be someone who needs to know to make treatment, investigation, or other security and management decisions.

There was no indication during the audit that PREA information had been inappropriately disclosed.

115.61 (c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "Unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined in this policy. At the initiation of providing medical care, both medical and mental health professionals will inform inmates of their professional duty to report and the limitations of confidentiality."

Medical and Mental Health staff interviewed all said that they would inform inmates of their professional duty to report and the limitations of confidentiality in the initiation of services.

115.61 (d) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states "If the alleged victim is under the age of 18 or is considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the investigating entity responsible for criminal investigations and the contracting agency under applicable mandatory reporting laws."

All CoreCivic staff are mandatory reporters. They were able to articulate that they would need to disclose allegations to the appropriate entity when allegations of abuse were made against a minor or a vulnerable adult. Most staff were not sure who the reporting entity is; however, they would report the information according to their protocols.

The auditor reviewed the Mandatory Reporting Statute for Vulnerable Adults and Minors. It defines a vulnerable adult as an individual who is eighteen years of age or older and who is unable to protect themselves due to physical or cognitive impairment, including diminished capability.

The facility self-reported that they did not have any allegations that met the mandatory reporting requirements during the previous twelve months before the audit. The auditor was not able to locate any allegations that would qualify as child or vulnerable adult abuse.

Most staff who were interviewed understood mandatory reporting requirements.

	115.61 (e) The facility reported that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are made to the facility's designated investigators. The auditor reviewed 11 of the 23 investigations that the facility had in the twelve months preceding the audit and verified that this was always done. The facility interviewed two administrative investigators who are at the facility. They explained that once a PREA allegation is made, regardless of how the information is provided, it is reported to the facility's investigators. Interviews with random staff verified that the majority understood who the facility investigators were; however, one of the investigators was only at the facility for a limited duration due to a current vacancy. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: - CoreCivic Policy 14-100 Sexual Abuse Prevention and Response - CoreCivic First Responder Cards - Investigation Packets - Memorandum Regarding PREA Standard 115.62 Interviews Conducted: - Agency Head/Designee

- Warden
- Random Staff

115.62 CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “When it is learned that an inmate is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate.”

A copy of the CoreCivic first responder cards were provided to the auditor, that gives clear directions on first responder duties, including separation of the victim and abuser, evidence preservation, and critical notification. Interviews with staff at the facility indicated each one had a first responder card in their possession.

A memorandum regarding this standard was provided to the auditor, which states that South Central Correctional Facility has not had a case where staff would have the ability to report/respond to a substantial risk of imminent sexual abuse. The facility reports that in the twelve months preceding the audit, there have been no instances that they determined an inmate was subject to substantial risk of imminent sexual abuse.

The Pre-Audit Questionnaire also said the facility had not had any incidents where an inmate was subject to substantial risk of imminent sexual abuse.

Interviews with the Agency Head Designee, Warden, and Random staff all verified a good understanding of immediate actions that should be taken when it is learned that an inmate is subject to a substantial risk of imminent sexual abuse. All said immediate action would be taken to protect the inmate, including separation from the alleged perpetrator.

The auditor selected and reviewed a sampling of investigations, that included 11 of the 23 investigations from the 12 months preceding the audit. In every investigation, immediate action was taken to protect the alleged victim. This included immediate separation, medical evaluation, and referral for investigation.

Conclusion:

	The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-100 Sexual Abuse Prevention and Response · CoreCivic Form 5-1 Incident Reports Interviews Conducted: · Agency Head/Designee · Warden 115.63 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Upon receiving an allegation that a current inmate had been sexually abused while confined at another facility (e.g. state, federal, local, or another private operator) the following actions shall be taken: The Warden/Facility Administrator of the facility that received the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place. A copy of the statement of the inmate shall be forwarded to the appropriate official at the location where the incident was reported to have occurred.” During the interview, the Agency Head and Warden was aware of the requirement to report this information. The facility reported that in the 12 months preceding the audit, there was one time that the facility received an inmate who alleged they were sexually abused at another

facility.

The facility was unable to provide proof documentation that this was completed, in accordance with the requirement of this standard. The facility entered a corrective action period, in which the auditor would monitor compliance with this standard.

115.63 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states such reports should happen as soon as possible, but no later than 72 hours after receiving the allegation.

The facility reports that if a staff is notified that an inmate has been sexually abused at another facility, the staff notifies the shift supervisor, who is able to ensure this is appropriately forwarded.

The facility was unable to provide proof documentation that the only confinement notification was completed within 72 hours. The facility entered a corrective action period, in which the auditor would monitor compliance with this standard.

115.63 (c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states "The facility shall document that it has provided such notification through the 5-1B Notice to Administration."

The facility was unable to provide proof documentation that this was completed, in accordance with the requirement of this standard. The facility entered a corrective action period, in which the auditor would monitor compliance with this standard.

115.63 (d) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states "Upon receiving notification from another facility that an incident/allegation of sexual abuse had occurred while the inmate was previously confined at the facility, the following actions shall be taken.

The facility shall record the name of the agency making the notification and any information (names, dates, times) that may assist in determining whether an investigation was conducted. An inmate statement should be requested.

	If the allegation was reported and investigated in accordance with CoreCivic Policy and/or referred for criminal investigation if appropriate, the facility shall document the allegation, the name and title of the person reporting the information, and that the allegation has already been addressed. Under these circumstances, further investigation and notification need not occur. iii. If the allegation was not reported and/or not investigated, facility staff shall initiate reporting and investigation procedures in accordance with this policy. The Incident shall be reported through the 5-1 IRD.” The facility reported that during the twelve months preceding the audit, there were no allegations that had been received by another facility. The auditor reviewed 11 investigative files, and none indicated that they were received by another facility. The Agency Head and Warden were aware of this requirement and said these types of allegations would be investigated. Corrective Action and Conclusion: The facility entered into a corrective action period, in which it was required they track and document any confinement notifications, as required by this standard. The auditor was told by the facility that they had not received any such notifications from the facility; however, they understood the requirement if they should. Since there were no confinement notifications needed within the 180 corrective action timeframe, there were no examples for the auditor to review. The auditor now finds the facility is in compliance with every provision of this standard.
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: • CoreCivic Policy 14-100 Sexual Abuse Prevention and Response • CoreCivic Form 14-2C Sexual Abuse Incident Check Sheet • First Responder Duties Card • CoreCivic Form 5-1A Incident Report

Interviews Conducted:

- Staff Who Have Acted As a First Responder
- Random Staff
- Inmates Who Have Reported Sexual Abuse

115.64 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Upon learning of sexual abuse, or an allegation of sexual abuse, the first security responder is required to complete the following:

Separate the alleged victim from the alleged abuser. When the alleged abuser is an inmate, he/she shall be secured in a single cell (if available) to facilitate the collection of evidence if required;

Preserve and protect the crime scene until appropriate steps can be taken to collect evidence of the crime scene and any investigation;

Ensure that the alleged victim is taken to the facility's Health Services Department, and notify the highest supervisory authority on-site.”

CoreCivic Policy 14-100 Sexual Abuse Prevention and Response also states “Following notification from first responders, the highest supervisory authority on-site shall ensure that the ADO, the PREA Compliance Manager, and Warden/Facility Administrator are immediately notified of the incident.

While in the Health Services Department, and if the abuse occurred within a time that allows for the collection of physical evidence, responding staff shall, to the best of their ability, request that the victim does not take any actions that could destroy physical evidence. This would include, as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating, or brushing his/her teeth.

If the abuse occurred within a time that allows for the collection of physical evidence and when the alleged abuser is an inmate, staff shall ensure that the alleged abuser

does not take any actions that could destroy physical evidence. This would include, as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating, or brushing his/her teeth".

The auditor interviewed three staff who had been first responders and several who had not. The first responder questions were asked of all staff, not just the ones who had been first responders. Most staff were able to discuss the steps that needed to be taken after an allegation of sexual abuse and their first responder duties.

A copy of the First Responder Duties Card was provided to the auditor. This card outlines first responder duties to include:

"Separate the alleged victim and abuser (ordinarily, the victim should not be placed in segregation/restrictive housing)

Preserve and protect the crime scene until steps can be taken to collect evidence.

If the abuse occurred within a time period that still allows for physical evidence, request that the alleged victim not take any actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating)

Ensure the alleged abuser does not take any of the above actions that could destroy physical evidence.

Immediately notify your supervisor and medical and mental health practitioners

Confidentiality must be maintained, apart from reporting to designated supervisors or officials."

The CoreCivic Form 14-2C Sexual Abuse Incident Check Sheet was provided to the auditor, which carefully outlines the protocol for responding to allegations of sexual abuse, including a check-off list that outlines each step that must be taken.

The facility reported that in the 12 months preceding the audit, there were 11 allegations of sexual abuse, and in those eleven allegations, all eleven times the first security staff member separated the alleged victim from the abuser. It was reported that out of the 11 allegations, there were 11 that allowed for the collection of physical evidence. In reviewing the investigative log, it was determined that there were actually 21 allegations of sexual abuse, with 11 allegations that allowed for the collection of physical evidence.

	The auditor reviewed several completed CoreCivic Form 5-1A Incident Reports and CoreCivic Form 14-2C Sexual Abuse Incident Check Sheets that were completed in response to allegations of sexual abuse. The auditor interviewed five inmates who had reported sexual abuse. Most were able to explain to the auditor that the appropriate protocol was followed. 115.64 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then shall notify security staff." The facility said that out of the reports of sexual abuse made in the past twelve months, there were no incidents where the first responder was a non-security staff member. It was reported they appropriately handled evidence collection, as outlined by policy and first responder information. The auditor interviewed several random staff members who were not security members in various capacities. All staff were able to discuss the steps that needed to be taken after an allegation of sexual abuse and their first responder duties. It was reported to the auditor that all staff have been provided with a card with their first responder duties that they can carry with them, to use as a reference if needed. These can be particularly helpful to non-security staff who may not respond to these types of allegations frequently. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documentation Reviewed:

- CoreCivic Policy 14-100 Sexual Abuse Prevention and Response
- 2022 TDOC Nursing Protocols
- CoreCivic Policy 13-79 Sexual Assault Response
- Memorandum Regarding the Sexual Abuse Response Team
- CoreCivic Form 5-1A Incident Report
- CoreCivic Form 14-2C Sexual Abuse Incident Checklist

Interviews Conducted:

- Staff Who Have Acted As a First Responder
- Random Staff
- Inmates Who Have Reported Sexual Abuse

115.65 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response outlines the agency's plan in response to an incident of sexual abuse.

The CoreCivic Policy 13-79 Sexual Assault Response is a written, institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Once an incident is initiated, the facility utilizes the CoreCivic Form 14-2C Sexual Abuse Incident Checklist. This explains steps taken, including immediate action to ensure the inmate is safe, evidence preserved, appropriate medical and mental health treatments are provided, investigators are notified, and other first responses.

The 2022 TDOC Nursing Protocols were provided to the auditor, which explains medical assessment and treatment related to sexual assault.

A memorandum from the Warden was provided to the auditor, which explains that the

	facility has a Sexual Abuse Response Team (SART). This team ensures a coordinated response by the PREA Compliance Manager, Security, Medical, Mental Health, Retaliation Monitors, and the Victim Services Coordinator. The CoreCivic Form 5-1A Incident Report is completed for all sexual abuse allegations, which further documents the incident and response provided. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: - CoreCivic Policy 14-100 Sexual Abuse Prevention and Response - Memorandum Regarding PREA Standard 115.66 Interviews Conducted: - Agency Head 115.66 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states "Neither CoreCivic, nor any other entity responsible for collective bargaining on CoreCivic's behalf, shall enter into or renew any collective bargaining agreement or other agreement that limits the company's ability to remove alleged employee sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted." A memorandum regarding this standard was provided to the auditor, which states "CoreCivic has not entered into any collective bargaining agreements."

	115.66 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Nothing in this requirement shall restrict the entering into or renewal of agreements that govern: i. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions outlined above in and a preponderance of the evidence in determining whether sexual abuse or sexual harassment is substantiated. ii. Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the employee’s personnel file following a determination that the allegation of sexual abuse is not substantiated.” The Agency Head said that CoreCivic staff who are responsible for the development of collective bargaining agreements are aware of this requirement. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: • CoreCivic Policy 14-100 Sexual Abuse Prevention and Response • Memorandum Regarding PREA Standard 115.67 • CoreCivic Form 5-1A Incident Report • CoreCivic Form 14-2C Sexual Abuse Incident Check Sheet • PREA Logs for 2023 and 2024

Interviews Conducted:

- Agency Head
- Warden
- PREA Compliance Manager
- Designated Staff Member Charged with Monitoring for Retaliation
- Inmates who Reported Sexual Abuse

115. 67 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Inmates and staff who report sexual abuse or sexual harassment (or cooperate with sexual abuse or sexual harassment investigations) shall be protected from retaliation by other inmates or staff.”

The facility utilizes the form 14-2D PREA Retaliation Monitoring Report to track retaliation monitoring. This form provides the date of the incident, the review, the type of status check, and a comments section.

The CoreCivic Form 14-2C Sexual Abuse Incident Check Sheet also includes a section for ongoing PREA retaliation monitoring and explains the date this is assigned, and which staff is assigned to complete it. Completed forms were reviewed by the auditor, which indicated retaliation monitoring was appropriately assigned.

The auditor was provided with PREA Logs for 2023 and 2024, which list every PREA allegation, along with the date’s retaliation monitoring were completed.

The auditor interviewed two investigators, who are the staff members who are charged with retaliation monitoring at the facility. Both staff was able to explain the process for doing so.

The Agency Head Designee and Warden both said retaliation concerns would be addressed.

The auditor spoke with five inmates who had reported sexual abuse. Some

remembered speaking with investigators specifically about retaliation concerns. Two of the inmates specifically requested protective custody, which the facility complied with to ensure safety.

115. 67 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states "The facility shall employ multiple protection measures to monitor retaliation against inmates including but are not limited to, (a) housing changes or transfers for inmate victims or abusers, (b) removal of alleged staff or inmate abusers from contact with victims, (c) emotional support services for inmates who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, (d) periodic status checks, and (e) monitoring disciplinary reports, housing or program changes.

At this facility, the position that will serve as the designated staff person conducting inmate/ 30-60-90-day monitoring is: Facility Investigator."

A memorandum regarding this standard was provided to the auditor, which names the Security Threat Group Coordinator and the Chief of Unit Management as the staff members at the facility who are responsible for monitoring for retaliation. It is important to note that the Security Threat Group Coordinator is also the investigator.

In a review of the investigative files, protection measures were initiated to ensure inmate safety against retaliation. There were multiple examples of staff being placed in a no-contact role, or inmates being separated from one another.

115. 67 (c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states "For at least 90 days (30/60/90) following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates who reported sexual abuse and inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by inmates or staff. Monitoring shall be documented on the 14-2D PREA Retaliation Monitoring Report (30-60- 90) or contracting agency equivalent form.

Retaliation Monitoring for staff shall include but is not limited to, monitoring negative performance reviews, disciplinary reports, and reassignments.

Emotional support services may be provided for staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

At this facility, the position that will serve as the designated staff person conducting inmate 30-60-90-day monitoring is: Investigator.”

The policy also states “Ninety (90) day retaliation monitoring for staff and inmates on the 14-2D form or contracting agency equivalent form is not required for allegations of sexual harassment.

The facility shall consider on a case-by-case basis whether retaliation monitoring should be implemented for such allegations in order to protect staff or inmates.”

The form 14-2D PREA Retaliation Monitoring Report specifies that the monitoring is for either staff or inmates and takes place in 30-, 60- and 90-day increments.

The auditor was provided with PREA Logs for 2023 and 2024, which list every PREA allegation, along with the date when retaliation monitoring was completed. The auditor noted that several retaliation monitoring in which the dates were not for a full ninety days. In speaking with the two staff that are monitoring for retaliation, it was determined that there was some confusion about this process. Both were made aware that the retaliation monitoring must last at least a full 90 days. The facility entered into corrective action to ensure this is institutionalized.

115. 67 (d) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “The facility shall continue such retaliation monitoring beyond 90 days if the initial monitoring indicates a continuing need.”

The form 14-2D PREA Retaliation Monitoring Report says the retaliation will be monitored beyond 90 days, as indicated.

The staff member who monitors retaliation knew that the monitoring could be ongoing past 90 days if there was a concern for retaliation. The auditor spoke with five inmates who had reported sexual abuse. There were two inmates who had concerns of retaliation, which were immediately addressed by staff. They said that once they were voluntarily placed in protective custody, they felt safe and there was no longer retaliation concerns.

	115. 67 (e) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.” The Agency Head and Warden were familiar with this requirement and said this is taken seriously at CoreCivic and the facility. 115. 67 (f) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “The facility obligation to monitor retaliation for staff and inmates shall terminate if the facility determines that the allegation is unfounded”. The staff member who monitors retaliation understood this requirement. The auditor reviewed the investigative files of allegations in the past twelve months and monitoring was terminated when the allegation was determined to be unfounded. Corrective Action and Conclusion: The facility entered into a corrective action period to ensure that monitoring for retaliation occurs for a minimum of 90 days, or longer, if needed. The auditor monitored compliance to ensure this is institutionalized at the facility for the duration of the corrective action period. The facility provided proof documentation to the auditor throughout corrective action, and all were completed as required by this standard. The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed:

- CoreCivic Policy 14-100 Sexual Abuse Prevention and Response
- Memorandum Regarding PREA Standard 115.68

Interviews Conducted:

- Warden
- Staff Who Supervise Inmates in Segregation
- Inmates Who Have Alleged Sexual Abuse

115.68 CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "Inmates at high risk for sexual victimization shall not be placed in involuntary restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary restrictive housing for less than 24 hours while completing the assessment.

Inmates placed in restrictive housing pursuant to section I.8. above shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility shall document the following: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) the reasons for such limitations."

It also states, "Restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If involuntary restrictive housing is warranted as outlined above, the documentation of such action shall clearly specify a basis for the facility's concern for the inmate's safety and the reason (s) why no alternative means of separation can be arranged. Every 30 days, a review of each inmate's status will be conducted to determine whether there is a continuing need for separation from the general population".

The auditor discussed this with the PCM and the Warden, and they were aware of the requirements in this provision.

The staff who supervised in segregated housing indicated they were aware of inmates

	who had been placed there for a high risk of victimization or following a PREA allegation. The auditor spoke with five inmates who had reported sexual abuse. Two of those inmates were placed in segregated housing for the risk of retaliation; however, both requested the placement and felt this was the best housing situation to keep them safe. The auditor determined that the facility utilizes protective custody when an inmate requests it. The Warden was aware that inmates who were at high risk of victimization should not be placed in segregated housing without their consent. A memorandum that was provided to the auditor that said, "South Central Correctional Facility has not used segregation to protect an inmate who is alleged to have suffered sexual abuse." During interviews and reviews of investigative files, the auditor saw no indication that this had occurred without the request of the inmate. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: - CoreCivic Policy 14-100 Sexual Abuse Prevention and Response - Tennessee Department of Corrections 502.06.2 Prison Rape Elimination Act (PREA) Allegations, Investigations, and Sexual Abuse Response Teams (SART) - Investigator Training Certificates

- CoreCivic Form 5-1G Incident Investigation Report
- Investigation Packets
- PREA Investigations Logs for 2023 and 2024

Interviews Conducted:

- Investigators

115.71 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "Facility administrative investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party reports and anonymous reports."

The auditor interviewed two of the three investigators who were located at the facility. Both investigators understood that all investigations should be done promptly, thoroughly, and objectively, including third-party reports and anonymous reports.

A log of all PREA allegations for 2023 and 2024 was provided to the auditor. The auditor reviewed 11 out of the 23 PREA investigations that were conducted in the 12 months preceding the audit. The auditor was able to verify that any allegation that was reported by a third party was immediately investigated.

Administrative investigations are all completed on the CoreCivic Form 5-1G Incident Investigation Report. Facility investigators report that an administrative investigation is completed for every allegation of sexual abuse and sexual harassment, even when there is a criminal investigation.

115.71 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "The facility shall use investigators for administrative investigations who have received special training in sexual abuse investigations pursuant to Standards."

The facility reports they have three investigators designated who can conduct administrative sexual abuse and sexual harassment investigations and have received specialized training in sexual abuse investigations in a confinement setting per standard 115.34. The auditor was able to review training records for all three

investigators, which showed they had received PREA: Investigating Sexual Abuse in Confinement Settings through NIC. Additionally, the facility utilizes investigators from other facilities for allegations against a staff member. The auditor reviewed the training records of these investigators and determined that they had also received the specialized training as required in 115.34 and this provision.

The auditor interviewed two investigators at the facility who conducted sexual abuse and sexual harassment allegations. They were able to discuss the training they had received and demonstrated comprehension of the requirements for PREA investigations.

The auditor met with the Director of Compliance and Investigations and the facility's PREA Compliance Manager during another recent PREA audit, who explained that all investigators are currently receiving refresher training, exceeding the requirement of one-time training in this provision.

115.71 (c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states "Investigators 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."

The investigators who were interviewed were aware of this requirement and were knowledgeable in evidence collection and the process they would go through to complete a thorough investigation.

The 11 Investigative reports the auditor reviewed appeared to include all requirements in this provision.

115.71 (d) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "When the quality of evidence appears to support a criminal prosecution, the investigating entity shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution."

The auditor did not review any investigations that included compelled interviews, and

both investigators who were interviewed indicated they did not conduct compelled interviews.

115.71 (e) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "The credibility of an alleged 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. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."

The two investigators who were interviewed were aware of this requirement. When the auditor reviewed the 11 investigative reports, all victims, suspects, and witnesses were assessed on an individual basis, and not determined by the person's status.

There were no investigations reviewed by the auditor that included the use of a truth-telling device; however, the investigators were aware of the requirement not to require it as a condition for proceeding with an investigation of sexual abuse or sexual harassment.

115.71 (f) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "Administrative Investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations shall be documented on the 5-1G Incident Investigation Report via the IRD and shall detail the following components:

- a. Investigative facts (i.e. specific details about what actually happened);
- b. Physical evidence (e.g. clothes collected, medical evidence, etc.);
- c. Testimonial evidence (e.g. witness statements);
- d. Reasoning behind credibility assessments (i.e. why is the person deemed credible or not credible);
- e. Investigative findings (i.e. discovery or outcome of the investigation); and
- f. An explanation as to how the conclusion of the investigation has reached the conclusion."

The Tennessee Department of Corrections 502.06.2 Prison Rape Elimination Act (PREA) Allegations, Investigations, and Sexual Abuse Response Teams (SART) states "These investigations shall include an effort to determine whether staff actions or

failures to act facilitated by the abuse shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative findings.”

The two administrative investigators who were interviewed were able to describe these requirements during their interviews with the auditor.

The auditor reviewed 11 out of the 23 administrative sexual abuse and sexual harassment investigations that were completed in the 12 months preceding this audit. The auditor noted that investigations documented these issues clearly.

115.71 (g) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.”

The Tennessee Department of Corrections 502.06.2 Prison Rape Elimination Act (PREA) Allegations, Investigations, and Sexual Abuse Response Teams (SART) states “These investigations shall be documented in a written report which contains a thorough description of physical, and testimonial, and documentary evidence. Copies of all documentary evidence shall be attached where feasible.”

The two administrative investigators who were interviewed were able to describe these requirements during their interviews with the auditor.

The auditor reviewed 11 out of the 23 administrative sexual abuse and sexual harassment investigations that were completed in the 12 months preceding this audit. The auditor noted that investigations documented these issues clearly.

115.71 (h) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution”.

The Tennessee Department of Corrections 502.06.2 Prison Rape Elimination Act

(PREA) Allegations, Investigations, and Sexual Abuse Response Teams (SART) states “substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.”

The facility reported that there were three substantiated allegations of conduct that appeared to be criminal and were referred to prosecution since the last PREA audit.

The auditor reviewed investigative packets that contained allegations that were referred for criminal prosecution. The criminal investigative entity is the Office of the Inspector General for the Tennessee Department of Corrections. Such referrals come from them to the prosecuting entity.

115.71 (i) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “The agency shall retain all investigative reports into allegations of sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.”

The Tennessee Department of Corrections 502.06.2 Prison Rape Elimination Act (PREA) Allegations, Investigations, and Sexual Abuse Response Teams (SART) states “such investigative records shall be retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five additional years.”

CoreCivic’s retention schedule was provided to the auditor for review. It states, “PREA Investigative Files and written reports to be retained as long as the alleged abuser is incarcerated or employed, plus 5 years”.

Investigators who were interviewed were aware of this requirement. The facility reports that the investigative reports are uploaded in an automated system and are not purged.

115.71 (j) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.”

Investigators were aware that the departure of the victim or abuser shall not provide a basis for terminating the investigation. The auditor was able to review investigations in which the victim or the abuser was no longer at the facility, yet the investigation continued with available evidence. In some cases, the facility

	investigators were able to reach out to other facilities and conduct interviews. In cases of employees who were formerly employed, the facility investigator was able to make contact with them and request an interview. 115.71 (k) CoreCivic Policy 14-100 Sexual Abuse Prevention states, “CoreCivic facilities are not state entities or components of the Department of Justice (DOJ) responsible for investigating allegations of sexual abuse in prisons and jails.” There was no indication in reviewing investigative files or speaking with investigators that any state entity or Department of Justice component had conducted investigations at this facility. 115.71 (l) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “The facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation”. The facility reported that they cooperate with criminal investigators and remain informed of the progress of the investigation. Investigators who were interviewed said they had a good relationship with criminal investigators and frequently received updates from them. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: - CoreCivic Policy 14-100 Sexual Abuse Prevention and Response - Tennessee Department of Corrections 502.06.2 Prison Rape Elimination Act

	(PREA) Allegations, Investigations, and Sexual Abuse Response Teams (SART) - Investigation Packets Interviews Conducted: - Investigators 115.72 CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place.” The Tennessee Department of Corrections 502.06.2 Prison Rape Elimination Act (PREA) Allegations, Investigations, and Sexual Abuse Response Teams (SART) states “The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.” The auditor interviewed two investigators, who explained that the preponderance of the evidence is used when determining the outcome of sexual abuse and sexual harassment allegations. The auditor reviewed 11 of the 23 sexual abuse and sexual harassment allegations in the 12 months preceding the audit, and it appeared the substantiated outcomes were all appropriate and based on the preponderance of the evidence. Nine of the 23 allegations were substantiated, and each was appropriately determined by the preponderance of the evidence. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documentation Reviewed:

- CoreCivic Policy 14-100 Sexual Abuse Prevention and Response
- CoreCivic Form 14-2E Inmate PREA Allegation Status Notification

Interviews Conducted:

- Investigators
- Warden
- Inmates who Had Alleged Sexual Abuse

115.73 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Following an investigation into an inmate’s allegation that he/she suffered sexual abuse at the facility, the inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.”

The facility utilizes the form 14-2E Inmate PREA Allegations Status Notifications to document that the inmate is informed of the outcome of the investigation.

The auditor reviewed 14-2E Inmate PREA Allegations Status Notifications in investigative files reviewed. The investigative staff is the person responsible for notifying the inmate of the outcome of the investigation. The investigators described their responsibility under this provision during their interview.

The Warden was aware of the requirement to provide this information to the inmate at the conclusion of an investigation.

Five inmates who had alleged sexual abuse were interviewed by the auditor. They were able to verify they were told of the outcome of the investigation. Additionally, the inmate is asked to sign the form, confirming that they have received the required notification of the status of their allegation of sexual abuse. Completed forms are available in the investigative files and were provided to the auditor, who verified completion.

115.73 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate”.

The investigators said the TDOC Law Enforcement Unit keeps the facility informed on the status of any criminal investigation.

The auditor reviewed criminal investigations, in which information was requested so the victim could be notified.

115.73 (c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Following an inmate’s allegation that an employee has committed sexual abuse against the inmate, the facility shall subsequently inform the inmate (unless the facility has determined that the allegation is unfounded) whenever:

- a. The employee is no longer posted within the inmate’s unit as a result of the findings of the investigation;
- b. The employee is no longer employed at the facility as a result of the allegation;
- c. The facility learns that the employee has been indicted on a charge related to sexual abuse within the facility; or
- d. The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.”

Form 14-2E Inmate PREA Allegations Status Notifications has checkboxes that include this provision. The auditor reviewed forms that were completed that notified the inmates of things required in this provision. The investigator completed this update and was aware of the requirement during their interview. A copy of the form is also retained in the investigative file.

115.73 (d) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Following an inmate's allegation that he/she has been sexually abused by another inmate, the facility shall subsequently inform the alleged victim whenever:

- a. The facility learns that the alleged abuser has been indicted on a charge related to

sexual abuse within the facility; or

b. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.”

The 14-2E Inmate PREA Allegations Status Notifications form has checkboxes that include this provision. The auditor reviewed forms that were completed that notified the inmates of things required in this provision. The investigator completed this update and was aware of the requirement during their interview. A copy of the form is also retained in the investigative file, and the auditor was able to verify completion.

115.73 (e) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “All inmate notifications or attempted notifications shall be documented on the 14-2E Inmate Allegation Status Notification. The inmate shall sign the 14-2E form, verifying that such notification has been received. The signed 14-2E form shall be filed in the inmate’s institutional file.”

As previously explained, all notifications were reviewed and documented in the investigative file on form 14-2E Inmate PREA Allegations Status Notification form.

The investigators that were interviewed said that they understood they must document all notifications required by this standard.

115.73 (f) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “The facility obligation to notify the inmate as outlined in this section shall terminate if the inmate is released from CoreCivic custody.”

The investigators were aware of this requirement and the auditor was able to see that the facility had noted when an inmate was no longer in their custody. The PCM will request the notification to be made at the other facility.

Conclusion:

The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard Auditor Discussion Supporting Documentation Reviewed: · CoreCivic Policy 14-100 Sexual Abuse Prevention and Response · CoreCivic Policy 3-3BB CoreCivic Standards of Conduct · CoreCivic Form 3-3B Code of Ethics Acknowledgment Form · CoreCivic Form 5-1A Incident Report · CoreCivic Form 5-1E PREA Reporting · Staff PREA Investigations Interviews Conducted: · Human Resources · PREA Compliance Manager 115.76 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse or sexual harassment policies.” CoreCivic Form 5-1E PREA Reporting documents relevant staff discipline. The auditor reviewed several investigations that included this information, documenting discipline, including termination and duty station at home. The auditor reviewed CoreCivic Form 5-1A Incident Reports that included staff duty stationed at home pending the investigation in the narrative description of the incident. The CoreCivic Policy 3-3BB CoreCivic Standards of Conduct explains personal conduct that is expected, expectations regarding the treatment of inmates, including boundaries, and reporting requirements.

The CoreCivic Form 3-3B Code of Ethics Acknowledgment Form explains employees' duty to report apparent or potential misconduct and to seek guidance when they have questions concerning compliance or ethics issues.

The PAQ said staff will be subject to disciplinary sanctions, including terminations, and in the twelve months preceding the audit, there were three substantiated allegations of sexual abuse. Upon review of the investigative tracking document, it was determined there were actually eight substantiated allegations of sexual abuse; however, there were cases where the staff member was the same individual named as the perpetrator.

The auditor reviewed eleven investigative files, which included substantiated allegations of sexual abuse that determined staff violated sexual abuse or sexual harassment policies. The investigative files included information indicating that staff were terminated in these cases.

115.76 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse."

The PAQ said there were three terminations for violating agency sexual abuse or sexual harassment policies. The auditor reviewed the investigative files and found that investigations had determined a staff member violated sexual abuse or sexual harassment policies and resulted in a termination.

During the onsite audit, employees mentioned to the auditor that they could be terminated if they violated sexual abuse and sexual harassment policies. Some staff discussed staff who had been terminated for these reasons.

115.76 (c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states "Disciplinary sanctions for employee violations of CoreCivic policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories."

The facility reported there were no staff in the twelve months preceding the audit

	who had been disciplined for violation of agency sexual abuse or sexual harassment policies other than actual sexual abuse. The auditor verified by reviewing investigative reports that there were only three staff members who had substantiated sexual abuse allegations, and all were subsequently terminated. There were no substantiated staff sexual harassment allegations or indications that staff had violated policies related to sexual abuse or harassment, other than actually engaging in sexual abuse. Since there were no examples, the auditor was unable to verify that the disciplinary sanctions were commensurate with the provision, except for the three staff who were terminated; however, facility staff were aware of this requirement. 115.76 (d) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “All employee terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees 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.” The PAQ said there were three staff members from the facility who were reported to law enforcement or licensing bodies following their termination for violating agency sexual abuse or sexual harassment policies. When reviewing the investigative files and tracking form, all investigations are referred to law enforcement The facility reported that there was no staff who was referred to the relevant licensing body, following the employee’s termination from employment. The PC verified this was the case, but had other examples for other Tennessee facilities. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documentation Reviewed:

- CoreCivic Policy 14-100 Sexual Abuse Prevention and Response
- Company Waiver/Exception
- Tennessee Department of Corrections 115.01 Standards for Volunteers and Coordination of Community Involvement
- Memorandum Regarding PREA Standard 115.77
- PREA Investigations
- PREA Investigations Log

Interviews Conducted:

- Warden
- Volunteers
- Contractors

115.77 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies and to any relevant licensing body.”

A company waiver/exception was provided to the auditor, which explains that the facility utilizes the state agencies policy in regards to this standard. The Tennessee Department of Corrections 115.01 Standards for Volunteers and Coordination of Community Involvement explains that services may be terminated for sexual misconduct, harassment, or sexual abuse.

A memorandum regarding this standard explained there were no allegations of sexual abuse that involved a contractor or volunteer that were substantiated within the twelve months preceding the audit.

The auditor reviewed the PREA Investigations Log and 11 completed investigations and was unable to see any allegations regarding a contractor or volunteer.

	The warden said that any contractor or volunteer who engaged in sexual abuse would be immediately prohibited from contact with inmates. Interviews with Volunteers and Contractors verified that they understood that they understood the requirements in this standard and the repercussions, should they violate sexual abuse or sexual harassment policies. 115.77 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Any other violation of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with inmates and removal from the facility.” The Tennessee Department of Corrections 115.01 Standards for Volunteers and Coordination of Community Involvement explains that services may be terminated for sexual misconduct, harassment, or sexual abuse. The warden said he would take appropriate corrective action as needed. Interviews with volunteers and contractors indicated they understood remedial measures that may be taken for violating sexual abuse or sexual harassment policies, including termination of their ability to provide services at the facility. There were no indications in the investigative reports that were reviewed that there were any violations of the agency’s sexual abuse or sexual harassment policies. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documentation Reviewed:

- CoreCivic Policy 14-100 Sexual Abuse Prevention and Response
- Tennessee Department of Corrections Disciplinary Punishment Guidelines Policy 502.02
- Memorandum Regarding PREA Standard 115.78
- PREA Investigations
- PREA Investigations Log

Interviews Conducted:

- Random Staff
- PREA Compliance Manager
- Mental Health Staff
- Investigators

115.78 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response 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.”

The Tennessee Department of Corrections Disciplinary Punishment Guidelines Policy 502.02 was provided to the auditor, which explains the facility's disciplinary procedures regarding all disciplinary sanctions. The policy mentions charges of Sexual Battery, Sexual Harassment, and Sexual Misconduct.

A memorandum was provided to the auditor, which said “South Central Correctional Center has not had any substantiated PREA’s where a disciplinary report was written stating that an inmate engaged in inmate-on-inmate sexual abuse.”

The facility reported there was no substantiated allegation of inmate -to-inmate sexual abuse to review during the 12 months preceding the audit. The auditor

reviewed the PREA Investigations Log and found two substantiated inmate-inmate sexual abuse allegations. The auditor requested to know why the inmate perpetrators were not disciplined and it was determined the investigator did not submit disciplinary charges.

When interviewing both investigators, it was discovered that there was confusion about whose responsibility it was to issue discipline. The auditor advised both investigators and the PCM that inmates who have substantiated PREA allegations should be held accountable according to the facility's disciplinary policy. The auditor is satisfied that it is now understood who and how discipline should be issued; however, the auditor encourages the facility to provide formal training on the topic to the staff who are responsible for doing so.

When reviewing the language in the standard, this auditor does not believe the standard requires that discipline be issued, but only that they are subject to discipline. This auditor strongly recommends ensuring that inmate perpetrators are held accountable in the future when an allegation has been substantiated.

115.78 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "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."

The auditor spoke with staff who were knowledgeable on the disciplinary process, explained that the disciplinary panel considers the inmate's disciplinary history, sanctions imposed for comparable offenses by other inmates with similar histories.

115.78 (c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed."

The auditor spoke with two mental health staff at the facility, who were able to verify that an inmate's mental health status is taken into consideration in any disciplinary process.

115.78 (d) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response 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 alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits.”

The medical and mental health staff said the facility does not offer sex offender treatment or other interventions designed to address and correct underlying reasons or motivations for the abuse; therefore, no such interventions were required as a condition of access to programming or other benefits.

115.78 (e) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “An inmate may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such contact.”

There was no indication in any of the files reviewed that inmates were disciplined when an employee consented to sexual conduct.

Several staff at the facility verified an understanding that consent with an inmate is not appropriate due to the power differential that exists.

115.78 (f) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “Inmates who deliberately allege false claims of sexual abuse may be disciplined. For the purposes of disciplinary action, a report of 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.”

Examples were provided to the auditor of inmates filing false PREA claims. The facility said there were no instances when an inmate was disciplined for filing a false PREA allegation. The auditor did not see disciplinary sanctions included in the investigative packets reviewed.

115.78 (g) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “Sexual activity between inmates is prohibited in all CoreCivic facilities, and inmates may be disciplined for such activity. Such activity shall not be deemed sexual abuse if it is determined that the activity is not coerced.”

	The auditor verified through discussion with staff that consensual sexual activity between inmates is considered a rule violation and is treated as such. This activity is not considered sexual abuse unless the activity is coerced. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: • CoreCivic Policy 14-100 Sexual Abuse Prevention and Response • Nursing Protocols • Tennessee Department of Corrections institutional Health Services Referral • Tennessee Department of Corrections 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims • Tracking spreadsheet • Process Map • Email Exchanges • Automated Report • Administrative Investigation Letter • Compliance Plan • Completed PREA Risk Screening Assessments • Proof of Training • Memo Naming a Backup PREA Compliance Manager • Memo/Directive and Email Regarding Staffing Pattern

- On The Job Training Form
- Meeting Invite for Training
- Curriculum for Training
- Training Rosters

Interviews Conducted:

- Mental Health Staff
- Inmates Who Reported Sexual Abuse During A Risk Screening

115.81 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Inmates identified during the intake screening as at risk for sexual victimization with a history of prior sexual victimization whether it occurred in an institutional setting, or the community shall be offered a follow-up meeting with a medical or mental health practitioner or other qualified professional within 14 days of the intake screening. Inmates at risk for sexual victimization will be identified, monitored, and counseled.”

The Tennessee Department of Corrections 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims states that “If the screening process indicates that an inmate has experienced prior sexual victimization, or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a referral to a medical and or behavioral health provider within 14 days of the screening.

The PREA risk screening asks inmates if they have been sexually victimized. The auditor requested a full list of inmates who have answered “yes” to being sexually abused. The institution said they do not have the capability to pull this list. The auditor spoke with several staff, including staff who conduct PREA screenings, the PREA Compliance Manager, and mental health staff, and all indicated that this list was not possible. The auditor recommends that the facility look for ways to track this for future audits.

The auditor interviewed mental health and screening staff regarding this requirement. It was determined there was confusion on when a mental health assessment should be offered, and instead of offering the assessment when an inmate disclosed sexual victimization, they offered it when inmates scored as vulnerable or aggressive. The facility entered into corrective action for this provision.

The auditor interviewed one inmate who reported sexual abuse during a PREA risk screening and said they were not offered a mental health assessment.

Copies of the Tennessee Department of Corrections institutional Health Services referral forms were provided to the auditor, which indicated that those who had scored as potentially vulnerable had been referred for behavioral health (mental health).

115.81 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Inmates, excluding jail inmates, identified during the intake screening as high risk with a history of sexually assaultive behavior, whether it occurred in an institutional setting or in the community, shall be offered a follow-up meeting with a mental health practitioner or other qualified professional within 14 days of the intake screening.”

The Tennessee Department of Corrections 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims states that “If the screening process indicates that an inmate has experienced prior sexual victimization, or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a referral to a medical and or behavioral health provider within 14 days of the screening.

The PREA risk screening asks inmates if they have been sexually abusive.

The auditor interviewed mental health and screening staff regarding this requirement.

It was determined there was confusion on when a mental health assessment should be offered, and instead of offering the assessment when an inmate disclosed sexual abusiveness, they offered it when inmates scored as vulnerable or aggressive. The facility entered into corrective action for this provision.

Copies of the Tennessee Department of Corrections institutional Health Services referral forms were provided to the auditor, which indicated that those who had scored as potentially abusive had been referred to for behavioral health (mental health).

115.81 (c) This facility is a prison; therefore, this provision is not applicable.

115.81 (d) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Apart from reporting to designated supervisors or officials, employees/contractors shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions.”

The facility reported that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health staff, however, it would be strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

Medical and mental health staff who were interviewed were aware that all information related to sexual victimization or abusiveness that occurred in an institutional setting should be strictly limited to the need-to-know staff. All records regarding an allegation of sexual abuse and sexual harassment are kept confidential at the facility and only shared to inform treatment plans, security decisions, etc.

115.81 (e) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.”

Medical and mental health staff said they obtained informed consent before reporting information about sexual victimization that did not occur in an institutional setting unless the inmate was under the age of 18.

Corrective Action and Conclusion:

The facility entered into a corrective action period in which it was required to ensure that any inmate who discloses sexual victimization or abusiveness during an intake PREA risk screening shall be offered a follow-up meeting with a mental health practitioner within 14 days of the screening. Corrective action included providing training to applicable staff and providing proof documentation to the auditor to ensure compliance is institutionalized.

During the corrective action period, staff who were involved in this process received training. During monitoring for compliance, the auditor determined that there were several instances when a mental health assessment should have been offered but wasn't.

The Agency PREA Coordinator immediately took action to assess the root of compliance and created a comprehensive corrective action plan to institutionalize compliance.

A multifaceted path to compliance included the following measures:

1. An automation fix was implemented that would ensure that when an inmate answers "yes" to the three applicable questions regarding past victimization or perpetration of sex offenses, a report from the system is generated daily to sent to the appropriate staff. The auditor was supplied with proof documentation that this was implemented and fully in effect starting on 7/1/2025. The auditor received relevant email exchanges and a sample compliance report, in which IT confirmed accuracy.
2. A process map was created that showed a person from mental health being present in intake every time a bus comes in. The process map was approved by the Warden and distributed to all the staff participating in this process (case managers, intake, medical, mental health, etc.). The booking/intake plan and flow chart with stations identified by function were provided to the auditor. The Agency PREA Coordinator, PREA Compliance Manager, and partner agency conducted a mock intake at the facility and verified that the system was in place, as required. Additionally, they observed actual intakes and verified that everyone knew their roles. The new process included having a mental health staff member physically present at every intake to offer a mental health assessment immediately, which exceeds the 14-day requirements.
3. The facility immediately started an investigation into possible concerns of a staff member who contributed to noncompliance. A letter was provided to the auditor, which showed the staff had been placed on administrative leave pending the investigation.
4. An updated tracker was provided to the auditor, which showed that all intakes received in June had been audited and caught up or corrected. Additional

documentation was provided that showed that every inmate who needed an offer for a mental health assessment was provided with one. There were 39 total inmates who received a mental health assessment, due to either being sexually abusive or sexually abused, who were offered the assessment, as required within the 14 days.

5. Proof documentation that two intakes occurred as indicated in the plan. All screening tool forms for each intake were provided to the auditor, along with the form showing that relevant inmates were offered a mental health assessment.

6. Training was conducted with intake and mental health staff on 6/26/2025. This was the second training conducted with staff during the corrective action period. The training roster, curriculum of the training, and the meeting invite for the training were provided to the auditor.

7. An official backup PRE Compliance Manager was named, and the auditor was provided with a copy of the memo, along with an email that was sent to all staff. This will ensure coverage when the PREA Compliance Manager is absent for any reason. Due to the complexity and size of this facility, the auditor recommends continuing to look for ways to assign a full-time PREA Compliance Manager to this facility.

8. The Warden and other relevant staff reviewed the staffing pattern/plan and confirmed there were enough staff members to fully commit one mental health staff member to intake every time inmates are received and processed. This ensures that the offer of mental health follow-up is made immediately, and if the inmate accepts, he is seen by mental health immediately. This eliminates the need to track and follow up later within 14 days, which exceeds the requirement in this standard. The Warden signed a memo, and an email directive was provided to the auditor as proof documentation.

9. To troubleshoot the risk of new staff not understanding PREA compliance for their new position, they have added PREA-specific tasks to the On the Job Training list that must be filled out upon hire. This approach ensures institutionalization during times when there may be staff turnover. The new form was implemented, and proof documentation was provided to the auditor.

Due to the significant corrective action measures, the auditor has determined the facility is now in substantial compliance with every provision of this standard. It is recommended that the facility/agency continue to spot-check compliance with this standard.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-100 Sexual Abuse Prevention and Response · CoreCivic Policy 13-79 Sexual Assault Response · CoreCivic Form 5-1A Incident Report · Facility Emergency Flow Sheet · CoreCivic Form 13-79A Rape/Sexual Assault Protocol · Nursing Protocols · Tennessee Department of Corrections 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims · Tennessee Department of Corrections Nursing Protocol Progress Note-Sexual Assault/PREA · Physicians Orders · CoreCivic Form 14-2C Sexual Abuse Incident Check Sheet · Investigative Packets Interviews Conducted: · Medical Staff · Mental Health Staff · Inmates Who Reported Sexual Abuse 115.82 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “The Health Services Department is responsible for medical stabilization and assessment of the victim until transported to an outside medical provider if medically indicated, or, for collection of evidence if requested by law enforcement for a potential criminal investigation.” The Tennessee Department of Corrections 502.06.3 Medical, Behavioral Health, Victim

Advocacy, and Community Support Services for PREA Victims states “Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crises intervention services, the nature and scope of which are determined by medical and behavioral health providers, according to their professional judgement, in accordance with Policy #113.30.”

CoreCivic Policy 14-100 Sexual Abuse Prevention and Response also states “Upon receiving notice of an alleged rape, sexual assault, and/or sexual abuse, a QHCP will evaluate the inmate utilizing the 13-79 Rape Sexual Assault Protocol and assess evidence of physical trauma. If physical trauma is evident, the inmate patient will be transported to the local designated emergency room for medical treatment. The findings of care of the patient will be documented on the 13-34A1 Facility Emergency Flow Sheet and the 13-34A2 Facility Emergency Anatomical Form.”

The Nursing Protocol was provided to the auditor, which outlined medical response to sexual assault including subjective and objective information, an assessment, a plan and education that is provided to the inmate regarding evidence collection issues, access to healthcare in the future, avoiding sexual contact with others, normal reactions of sexual assault victims, symptoms in the future that may be anticipated, and confidential support services that are available to inmates.

Medical and mental health staff knew that inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature and scope of that is determined by their professional judgment.

The auditor reviewed medical and mental health records, including physicians’ orders following an allegation of sexual abuse. Medical and mental health care were offered immediately following the allegation and care and treatment were provided in accordance with this standard.

The auditor interviewed five Inmates who reported sexual abuse said most recalled being immediately offered medical and mental health evaluations and treatment. One inmate denied receiving any treatment, but the auditor was able to verify in the investigative packet that both medical and mental health services were provided to the inmate.

First responders said inmates were evaluated by health services immediately after

the incident occurred. The 5-1A Incident Reports document the medical evaluation that is completed.

115.82 (b) The first responder protocol is to immediately escort the inmate to the medical area for an evaluation. Medical and first responders said this was part of the initial response following an allegation of sexual abuse. If no qualified medical or mental health practitioners are on duty, first responders take preliminary steps to protect the victim and make notifications to the appropriate medical and mental health practitioners.

The Rape/Sexual Assault protocol documents the steps taken following an allegation of sexual abuse, and medical and mental health staff are always available for a response if needed.

The auditor reviewed medical and mental health records following an allegation of sexual abuse. Medical and mental health care were offered immediately following the allegation, and care and treatment were provided in accordance with this standard.

115.82 (c) CoreCivic Policy 13-79 Sexual Assault Response states, "Inmate victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

The Tennessee Department of Corrections 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims states "Inmate victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, as medically appropriate in accordance with Policy #113.42."

Medical and mental health staff said that victims of sexual abuse would be offered timely access to emergency contraception and sexually transmitted infections prophylaxis, when medically appropriate.

Medical treatment forms related to each SANE within the twelve months preceding the audit were provided to the auditor upon request.

	115.82 (d) CoreCivic Policy 13-79 Sexual Assault Response states, “Treatment services shall be provided to the victim of sexual abuse while incarcerated without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” Medical and mental health staff verified that inmates would not pay for the care related to the allegation of sexual abuse. There was no indication by inmates who had reported sexual abuse, or by reviewing the investigative records, that inmates were charged for their care. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 13-79 Sexual Assault Response · Nursing Protocols · Tennessee Department of Corrections 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims · Tennessee Department of Corrections Nursing Protocol Progress Note- Sexual Assault/PREA · Tennessee Department of Corrections Institutional Health Services Referral · Medical and Mental Health Records · Investigative Packets

Interviews Conducted:

- Medical Staff
- Mental Health Staff
- Inmates Who Reported Sexual Abuse

115.83 (a) CoreCivic Policy 13-79 Sexual Assault Response states “The facility shall offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.”

Tennessee Department of Corrections 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims states “The facility shall offer medical and behavioral health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lock-up, or juvenile facility.”

The Nursing Protocols were provided to the auditor, which explains the medical evaluation process.

Medical and mental health staff were able to describe ongoing medical and mental health care that would be available, as appropriate.

The documentation of follow up services, treatment places, and referrals for continued care were provide in the investigative packets upon review by the auditor.

115.83 (b CoreCivic Policy 13-79 Sexual Assault Response “The evaluation and treatment of such victims shall include, as appropriate: Follow-up services. Treatment Plans. Referrals for continued care following their transfer to, or placement in, other facilities, or release from custody.”

Tennessee Department of Corrections 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims “ 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.

Medical and mental health staff describe the evaluation and ongoing treatment, when appropriate, that would be provided to a victim of sexual abuse.

Follow-up services and treatment plans were provided to the auditor.

115.83 (c) CoreCivic Policy 13-79 Sexual Assault Response “The facility shall provide such victims with medical and mental health services consistent with the community level of care.”

Tennessee Department of Corrections 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims states “The facility shall provide such victims with medical and mental health services consistent with the community level of care.”

Medical and mental health staff said the care provided to victims is consistent with the community level of care.

The auditor reviewed several medical and mental health records, which indicated the community level of care.

115.83 (d) CoreCivic Policy 13-79 Sexual Assault Response “Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.”.

Tennessee Department of Corrections 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims states “Inmate victims of sexual abusive vaginal penetration, while incarcerated, shall be offered pregnancy test and timely information about, and access to, all pregnancy-related medical services that are lawful in the community.”

Medical staff knew of this requirement and would be offered a pregnancy test; however, this facility primarily houses male inmates, so this provision is not applicable.

115.83 (e) CoreCivic Policy 13-79 Sexual Assault Response states “In the event the inmate tests positive for pregnancy, the inmate will be provided information regarding lawful pregnancy-related services in a timely manner.”.

Tennessee Department of Corrections 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims states “Inmate victims of sexual abusive vaginal penetration, while incarcerated, shall be offered pregnancy test and timely information about, and access to, all pregnancy-related medical services that are lawful in the community.”

Medical staff knew of this requirement and would offer if able to get pregnant, however, this facility primarily houses male inmates, so this provision is not applicable.

115.83 (f) CoreCivic Policy 13-79 Sexual Assault Response states “Inmate victims of sexual abuse shall be offered testing for sexually transmitted infections and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.”

Medical and mental health staff understood the necessity to check for sexually transmitted infections when medically appropriate. In reviewing several medical response documents, appropriate testing for sexually transmitted infections was offered.

Nursing Protocols and related progress notes, explains Sexually Transmitted Disease information and related questioning.

115.83 (g) Treatment services will be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Medical and mental health staff verified that inmates would not pay for the care related to the allegation of sexual abuse.

	There was no indication by inmates who had reported sexual abuse, or by reviewing the investigative records that inmates were charged for their care. Inmates who had reported sexual abuse were interviewed and did not indicate they had been charged for any medical treatment related to the sexual assault. 115.83 (h) Mental health staff said a mental health evaluation would be completed of all known inmate -to-inmate abusers within 60 days of learning of such abuse history and would offer treatment when deemed appropriate. A mental health evaluation and treatment plan was provided for the auditor's review which verified completion of the evaluation within the 60-day requirement. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: - CoreCivic Policy 14-100 Sexual Abuse Prevention and Response - Memorandum Regarding SART Meeting - CoreCivic Form 14-2F Sexual Abuse or Assault Incident Review Report - Completed Incident Reviews Interviews Conducted: - Warden

- PREA Compliance Manager
- Incident Review Team Members

115.86 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “The Warden/Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded.”

A memorandum regarding a SART meeting as provided to the auditor, which indicated that was when the incident reviews were conducted.

The warden understood a post-conclusion incident review needed to be completed for every unsubstantiated and substantiated allegation of sexual abuse.

Two members of the incident review team were interviewed and verified it would be completed.

The facility documents the Incident Reviews on form 14-2F Sexual Abuse Incident Reviews. The facility reported on the PREA audit questionnaire that the facility had twelve allegations of sexual abuse that were closed, excluding unfounded allegations.

The auditor independently selected and reviewed the incident reviews for nine allegations of sexual abuse.

115.86 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “Sexual Abuse Incident reviews shall occur within 30 days of the conclusion of the investigation.”

The auditor independently selected and reviewed the incident reviews for nine allegations of sexual abuse, and all were completed within 30 days.

The two incident review team members who were interviewed were able to verify that they were completed within 30 days.

115.86 (c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “In addition to the Warden/Facility Administrator, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners.”

The auditor verified that each incident review included upper-level management officials, with input from line supervisors, investigators, and medical and mental health practitioners.

115.86 (d) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “All findings and recommendations for improvement will be documented on the 14-2F Sexual Abuse or Assault Incident Review Report or required equivalent contracting agency form. Completed 14-2F forms will be forwarded to the Warden/Facility Administrator, the PREA Compliance Manager, and the FSC PREA Compliance Coordinator/designee.”

Form 14-2F Sexual Abuse Incident Reviews considers:

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

(2) Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility.

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(4) Assess the adequacy of staffing levels in that area during different shifts;

(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs of this section, and any recommendations for improvement, and submit such report to the facility head and PREA compliance manager.”

In addition, Form 14-2 F considers:

- Was any information available which should or could have alerted staff that the incident may occur?
- Have any prior substantiated allegations of sexual abuse or assault occurred in the same area of the facility?
- Once the incident was detected, was staff's response timely and appropriate?
- Were policies and procedures followed in this case?
- Were appropriate medical care, mental health counseling, and/or other health services offered to the victim after the incident was reported?
- Were appropriate victim advocacy services offered to the victim after the incident was reported?
- If any of the alleged victims or perpetrators have a disability (including a mental illness) or are limited English proficient, were appropriate steps taken to ensure the inmate's access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse? Explain what services or accommodations were provided.
- Describe reclassification and housing decisions for both the victim and the alleged perpetrator following the allegation.
- Were any additional measures necessary to protect staff, contractors, volunteers, or inmates against retaliation for reporting or complaining about the incident, or participating in the investigation?

115.86 (e) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, "The facility shall implement the recommendations for improvement or shall document reasons for not doing so."

The auditor reviewed the incident review reports, and although there were no corrective actions that were identified, there were areas to note recommendation implementation, including directions to note if any recommended changes were not implemented and why.

Form 14-2F Sexual Abuse Incident Reviews has a section that includes "Review Team

	Recommendations”, which requires that the person completing the form list all recommended changes in policies, procedures, and/or practices identified through the questions above, and describe exactly how each recommendation was implemented. The documentation also includes a section to document the method of implementation. If the recommendations were not implemented, there is a section to include “If any recommended changes were not implemented, please explain why.” Staff who participated on the Incident Review Team who were interviewed understood that if the recommendations were not implemented, they must document the reasons for not doing so. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.87 Data collection	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: - CoreCivic Policy 14-100 Sexual Abuse Prevention and Response - CoreCivic Form 5-1BB PREA 5-1 IRD Incident Reporting Definitions - Survey of Sexual Victimization – 2020 - CoreCivic 2022 PREA Annual Report 2022 and 2023 - Agency Website at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea Interviews Conducted: - Agency Head - PREA Coordinator

115.87 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting and 5-1BB.”

The PREA 5-1 Incident Reporting form was provided to the auditor. It explains the PREA standards definitions for tracking purposes.

The PREA Coordinator explained the tracking mechanism CoreCivic utilizes for tracking allegations of sexual abuse and sexual harassment.

The Agency Head designee explained the CoreCivic tracking mechanism, which includes collecting accurate, uniform data. He explained that every time a PREA allegation is entered into the system, he is copied on an email alert. This allows him and others who receive the email to ensure the case is appropriately coded and entered. Additionally, he attends a monthly meeting with department heads to review data collected and compare it with data from previous years to ensure there are no trends developing that need to be addressed.

115.87 (b-c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “The incident-based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.”

The data collected is minimally enough to answer necessary questions for the SSV, however, the facility reports it has not been selected to provide an SSV for several years. The SSV from 2020 was provided as documentation. The facility reports an SSV has not been requested for completion since this date.

The agency aggregates incident-based data annually in the CoreCivic Annual Report. The CoreCivic Annual Report for 2022 and 2023 was provided as proof documentation, however, all previous year’s reports were reviewed on the website at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

The Agency Head designee reported that the PREA Annual Report is completed annually by the Agency PREA Coordinator, and it is usually done in June of each year, for the previous year.

The PREA Coordinator discussed how he ensures data is appropriately collected and aggregated annually, through the annual report, and SSV if requested.

115.87 (d) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “CoreCivic shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.”.

The PREA Coordinator explained that CoreCivic collects data from all allegations of sexual abuse and sexual harassment. The data is stored in an electronic tracking system and is from investigative reports, sexual abuse incident reviews, etc.

115.87 (e) CoreCivic is a private facility, however, it is a contracted entity and does not contract for confinement with others to house its inmates.

115.87 (f) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or at a date requested by that Department.”

The PREA Coordinator said the SSV is submitted by the due date each calendar year when requested. The auditor reviewed the SSV from 2020 and it was completed by the due date requested by the Department of Justice. The facility reports there have been no other SSV requested from the facility since 2020.

Conclusion:

The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard Auditor Discussion Supporting Documentation Reviewed: · CoreCivic Policy 14-100 Sexual Abuse Prevention and Response · CoreCivic PREA Annual Reports 2020, 2021, 2022 and 2023 · Agency Website at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea Interviews Conducted: · Agency Head · PREA Coordinator 115.88 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “The FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, to include Identifying problem areas and taking corrective action on an ongoing basis.” The annual reports assess the aggregated sexual abuse data and improve the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas and taking corrective action on an ongoing basis. The PREA Coordinator explained the process for completing this report. The Agency Head designee explained that this report is completed annually in June by the PREA Coordinator. 115.88 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “CoreCivic will prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year’s aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.”

The annual report included a comparison of the current and previous year's data and provided an assessment of the agency's progress in addressing sexual abuse. It also included the scope of the report, applicable definitions, investigation outcome definitions and explanation of the process, breakdown of PREA incidents by facility type and outcome, including any percentage of increase or decrease (from 2020, 2021, 2022, and 2023), what facilities received national PREA audits for that year, annual corrective actions identified and taken,

For 2023 the Annual Report states there were policy updates, increased investigator training, PREA training, camera installation and upgrades, a month in November designated to PREA, transgender support programs, the addition of two certified PREA auditors. and implementation of the online audit system.

The PREA Coordinator explained this was completed by reviewing the data that had been provided in the incident tracking database.

115.88 (c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states "The CoreCivic Annual report shall be approved by the company Chief Corrections Officer and made available to the public through the CoreCivic website."

The Executive Vice President (Chief Operating Officer) approves the report on an annual basis, and it is posted on the public website.

115.88 (d) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states "Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated."

There were no specific materials disclosed in the report that would present security concerns.

The PREA Coordinator said that there would be no such data posted without redaction.

	Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: - CoreCivic Policy 14-100 Sexual Abuse Prevention and Response - CoreCivic 2020, 2021, 2022 and 2023 PREA Annual Reports - Agency Website at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea Interviews Conducted: - Agency Head - PREA Coordinator 115.89 (a) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states “All case records associated with claims of sexual abuse, including incident reports, investigative reports, inmate information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-15 Retention of Records.”. The PREA Coordinator said the PREA tracking database is securely retained by limiting the PREA tracking database to limited staff. Hard-copy files are locked and secured. 115.89 (b) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “The CoreCivic Annual report shall be approved by the company Chief Corrections Officer and made available to the public through the CoreCivic website.”.

	The auditor reviewed CoreCivic’s website before the onsite audit and was able to see the PREA data listed. 115.89 (c) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “Before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers.”. The auditor reviewed CoreCivic’s website prior to the onsite audit and was able to see that there were no personal identifiers listed. 115.89 (d) CoreCivic Policy 14-100 Sexual Abuse Prevention and Response states, “The agency shall maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.”. The Core Civic Retention Schedule listed 5-1 Incident Reports (includes entire incident packet- PREA) as 10 years. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents (Policies, directives, forms, files, records, etc.): CoreCivic Website

Standard Analysis:

115.401 (a) CoreCivic ensures each facility operated by the agency receives an audit at least once every three years. The audit reports are posted on CoreCivic website.

115.401 (b) CoreCivic ensures each facility operated by the agency receives at least one-third of each facility type audit every year. The audit reports are posted on CoreCivic website.

115.401 (f) The auditor reviewed all relevant agency-wide policies, procedures, reports, internal, and external audits, and accreditation for each facility type. This information was sent to the auditor before the onsite audit.

115.401 (g) The auditor reviewed a sampling of relevant documents. The auditor's methodology for reviewing this documentation is detailed at the beginning of the report.

115.401 (h) The auditor had access to and observed all areas of the audited facilities. The auditor conducted an extensive site review on the first day of the onsite audit.

115.401 (i) The auditor received relevant documents. Documents reviewed are detailed in the standard-by-standard analysis.

115.401 (j) The auditor will retain and preserve all documentation. The documentation will be provided to the Department of Justice upon request.

115.401 (k) The auditor interviewed a representative sample of inmates, staff, supervisors, and administrators. The auditor followed all guidelines for interviews in the auditor handbook.

115.401 (l) The auditor reviewed videotapes (such as the PREA video) and electronic data, such as the watch tour records.

	115.401 (m) The auditor conducted private interviews with inmates. 115.401 (n) Notice of the audit was posted at the facility six weeks prior to the onsite, and inmates were permitted to send confidential information or correspondence to the auditor. 115.401 (o) The auditor attempted to communicate with the community-based advocacy organization and Just Detention International.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	All final audit reports for CoreCivic are posted on the individual facilities webpage. Those webpages can be located at: https://www.corecivic.com/facilities

Appendix: Provision Findings		
115.11 (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
115.11 (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 facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (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 inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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
115.13 (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? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (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 inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (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 inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates 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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates 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 inmates 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
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (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 inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (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 inmates?	yes

115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (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
115.17 (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
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (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
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (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
115.21 (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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (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
115.21 (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
115.21 (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 always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (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
115.22 (b) Policies to ensure referrals of allegations for investigations		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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
115.22 (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 criminal investigations. See 115.21(a).)	yes
115.31 (a) Employee training		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates 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, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (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	yes

	suspicious 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.)	
115.35 (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 medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (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
115.35 (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 §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (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 inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	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
115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	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 inmate 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
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate 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 inmates 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
115.54 (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 an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (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
115.61 (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
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (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

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (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
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (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
115.65 (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	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates 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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	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 reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (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
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (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 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	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
115.71 (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
115.71 (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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (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
115.71 (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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (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 agency does not provide a basis for terminating an investigation?	yes
115.71 (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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (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
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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 an inmate'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 an inmate'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
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (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
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (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
115.76 (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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	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
115.77 (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 inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (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 § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (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
115.83 (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 inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (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
115.83 (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
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

115.86 (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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (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
115.86 (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 §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (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
115.87 (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 inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (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
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (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
115.88 (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
115.88 (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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
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.)	no
	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 inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)			
	<table><tr><td data-bbox="316 174 1289 568"> 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.) </td><td data-bbox="1289 174 1490 568">yes</td></tr></table>	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
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