

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

Interim       Final

**Date of Report**    March 23, 2018

### Auditor Information

<b>Name:</b> Crystal Y. Norment	<b>Email:</b> crystal.norment@gmail.com
<b>Company Name:</b> 3D Auditing & Consulting, LLC	
<b>Mailing Address:</b> P.O. Box 5825	<b>City, State, Zip:</b> Marianna, FL 32447
<b>Telephone:</b> 901-644-4738	<b>Date of Facility Visit:</b> 2/21-23/2018

### Agency Information

<b>Name of Agency:</b> Tennessee Dept. of Corrections		<b>Governing Authority or Parent Agency (If Applicable):</b> State of Tennessee	
<b>Physical Address</b> 320 6 <sup>th</sup> Avenue North		<b>City, State, Zip:</b> Nashville, TN 37243	
<b>Mailing Address:</b> Rachael Jackson Building 6th FL		<b>City, State, Zip:</b> Nashville, TN 37243	
<b>Telephone:</b> 615-741-1000		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
<b>Agency mission:</b> To operate safe and secure prisons and provide effective community supervision in order to enhance public safety.			
<b>Agency Website with PREA Information:</b> <a href="http://www.tn.gov/PREA/">www.tn.gov/PREA/</a>			

### Agency Chief Executive Officer

<b>Name:</b> Tony C. Parker	<b>Title:</b> Commissioner
<b>Email:</b> Tony.C.Parker@tn.gov	<b>Telephone:</b> 615-741-1000

### Agency-Wide PREA Coordinator

<b>Name:</b> Tom Joplin	<b>Title:</b> Statewide PREA Coordinator
<b>Email:</b> Tom.A.Joplin@tn.gov	<b>Telephone:</b> 615-879-6431

<b>PREA Coordinator Reports to:</b> Kristy Carroll-Grimes, Director of Compliance	<b>Number of Compliance Managers who report to the PREA Coordinator</b> <b>10</b>
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**Facility Information**

<b>Name of Facility:</b>	Morgan County Correctional Complex		
<b>Physical Address:</b>	541 Wayne Cotton Morgan Drive, Wartburg, TN 37887		
<b>Mailing Address (if different than above):</b>	Click or tap here to enter text.		
<b>Telephone Number:</b>	423-346-1300		
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b>	To house and manage incarcerated high-risk male offenders, including those sentenced to death and to ensure the safety of the public while providing rehabilitative programs		
<b>Facility Website with PREA Information:</b>	www.tn.gov\PREA		

**Warden/Superintendent**

<b>Name:</b> Shawn Phillips	<b>Title:</b> Warden
<b>Email:</b> Shawn.P.Phillips@tn.gov	<b>Telephone:</b> 423-346-1311

**Facility PREA Compliance Manager**

<b>Name:</b> Angie Mathis	<b>Title:</b> Compliance Manager
<b>Email:</b> Angie.E.Mathis@tn.gov	<b>Telephone:</b> 423-346-1314

**Facility Health Service Administrator**

<b>Name:</b> Lynndy Houston-Fagan	<b>Title:</b> Health Services Administrator
<b>Email:</b> Lhouston@centurionTN.com	<b>Telephone:</b> 423-346-1482

**Facility Characteristics**

<b>Designated Facility Capacity:</b> 2163	<b>Current Population of Facility:</b> 2074
<b>Number of inmates admitted to facility during the past 12 months</b>	1085
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	919
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	977

<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>		222	
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> 0	<b>Adults:</b> 18-84	
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>		N/A	
<b>Average length of stay or time under supervision:</b>		6yrs	
<b>Facility security level/inmate custody levels:</b>		Min-Max	
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>		815	
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>		231	
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>		3	
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 33		<b>Number of Single Cell Housing Units:</b> 3	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		20	
<b>Number of Open Bay/Dorm Housing Units:</b>		0	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		616	
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>			
662 cameras located throughout facility and housing units. Cameras are monitored by central control room			
<b>Medical</b>			
<b>Type of Medical Facility:</b>		Infirmary	
<b>Forensic sexual assault medical exams are conducted at:</b>		Methodist Medical; UT Medical Center	
<b>Other</b>			
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>		400 Volunteers /83 Contractors	
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>		2	

# Audit Findings

## Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for Morgan County Correctional Complex (MCCX) located at 541 Wayne Cotton Morgan Drive, Wartburg, TN was coordinated through the Tennessee Department of Corrections (TDOC) Office of Compliance. DOJ Certified PREA Auditor, Crystal Norment was notified by an email from the Statewide PREA Coordinator that the bid was accepted to conduct the PREA recertification audit. Crystal Norment served as Lead Auditor with DOJ Certified Auditor Debra Dawson as a support auditor. The PREA recertification audit was scheduled for February 21-23, 2018.

Notification of the upcoming PREA audit was forwarded by email to the facility on January 3, 2018. The notification was observed documented as posted on January 4, 2018. Notification of the PREA audit was posted well in excess of six week prior to the schedule audit. The postings were observed on bulletin boards throughout the facility at both the main and Annex in areas accessible to both inmates and staff during the site visit.

The audit process began prior to the on-site visit. Specifically, the audit process began with contact between the PREA auditor, The Statewide PREA Coordinator, and The Office of Compliance Director. A USB thumb drive was mailed to the auditor by Mr. Tom Joplin, Statewide PREA Coordinator. The drive contained the PAQ and supporting documentation for each of the 43 standards.

Following the protocols, including posting of notices, the auditor began reviewing the material forwarded in the prior weeks. The auditor reviewed all information noted on the PRE-Audit Questionnaire (PAQ), and discussed any questions and/or discrepancies noted. The facility provided a response within a timely manner to all inquiries made by the auditor. The information from the standard files and the PAQ was used to complete the PREA Compliance Audit Instrument Checklist of Policies/Procedures; the PREA Resource Audit Instrument and other documents in advance to identify additional information that might be required and could be collected prior to and during the audit visit. Information from the flash drive was used during the pre-audit review prior to the on-site visit and post audit when writing the report.

On Wednesday, February 21, 2018 at 8:00 a.m. an entrance meeting was held for the PREA audit of Morgan County Correctional Complex. The PREA Auditors, Debra Dawson and Crystal Norment were present with Warden Shawn Phillips, AWT Ken Hutchison, and PREA Compliance Manager Angie Mathis.

A tour of the facility began at approximately 9:00 a.m. on February 21, 2018 following the entrance conference. The auditor was provided with a physical plant schematic for a pre tour scheduling itinerary. The tour consisted of a site visit to all 33 buildings that compose MCCX. This included 23 housing units. The major part of the observation process occurred during the official tour of the facility utilizing the PREA compliance audit instrument while paying special attention to the following areas: intake/reception; general housing; segregated housing; maintenance shops; academic/vocational programs; law library; food service; laundry/supply; general library; and all areas of the grounds.

Morgan County Correctional Complex has a staff compliment of 679 employees. The security staff account for 529 positions with 21 vacant positions. The security staff is assigned to 3 shifts. The hours

of work are 6am-2pm; 2pm-10pm; 10pm-6am. The auditors conducted interviews with security, non-security, specialized staff, contractors and volunteers.

Security staff was selected from all shifts. Sampling for interviews with inmates was selected through the use of a current inmate roster. The selection of inmates interviewed was from each housing unit using a bed assignment from each pod. The selection of targeted inmate interviews was from a list provided by MCCX.

Medical care is provided by Corizon, a medical contract. Educational and vocational services are provided by staff. Mental Health care is provided by a contract with Centurion. Aramark Services has the food service contract.

The selection of inmates for random interviews was determined by the selection of a random bed assignment within each housing unit. A roster for the selection of the targeted inmate population was provided by the PREA Compliance Manager. There were two inmates housed at MCCX identified as the targeted groups of LEP. There were no inmates identified as Youthful Inmates or Inmates in Segregated Housing for High Risk of Sexual Victimization; or Inmates with a Cognitive Disability. However the auditors conducted interviews with: 3 inmates identified as Gay; 4 inmates identified as Disabled; 3 Inmates identified as Transgender; 5 Inmates identified as Who Reported Sexual Victimization During Risk Screening. There were 26 inmates selected for random inmate interviews. The auditors were only awarded the opportunity to conduct 15 targeted inmate interviews due to no other inmates met the categories. The auditors conducted a total of 41 formal inmate interviews and 11 informal interviews within the inmate population during the site visit. The facility provided the auditors with adequate space to hold the staff and inmate interviews.

The auditors selected and carefully examined a random sampling of personnel files, staff training files, and volunteer/ contractor files. The personnel files were very well organized. No staff is hired or allowed entrance until a thorough background check is completed. The training records were also very complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditors viewed signed training course rosters documenting the training.

The auditors also selected and examined a sampling of offender files and observed documentation of the inmates receiving PREA education, as well as documentation of risk screenings.

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

There were 61 reported allegations that were reported and investigated within the past 12 months prior to the audit at MCCX. Thirty-seven investigations involved allegations of staff on inmate. There were 17 allegations reported for staff on inmate abuse. Two were concluded as Substantiated; 13 were concluded as Unsubstantiated and 2 were concluded as Unfounded. There were 20 allegations reported for staff on inmate sexual harassment. None were concluded as Substantiated; 15 Unsubstantiated; and 5 were concluded as Unfounded. The two Substantiated cases of staff on inmate sexual abuse resulted in staff termination and the cases were referred for criminal prosecution.

There were 24 inmate on inmate allegations reported. Seven were reported as sexual abuse. Only one was concluded as Unsubstantiated. The remaining were Unfounded. There were 17 inmate on inmate

reported allegations of sexual harassment. Thirteen were concluded as Unsubstantiated and 4 were concluded as Unfounded.

At the conclusion of the on-site visit on February 23, 2018, an exit meeting was held to discuss the audit findings. The auditors explained the process that would follow the on-site visit. The auditor also explained that any standard findings of "Does Not Meet" during the audit would require corrective action and a possible follow-up visit to determine compliance. Finally, the auditor acknowledged the willingness of all staff involved to accomplish PREA compliance and advised the PREA team of their requirements to post the final report on the agency/facility website once completed

## Facility Characteristics

The Morgan County Correctional Complex is located on the eastern edge of the Cumberland Plateau in East Tennessee at 541 Wayne Cotton Morgan Drive, Wartburg, Tennessee. It is a multi-functional facility that houses 4 High Security housing units, 2 Security Management housing units, 1 Protective Custody unit, and 15 General Population units and a Minimum security annex. MCCX was originally opened in 1980 with mission changes and additional housing units added until 2009. Morgan County Correctional Complex now includes 500,000 square feet over 65 acres inside the secure perimeter. There are 8 building located outside of the perimeter fence to include the minimum security complex that houses approximately 300 inmates.

The Morgan County Correctional Complex mission is "to provide for public safety by ensuring a secure environment for the inmates while providing jobs, educational/vocational opportunities and programming services in order to accomplish the tasks established by the Tennessee Department of Corrections. The staff at MCCX are committed to excellence in corrections.

The inmates are housed with custody designations ranging from Minimum, Direct, Close, Maximum and Trustee. The facilities rated capacity is 2163. The facility is designated for adult males and has an age range of 18-84. The actual population count on the day of the audit was 2,074. The average daily population for the past 12 months prior to the site visit was 2135 with a length of stay of 6 years.

Food Service is provided by Aramark Services with a main kitchen and satellite feeding for the restricted housing units.

Health Care is provided through a contract by Centurion. The health care unit provides medical care to the inmate population in services of medical and dental care. A small in-patient medical wing is located in the medical department. Inmates in this wing include long term care. Mental Health programs are offered which includes individual and group counseling. There is a Mental Health housing unit for those inmates that require more direct services. Mental Health care is provided through a contract with Corizon.

Upon approval, inmates are assigned to work in various areas throughout the facility to include kitchen, commissary, laundry, and perform janitor service.

All individuals entering the secure perimeter to include staff, official visitors, inmate visitors, contractors and volunteers are processed at the screening site to include a metal detector, x-ray machine and use of a hand wand and pat search by a same sex staff member. A Control Center staff verifies a hand stamp and takes your identification until your return from the secure perimeter.

## Summary of Audit Findings

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

At the completion of the on-site visit on February 23, 2018, a closeout-briefing was held. In addition to the PREA audit team, those in attendance included the Warden Shawn Phillips, Associate Warden (S), Associate Warden (T) Ken Hutchinson, Agency PREA Coordinator Tom Joplin, PREA Compliance Manager Angie Mathis, Executive Assistant Paul Duncan and Investigative Staff. At the conclusion of the audit process, the facility was determined to be in compliance with each of the 43 PREA standards.

**Number of Standards Exceeded:** 0

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**Number of Standards Met:** 43

115.11; 115.12; 115.13; 115.14; 115.15; 115.16; 115.17; 115.18; 115.21; 115.22; 115.31; 115.32; 115.33; 115.34; 115.35; 115.41; 115.42; 115.43; 115.51; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.87; 115.88; 115.89

**Number of Standards Not Met:** 0

Click or tap here to enter text.

### Summary of Corrective Action (if any)

During the audit tour, the auditors noted areas that would benefit from additional mirrors or the repositioning of mirrors in Food Service kitchen area, Education main vestibule, and throughout TRICOR. Warden Phillips agreed with the assessment and indicated that additional mirrors had been ordered. The order arrived before the end of the audit and the mirrors were installed.

## PREVENTION PLANNING

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

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

### 115.11 (a)

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

### 115.11 (b)

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

### 115.11 (c)

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

### Auditor Overall Compliance Determination

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

In accordance with a review of TDOC policy #502.06 PREA Implementation and Compliance and TDOC #502.06.2 PREA Investigations and Sexual Abuse Response Team (SART), it was determined that Morgan County Correctional Complex (MCCX) has written policies and procedures in place to support the agency's mission, and successful goal of maintaining a zero tolerance of sexual abuse and

sexual harassment within the facility. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to such conduct. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of inmates with sanctions for those found to have participated in these prohibited behaviors.

The TDOC PREA Implementation Plan #502.06 includes the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of inmates. A review of the TDOC Organizational Chart confirmed that TDOC has designated an upper-level agency-wide PREA Coordinator with authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all facilities.

Morgan County Correctional Complex is one of several facilities managed by the TDOC PREA Coordinator. A PREA Compliance Manager is assigned to the facility. A review of the MCCX Organization Chart revealed that the PREA Compliance Manager is a dedicated position.

During an interview with the selection of random staff and inmates in addition to a pool of targeted inmates and specialized staff, each confirmed receiving PREA training and was knowledgeable of their responsibilities. Those individuals interviewed shared their understanding of the agency's zero tolerance in sexual abuse and sexual harassment within the guidelines of the PREA standards. PREA posters and literature describing the agency's zero tolerance of sexual abuse and sexual harassment were observed by the auditor strategically located and accessible throughout the facility for staff and inmate awareness.

In accordance with the Edison Job Data Information: Appointing Agency; Memorandum Appointing Facility PREA Compliance Manager; TDOC Organization Chart; and Morgan County Correctional Complex Organization Charts confirmed TDOC has designated an upper-level agency-wide State-wide PREA Coordinator, (Correctional Program Director 2) with authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all facilities. During an interview with the PREA Coordinator, she confirmed she has sufficient time to fulfill her obligations in the development, implementation and maintaining oversight of the agency's compliance with PREA standards in all TDOC facilities.

The MCCX is one of several facilities managed by TDOC. During an interview with the State-Wide PREA Coordinator, he explained he is assigned to monitor all 10 TDOC facilities. The Associate Warden of Treatment at each of the 10 facilities is assigned as the facility PREA Coordinator. He stated he frequently communicate with each facility PREA Coordinator/Associate Warden of Treatment and each PREA Compliance Manager in an effort to monitor and maintain compliance with each PREA standard. Their interaction occurs through annual meetings, emails, telephone calls, memorandums, and policy reviews. Communications is also maintained directly with the Warden as needed or staff at the facility. He further stated, he also provides direction on operational procedures in the field and there is always an open channel of communication.

A PREA Compliance Manager is assigned at each TDOC facility. A review of the MCCX organizational chart revealed the assigned PREA Compliance Manager is an Administrative Staff. During an interview with the PREA Compliance Manager, she confirmed she has sufficient time and authority to coordinate

the facility's efforts to comply with the PREA standards. The PREA Compliance Manager has direct access to the Warden to report any and all PREA issues.

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

In accordance with the review of TDOC 502.06 requires employees of entities contracting with TDOC to comply with applicable TDOC policies, procedures, regulations, and posted rules. Contractors receive the same training annually that staff receives regarding PREA standards.

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

Documentation of Contracts for TDOC facilities was reviewed by the auditors. Each of the contracts and/or modification of contracts for confinement of inmates in private agencies, and other entities to

include government agencies documented that the contracting agency shall comply with PREA Standards for Adult Prisons and Jails and report any offender's sexual assault or sexual harassment to the TDOC and in accordance with Department policy. The requirement is noted in all new contracts and upon renewal of existing contracts; these contracts are modified to include the requirement.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the

need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

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

Documentation supported that the staffing plan was reviewed annually and included the PREA Compliance Manager.

In accordance with the review of the MCCX staffing plan; TDOC 502.06 PREA Implementation and Compliance; CR-3964 PREA Annual Staffing Review and Master Roster; Log Book Entries and interviews with the PREA Compliance Manager, PREA Coordinator, and Warden, it was determined policies and procedures are in place and to confirm MCCX has developed, documented, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, MCCX has taken into consideration: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); 6) The composition of the inmate population; 7) The number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11) Any other relevant factors. During an interview with the Warden, he confirmed the facility has a staffing plan that provides adequate staffing levels to protect inmates against sexual abuse by the use of staff supervision, placement of mirrors, and video surveillance that monitor inmate activities throughout the facility. During interviews with the Warden and Investigative Staff, it was confirmed the facility currently has approximately 662 cameras.

Each year by July 1, the Warden/Associate Warden shall assess, determine and document whether adjustments are needed to the facility staffing. The review will follow the guidelines of CFR 113.13 (a), (b) and (c). A written report shall be provided to the Assistant Commissioner of Prison and the TDOC PREA Coordinator of the findings of this review. Copies of the Staffing Plan for 2016, and 2017 were provided for review by the auditors. The Staffing Plan was established pursuant to paragraph (a) of this section that gave consideration of the 11 areas noted in regards to the physical layout and daily operational needs of the facility.

In accordance to TDOC 502.06 policy and procedures is outlined for circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. A review of the Post Assignment Schedule revealed assignment posts are identified as Critical or Non-Critical Post. All critical posts are required to be filled each shift. The Post Assignment Schedule is reviewed by the Warden and Assistant Commissioner of Prisons. There were no deviations from the Staffing Plan implemented. During an interview with the Warden, overtime would be authorized prior to vacating a critical post.

In accordance to TDOC 502.06; and review of logs, it was determined by the auditors that MCCX has policies and practices in place to maintain compliance of PREA Standard 115.13 Supervision and monitoring, Intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. A review of the housing unit/program area log books show entries are annotated with "Unannounced PREA Inspection." A review of the logs supports rounds are properly noted during day and night shift and are documented by Security Shift Supervisor and other higher level supervisors.

In accordance with TDOC 502.06, any staff member alerting other staff member that these unannounced rounds are occurring will be subject to appropriate disciplinary action. A review of the logs and interviews with supervisory staff confirmed the unannounced rounds are not completed in a pattern in an effort to identify and deter staff sexual abuse and sexual harassment. Unannounced rounds were observed being documented by signatures of intermediate-level and higher-level supervisors in log books in all housing units. The practice of conducting unannounced rounds and the violation of staff advising others of such rounds was confirmed during interviews with the Warden, and intermediate level supervisory staff. The Chief of Security stated that they make rounds throughout the day so staff don't know when it is a PREA round being conducted.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

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

#### 115.14 (c)

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

#### Auditor Overall Compliance Determination

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

Morgan County Correctional Complex has been designated as an adult male correctional facility by the Tennessee Department of Corrections. The inmate population age range is from 18 – 84. TDOC has policies in place regarding Youthful Offenders; however they do not house Youthful Offenders at this facility.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

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

#### 115.15 (c)

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

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

## Auditor Overall Compliance Determination

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

In accordance with a review of TDOC 506.06 P.5 it was confirmed that Morgan County Correctional Complex does not conduct cross-gender strip or visual searches. They may conduct cross-gender pat searches in exigent circumstances where female staff will pat search a male inmate.

In accordance with TDOC 112.08 P. 1; MCCX 112.08-1 P.1; TDOC 305.03 it is determined that the facility has implemented policies and procedures that enable an inmate to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. These policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

In accordance with policy TDOC 506.06 P.7 the facility has implemented policies that prohibit staff from conducting a search or physically examining 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 the broader medical examination conducted in private by a medical professional.

In accordance with a review of the TDOC Training Academy curriculum on PREA, it was determined the agency has implemented procedures to ensure proper training of security staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner in the least intrusive manner possible, and consistent with security needs. The auditor was provided documentation verifying that 100% of security staff received and understand the training on cross-gender searches and searches of transgender and intersex inmates.

In accordance with TDOC 305.03; TDOC 502.06; TDOC 506.06; MCCX 502.06.2-1 2; review of Training Program Curriculum for pre-service, in-service, and during shift exchange, the agency and the MCCX has policy in place that refrain from conducting any cross-gender strip or cross-gender visual body searches, except in exigent circumstances or by medical practitioner. All searches are required to comply with the policy as dictated. Any such searches of cross-gender strip or cross-gender visual body searches must receive prior approval and documented. During interviews with the selection of random staff and specialty staff, each acknowledge their awareness of being prohibited from conducting cross-gender visual searches and or cross-gender visual body searches. They were well aware of the Agency's policy and its requirements for these type searches if ever conducted to include documenting the reason and who was the approving official.

During formal and informal interviews with the inmate population, all interviewed confirmed they have never been restricted access to regularly available programming or other out of cell opportunities due to the unavailability of a male staff member to conduct a pat-down search.

In accordance with TDOC 305.03; TDOC 502.06; TDOC 506.06; MCCX 502.06.2-1 2; review of Training Program Curriculum for pre-service, and in-service, the agency has policy against conducting a strip search on a transgender and/or intersex offenders for the sole purpose of determining genitalia status. A review of the submitted PAQ and interviews conducted with staff and the inmate population, confirmed no cross gender strip searches or cavity searches were completed at MCCX during the last 12 months. MCCX has toilets in the cells and single showers with a door and shower curtain within the housing units. The window levels of the cells provide additional privacy during routine security rounds while assisting in the elimination of cross-gender viewing concerns.

The auditors did review staff training records for 2016 and 2017 with the Human Resources staff. The documentation revealed all staff at MCCX received training on conducting cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner, and never for the purpose of determining genitalia status. The staff that participated in the random interviews during the site visit also confirmed this training. The auditors toured the facility spending a significant amount of time in all the living areas at the facility. The staff compliment consists of a male and female staff. As the facility is designated as a male facility, the female staff entering the housing units was observed verbally announcing their presence or the unit officer announcing prior to entering. Offenders also confirmed this practice as well during random and targeted interviews.

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

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

#### **115.16 (a)**

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

In accordance with the review of TDOC Limited English Plan (LEP); Contract with Foreign Language Assistance Service; and Posting of PREA Notices in Spanish it is determined that the agency has policies and practices in place to provide appropriate services to offenders with disabilities and offenders who are limited English proficient. These services are available to those who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps include providing effective communication with inmates who are deaf or hard of hearing while providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using the necessary specialized vocabulary. In addition the agency ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program or activity, or result in an undue financial and administrative burden as promulgated under Title II of the Americans with Disabilities Act, 28CFR35.164.

In accordance with TDOC 103.10.1 P.3 it was determined the agency does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties under 115.64, or the investigation of the inmate's allegations.

A posting of the TOMIS Contact Note-LCDG is posted identifying the name of the assistor and their organization. MCCX had (2) two inmates who needed LEP services. The auditors conducted interviews with these inmates utilizing a staff interpreter. Interviews with inmates within the population also confirmed they were aware that a staff interpreter would be provided for any inmates who needed LEP services. A list of available staff that can provide LEP services is maintained. The auditor interviewed two inmates with limited English capabilities and they stated that they were comfortable communicating with staff to act as an interpreter if needed.

Each offender arriving at the MCCX Unit receives a facility orientation booklet, available in Spanish and English. This booklet is not only an overview of the agency/facility rules and general information but it also details the Agency's PREA policy as well. It outlines to the inmates how to report, to whom to report incidents of sexual abuse and sexual harassment without fear of being punished for reporting.

## Standard 115.17: Hiring and promotion decisions

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

**115.17 (a)**

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

**115.17 (b)**

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

**115.17 (c)**

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

**115.17 (d)**

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

In accordance with the review of TDOC 301.04 P.3, ; CR-3819;CR-3962; interviews with Human Resource Staff, Warden, and PREA Compliance Manager, in addition to the review of random selected personnel files it was determined that policies and practices are in place to ensure the agency does not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates who: 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 USC 1997; 2) 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; or 3) Has been civilly or administratively adjudicated to have engaged in the activity described in the first paragraph (2) of this section.

In accordance with the review of TDOC's hiring policy 301.04 it was determined that policies and practices are in place to ensure the agency considers any incidents of sexual harassment or sexual abuse in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates.

In accordance with TDOC 301.04 it is determined that prior to the hiring of new employees who may have contact with inmates the agency: 1) Performs a criminal background records check; and 2) Consistent with Federal, State, and local law, makes its best efforts to contact all prior institution employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

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

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

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

Morgan County Correctional Complex has not made any substantial expansion to the existing facility since August 20, 2012. The facility currently has approximately 662 cameras. The auditors reviewed cameras within the Investigator's office. There were no violations of privacy noted during the viewing of showers, toilets, change of clothing or performing bodily functions. During an interview with the facility Associate Warden Treatment/ on site PREA Coordinator, he acknowledged the PREA Compliance Manager would indeed have a prominent role in the location process for any video equipment.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

In accordance with TDOC 502.06.2 P.3; 502.06.3 P. 4 it was determined that TDOC has policies and procedures in place that enables TDOC the responsibility for investigating allegations of sexual abuse and sexual harassment. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Morgan County Correctional Complex does not conduct onsite forensic medical examinations. When evidentiary or medically appropriate, a victim of sexual abuse is transported to UT Medical Center or Methodist Medical Center in Morgan County, TN. The inmate will be provided treatment and services as required by the laws, regulations, standards and policies established by and administered to include but is not limited to minimum standards and the uniform evidence protocol adopted by the medical facility.

In accordance with the Evidence Protocol #001 it is determined that TDOC policies are in place to ensure the protocol is developmentally appropriate for youth where applicable, and , as appropriate, is 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 a similarly comprehensive and authoritative protocol developed after 2011.

In accordance with the Memorandum of Understanding with the Sexual Assault Center, it was determined that TDOC has policies in place to ensure the agency attempts to make available to the

victim a victim advocate from the rape crisis center. If a staff member from the rape crisis center is not available, the agency makes available a qualified agency staff member.

In accordance with the review of a memo dated August 28, 2017 the agency has designated certain qualified staff members to be available to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. MCCX makes available an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The TDOC Investigations Unit Special Agent conducts all criminal investigations within the TDOC in a joint effort with the TDOC Office of Compliance and Investigations. Training the Administrative and Criminal Investigators receive includes curriculum based on the National Institute of Corrections (NIC), " PREA: Investigating Sexual Abuse in Confinement Settings" training. Certified TDOC instructors provide it and the subject matter of the course includes protocols from the recent edition of DOJ "National Protocol for Sexual Assault Medical Forensic Examinations" according to the documentation reviewed by this auditor. This mandated Investigator training is documented in each of the training records of those who completed the course. The interview conducted with one of these investigators detailed the training she received including the requirement that she follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions. An auditor had the opportunity to interview an investigator during the site visit. The investigator was very knowledgeable of her responsibilities as an investigator and accurately maintained documentation for the investigation. She detailed the sexual abuse investigative training and presented certificates of completion. The training included protocols from the recent edition of DOJ "National Protocol for Sexual Assault Medical Forensic Examinations", interviewing victims, and use of Garrity and Miranda warnings. Forensic examinations, for MCCX victims of sexual assault, are provided by UT Medical Center and Methodist Medical Center.

During an interview with the SANE Practitioner at UT Medical Center, she stated the hospital maintain an on-call roster. Although there were two(2) inmates involved in substantiated sexual assault cases conducted within the past 12 months, the time frame of the notification of the allegations were in excess of the 72 hours of a forensic medical examination.

The TDOC has successfully obtained a Memorandum of Understanding with The Sexual Assault Center. Additionally, MCCX maintain a list of the facility's PREA Victim Advocate which is posted for inmate and staff awareness. A review of these member's training records revealed they have received the proper training to fulfil these responsibilities as a PREA Victim Advocate that includes supporting the victim through the forensic medical, examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals if necessary.

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

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

#### **115.22 (a)**

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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

In accordance with a review of TDOC policy 502.06.2 P. 6 it was determined that policies and procedures are in place to ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All administrative and criminal investigations of sexual abuse and sexual harassment are conducted by TDOC staffs who have received the appropriate training to conduct such investigations.

In accordance with a review of TDOC 502.06 and 502.06.2 it was determined policies are in place to ensure 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. The agency publishes such policy on its website and makes the policy available to everyone. The agency documents all such referrals.

In accordance with TDOC 502.06.2; interviews with the Warden and Investigative Staff ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. During an interview with the Investigative Staff and a review of allegations of sexual abuse, sexual harassment and or sexual assault, it was determined there were a total of 61 reported allegations. 24 involved Inmate on Inmate and 37 Staff on Inmate. All allegations were investigated. Specifically, there were 17 allegations of staff on inmate sexual assault. Two of the allegations were substantiated and the staff terminated. The inmates on inmate allegations were not substantiated.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC policy 502.06 P.6; TDOC PREA Training Curriculum it was determined that the agency and facility have policies in place to ensure training is provided to all employees who may have contact with inmates. The auditors reviewed the pre-service and in-service curriculum that each staff and contract staff receives. The subject matter includes 1) It's Zero Tolerance policy for sexual abuse and sexual harassment; 2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3) Inmates' rights to be free from sexual abuse and sexual harassment; 4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5) The dynamics of sexual abuse and sexual harassment; 6) The common reactions of sexual abuse and sexual harassment victims; 7) How to detect and respond to signs of threatened and actual sexual abuse; 8) How to avoid inappropriate relationships with inmates; 9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of staff training rosters with acknowledgment of staff's signatures served as confirmation of staff receiving such training. Specifically, each employee received PREA training during initial orientation and each year during annual in-service training. MCCX is designated as an adult male correctional facility. Training is tailored to the gender of the male inmate population. Upon the transfer of staff from a female correctional facility, they are required to complete training tailored to the male inmate population at MCCX. PREA training documentation is tracked electronically in addition to staff signatures indicating their attendance and understanding of the given training.

Random staff interviews conducted during the site visit included both uniform and non-uniformed staff. All confirmed their training included the above listed subject matter and each detailed how they would respond to any allegations if confronted with that specific situation. All staff at MCCX are trained as a first responder. The random staff interviewed detailed their response to abuse by telling the auditor they would first separate the alleged victim, secure the area, contact their supervisor and preserve evidence from destruction. Non-security first responders, during their interviews, confirmed that they would immediately secure the alleged victim and then contact security staff. The auditors reviewed MCCX training records for 2016 and 2017. The required mandated PREA in-service training was provided to all staff working at the facility during those times. Only those who were out for long-term absence missed the training, but each is required to receive the training upon their return to duty.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and

contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

In accordance with a review of the TDOC Training Curriculum used to conduct training for all volunteers and contractors and TDOC 502.06 P. 6 it was determined that MCCX provides PREA training to all volunteers and contractors during initial orientation and on an annual basis. A sample review of PREA training documentation for contractors and volunteers support PREA training was completed and documented on the TDOC CR-2935. An interview with the staff Chaplain reveals he conducts the volunteer training for PREA and a review of the training curriculum supports volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The auditors reviewed the training curriculum and training records for a sampling of contractors and volunteers for years 2016 and 2017. The documentation indicated their receipt and understanding of the zero tolerance policy. Interviews conducted with four (4) contractors/volunteers confirmed each had received the training and signed documents indicating their understanding of the TDOC policy.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

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

#### 115.33 (d)

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

#### 115.33 (e)

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

#### 115.33 (f)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

In accordance with the review of TDOC 502.06.1 P.3; Form CR-2110; and Inmate Handbook, it was determined by this auditor that policies and procedures are in place to ensure during the intake process and the inmate orientation process that inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicion of sexual abuse or sexual harassment.

In accordance with the review of TDOC 502.06.1 it is determined that policy is in place and enforced to ensure that within 30 days of intake, MCCX provides comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse or sexual harassment and to be free from retaliation for reporting such incidents, and regarding the agency's policies and procedures for responding to such incidents.

In accordance with the review of TDOC 502.06.1 it was determined that policies and procedures are in place to ensure current inmates who have not received such education within one year shall be educated and any inmate shall receive such education upon transfer to another facility within the TDOC system.

In accordance with 502.06.1 it was determined that MCCX has policies and procedures in place to ensure that inmates are provided PREA information in formats accessible to all inmates, including those who are Limited English Proficient, deaf, visually impaired, or otherwise disabled. In the event an inmate has difficulty understanding the written materials due to a disability or limited reading skills, an appropriate staff member is provided to assist the inmate. Upon an inmate's arrival at MCCX informational PREA posters are accessible for viewing by the inmate population in the In-take area. These posters provide information of the facility's zero tolerance policy for sexual abuse and sexual harassment. They advise the inmate on how and to whom to report sexual abuse or sexual harassment allegations if they become aware of it or experience it. The inmates receives and signs for a copy of the TDOC Inmate Rules and Regulations Handbook. This manual provides each inmate with information again explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. It also directs them how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously or in writing. In this document it also indicates that should the inmate have any questions about anything related to PREA and is documented in the TDOC Inmate Rules and Regulations Handbook. Site-specific information is provided in the Institutional Handbook.

In accordance with TDOC 502.06.1, within 30 days of intake, inmates are required to receive comprehensive PREA education either in person or through video. Any inmate who has not received verbal and written PREA orientation and education are required to receive it immediately. Documentation of the orientation education is included in the inmate's file on Orientation Acknowledge, CR-2110. The PREA education material is available in English and Spanish and states the agency's

policy on zero tolerance, explaining to the offender, how and who to report any allegation of sexual abuse/ harassment to without fear of retaliation.

In accordance with TDOC 502.06.1, the agency provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, as well as to offenders who have limited reading skills. PREA informational Signs (located in all areas accessible by the inmate population) and the informational booklets were available in English and Spanish. There were 2 inmates at the facility during the site visit who was LEP, and 4 listed as disabled. In addition to having staff who can successfully communicate with inmates identified as LEP, the medical department has access to a foreign language program that can provide interpretive service as needed. The auditors interview 1 of the LEP inmates using a staff interpreter and the 4 disabled inmates. During interviews with a random selection of inmates, it was confirmed that PREA information was provided to them both verbally and in writing as well as in English and Spanish. The auditors also interviewed a member of the intake staff who confirmed that inmates who may have difficulty hearing receive the PREA video narrative in writing.

## Standard 115.34: Specialized training: Investigations

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

### 115.34 (a)

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

### 115.34 (b)

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

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC 502.06.2 P.4; DOJ/NIC Special Investigator Training Curriculum; Training Certificates it is confirmed that MCCX has policies and procedures in place to ensure that in addition to the general training provided to all employees pursuant to 115.31, they have trained special investigators to investigate all allegations of sexual abuse and sexual harassment at MCCX.

In accordance with TDOC 502.06.2; DOJ-NIC Special Investigator Training Curriculum; TDOC Training Curriculum for Investigators, it is confirmed that the specialized training include proper use of Miranda and Garrity warnings.

In accordance with TDOC 502.06.2; DOJ-NIC Special Investigator Training Curriculum; TDOC Training Curriculum for Investigators; Uniform Evidence Control Protocol #001; Training Certificates, it is confirmed that the specialized training includes sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. MCCX investigators have certificates for the NIC specialized investigator training as well as the TDOC investigators training.

In accordance with TDOC 502.06.2; Training Curriculum and Certification of documented training, the auditors confirmed the investigative staff received PREA Specialized Investigator training as required. During interviews with the investigator, she provided the auditors with a detailed content of the Investigative training received. The curriculum and training information provided to the auditors included course topics on: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity

warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Training records support the completed training.

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

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

#### 115.35 (a)

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

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

In accordance with TDOC 502.06 P. 6; TDOC Training Curriculum it is determined that all full and part-time medical and mental health care practitioners who work at MCCX have been trained in 1) how to detect and assess signs of sexual abuse and sexual harassment; 2) how to preserve physical evidence of sexual abuse; 3) how to respond effectively and professionally to victims of sexual abuse and sexual harassment; 4) how to report and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The medical staff at MCCX does not perform forensic examinations. If needed, these exams are performed at UT Medical Center.

In accordance with 502.06 and the TDOC Training Curriculum it is confirmed that the medical and mental health care practitioners also received training mandated for employees, contractors and volunteers by 115.32.

In accordance with TDOC policies 502.06.3; TDOC 502.06.1; TDOC 502.06; PREA Specialized Medical/Mental Health training curriculum; completed on-line Centurion/Corizon training; it was concluded the agency has successfully provided specialized training to all medical and mental health staff. Medical and Mental Health service are contracted with Centurion for the delivery of all Medical and Corizon for Mental Health services to inmates. These contract employees are obligated to attend and receive the same zero tolerance training as every employee at MCCX.

The auditor conducted interviews with medical and mental health practitioners during the site visit. Both of them indicated that this additional training was required of their staff and all had received it. Documentation receipt of training was made available for the auditors. There are no part-time medical or mental health staff at MCCX.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

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

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

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

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC 502.06.1 P. 4-6; TDOC 113.37 P.5; TDOC Screening Instrument it is determined that all inmates are assessed during intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates; and all inmates are assessed upon transfer to another facility within the TDOC system for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

In accordance with a review of the TDOC Screening Instrument; and TDOC 502.06.1 P. 5 it is determined that intake screening ordinarily takes place within 72 hours of arrival at the facility and an objective PREA screening instrument is used to conduct the PREA screening assessments. The screenings consider at a minimum the following criteria: 1) Whether the inmate has a mental, physical, or developmental disability; 2) the age of the inmate; 3) the physical build of the inmate; 4) whether the inmate has previously been incarcerated; 5) whether the inmate's criminal history is exclusively nonviolent; 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.

In accordance with a review of the TDOC Screening Instrument it is determined that MCCX medical and mental health employees use the PREA Screening assessment in assessing an inmate's risk of being sexually abusive any prior acts of sexual abuse, if known; any prior convictions for violent offenses, if known; and any history of prior institution violence or sexual abuse.

In accordance with a review of TDOC 502.06.1 it is determined that MCCX completes a reassessment of the inmate's risk of victimization or abusiveness within 30 days of the inmate's arrival based upon any additional information received by the facility since the intake screening. The facility additionally will reassess an inmate's risk when warranted due to 1) a referral; 2) a request; 3) an incident of sexual

abuse; 4) a receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

In accordance with a review of TDOC 502.06.1 P. 4 it is determined that MCCX does not discipline an inmate for refusing to answer, or for not disclosing complete information in response to any of the screening questions asked in 115.41(d)(1),(7),(8), or (9).

In accordance with a review of TDOC 502.06.1 it is determined that MCCX has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

The auditors had the opportunity to observe the intake process and risk assessment during the site visit. MCCX has an intake housing unit where inmates are placed initially and receive their intake screening. Every inmate arriving at MCCX receives an orientation booklet and a PREA pamphlet. Typically the inmate views the PREA informational video during the intake process on day one. Those that do not are shown the video usually within a week. Prior to each assessment the Intake Staff reviews all information the facility may have or have access to. The Intake Staff also assesses if the offender is perceived to be gender nonconforming. Any inmate who may be at risk based on this screening has a Medical and/or Mental Health referral immediately completed and forwarded on behalf of the inmate.

The auditor conducted interviews with the screening staff and the Chief Counselor. All confirmed the TDOC PREA policy is followed to ensure an inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. These interviews also confirmed that TDOC policies prohibit inmates being disciplined for refusing to answer, or for not disclosing complete information in response to any questions asked during the risk assessment.

During interviews with a random sampling of inmates, the auditors confirmed they received a risk assessment upon arrival and those remaining received a second assessment within the first thirty (30) days. The auditors reviewed inmate's records and confirmed they were in fact completed and documented. During interviews with the inmates, they also confirmed they are not disciplined for refusing to answer, or for not disclosing complete information in response to any questions asked during the risk assessment.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC 502.06.1 P.4 TDOC Housing Assignment; TDOC Cell Assignment it is determined that MCCX uses the information from the risk screening assessment required by 115.41 with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive to inform 1) housing assignments; 2) bed assignments; 3) work assignments; 4) education assignments; and 5) program assignments.

In accordance with a review of TDOC 502.06.1 P. 4; TDOC 113.37 P. 5 it is determined that MCCX makes individualized determinations about how to ensure the safety of each inmate. TDOC as an agency determines whether to assign a transgender or intersex inmate to a facility for males or females on a case-by-case basis. Placement is reviewed to determine whether a placement would present management or security problems and would ensure the inmate's health and safety. MCCX considers on a case-by-case basis when making housing and other program assignments for transgender or intersex inmates if the placement would ensure the inmate's health and safety and whether a placement would present management or security problems. Placements for transgender or intersex

inmates are reassessed at least twice each year to review any threats to safety experienced by the inmate. These assessments are conducted at MCCX every six months.

In accordance with TDOC 113.37 P. 5 each transgender or intersex inmate's own views with respect to his or her own safety is given serious consideration when making facility and housing placement decisions and programing assignments.

In accordance with TDOC 113.37 it is determined that MCCX allows transgender and intersex inmates the opportunity to shower separately from other inmates.

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

In accordance with TDOC 502.06.1 PREA Screening, Classification, Education, and Monitoring; Sexual Aggressor/Victim Classification Screening; interviews with Agency-Wide PREA Coordinator; PREA Compliance Manager; and Intake Staff, the auditors confirmed compliance with all measures of this standard.

Staff interviews confirmed staff identifies victims/abuser in the electric system that prevents them from being assigned in housing units/cells together. They continued by saying the screening system is based on a point system to identify an inmate as a victim or an aggressor. This information is reviewed prior to assigning inmate housing, bed, work, and education assignments. The Count Room staff make housing decisions using the information and the Jobs Coordinator considers the information when making work assignments. Interview with a Unit Manager confirmed that he reviews the information when the inmate is assigned to his unit. This information is restricted to the staff on an as need to know basis. The information obtained is only shared with staff on a as need to know basis. There are no dedicated housing units based on sexual identity at MCCX. There were four (4) inmates identifying as transgender and three (3) were interviewed. The auditors also interviewed three (3) inmates that identified as gay or bisexual at the time of the site visit. The inmates stated that they felt safe and thought staff did take their needs and perceptions into consideration.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

In accordance with TDOC 502.06.2 P. 3; Inmate Rosters; it is determined that MCCX always refrain from placing inmates at high risk for sexual victimization in involuntary segregation 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. MCCX has not utilized involuntary segregation under this standard. If MCCX could not conduct such an assessment immediately, they would hold the inmate in involuntary segregation less than 24 hours while completing the assessment.

In accordance with TDOC 502.06.2 P.3 it is determined that if inmates were placed in segregated housing because they are at high risk of sexual victimization they would have access to 1) programs; 2) privileges; 3) education; 4) work opportunities. If these opportunities were restricted in any way, it would be documented as to which opportunities were limited, the duration of the limitation, and the reason for the limitations.

In accordance with TDOC 502.06.2 MCCX has not placed any inmates in involuntary segregation that may have been at high risk for sexual victimization. If there was a need to place inmates in involuntary segregation pursuant to this standard it would only be until an alternative means of separation from likely abusers can be arranged and would not exceed a period of 30 days. Any such assignment would be documented as to the 1) basis for the facility's concern for the inmate's safety; 2) why no alternative means of separation can be arranged. A review of the placement in involuntary segregation due to an inmate's high risk of sexual victimization would be conducted every 30 days.

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

# REPORTING

## Standard 115.51: Inmate reporting

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

### 115.51 (a)

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

### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

### 115.51 (c)

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

### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC 502.06.2 P.2; Inmate Handbook P. 27-28; TDOC 501.01 PCN #15-14 it is determined that MCCX provides multiple internal ways for inmates to privately report sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; or staff neglect or violation of responsibilities that may have contributed to such incidents.

In accordance with the Memorandum of Understanding with The Sexual Assault Center; and TDOC 502.06.2 P. 2 it is determined that MCCX provides at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. The Sexual Assault Center is able to receive and immediately forward an inmate's report of sexual abuse or sexual harassment to agency officials. The SAC allows inmates to remain anonymous upon request. MCCX does not have any inmates detained solely for civil immigration purposes.

In accordance with TDOC 502.06.2 P.2; A Completed Sexual Abuse/Harassment Incident Review Report it is determined that MCCX does allow staff to accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously, and from third parties. MCCX Staff promptly document any verbal reports of sexual abuse and sexual harassment.

In accordance with TDOC 5202.06.2 P.2; PREA Tip line it is determined that MCCX provides a method for staff to privately report sexual abuse and sexual harassment of inmates. In accordance with TDOC 502.06.; Available list of SART Sexual Abuse Response Team (SART); MCCX Inmate Handbook; Staff PREA Tip Line Sheet; PREA posters, PREA Hot Line Number; interviews with random selection of inmates and staff, the auditors confirmed the agency offer the inmate population and staff multiple avenues to meet the requirements of this standard.

During interviews with the inmate population and staff, each quoted multiple methods in which inmates could report allegations of sexual abuse and or sexual harassment. Inmates confirmed they would advise a staff member or call the PREA Hotline. During staff interviews, each staff stated they would immediately notify their supervisor and document verbal reports of sexual abuse or sexual harassment prior to departing their shift. During an interview with the Investigative Staff, she stated she would immediately conduct an investigation that she received anonymously. A review of the investigative files supported that she conducts investigations timely.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

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

#### 115.52 (f)

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

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC 501.01 PCN #15-14 it is determined that MCCX has an administrative remedy program and the facility permits inmates to submit a grievance regarding an allegation of sexual abuse without any time limits; MCCX does not require inmates to use any informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. RSMI ensures that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and the complaint is not referred to a staff member who is the subject of the complaint.

In accordance with a review of TDOC 501.01 PCN #15-14 it is determined that MCCX issues a final decision on the merits of any portion of a grievance alleging sexual abuse with 90 days of the initial filing of the grievance. If MCCX claims the maximum allowable extension of time to respond up to 70 days when the normal time period for response is insufficient to make an appropriate decision, the inmate is notified in writing of any such extension and provided a date by which a decision will be reached. At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any extensions, the inmate may consider the absence of a response to be a denial at that level. MCCX did not have any grievance files related to a PREA issue.

In accordance with TDOC 501.01 PCN# 15-14 it is determined that third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, may assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse. These third party advocates may also file such requests on behalf of the inmate. If the inmate declines to have the request processed on his or her behalf, MCCX will document the inmate's decision.

In accordance with a review of TDOC 501.01 PCN #15-14 it is determined that MCCX has established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse, and after receiving such an emergency grievance MCCX will forward the grievance to a level of review at which immediate corrective action may be taken. MCCX will provide an initial response within 48 hours and issue a final decision with 5 calendar days. The initial response and final decision will document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the agency's actions taken in response to the emergency grievance.

In accordance with TDOC 501.01 PCN# 15-14 it is determined that MCCX will only discipline an inmate for filing a grievance related to sexual abuse where it is determined that the inmate filed the grievance deliberately in bad faith.

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

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

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

#### 115.53 (a)

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

#### 115.53 (b)

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

#### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC 502.06.3 P. 3-5; Inmate Handbook; Facility Notices; MOU with Sexual Assault Center it is determined that MCCX does 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 too-free hotline numbers of a local victim advocacy and rape crisis organization.

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

MCCX enables reasonable communication between inmates and these organizations in as confidential a manner as possible. MCCX 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 Tennessee mandatory reporting laws.

MCCX and TDOC maintain an MOU with the Sexual Assault Center, East, TN and maintain signed copies of the agreement on file.

The auditor determined during the random inmate interviews that inmates are aware of outside resources available in the event they are needed.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

In accordance with a review of the TDOC website and posted notices within the facility it is determined that the agency has established a method to receive third-party reports of sexual abuse and sexual harassment. The auditor observed PREA posters and information regarding the PREA Hotline during

the tour of the facility. Interviews with random inmates and staff demonstrated that staff and inmates are made aware of all ways to report an allegation of sexual assault or sexual harassment.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

In accordance with TDOC 502.06; 502.06.2 it is determined that MCCX staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the designated investigators.

Based on interviews with Medical and Mental Health staff it is determined that they are aware of the laws regarding their duty to report and the limits of confidentiality.

During interviews with random staff it is determined that staff are aware of their duty to report and their responsibilities if an inmate makes an allegation either verbally or in writing.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

In accordance with TDOC 502.06.2 P. 3 it is determined that when it is learned that an inmate is subject to a substantial risk of imminent sexual abuse immediate action will be taken to protect the inmate.

Based on random staff interviews, interviews with MCCX SART team members it is determined that staff are aware of procedures to follow if an inmate is at immediate risk of imminent sexual abuse. All security staff have been issued a PREA action badge that they keep on their uniforms that lays out steps to take if they are a first responder.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC 502.06.2 P.9 it is determined that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden will notify the Warden of the reported facility or appropriate office of the agency where the alleged abuse occurred. This notification will take place as soon as possible, but no later than 72 hours after receiving the allegation. RSMI will document that it has provided such notification and if the facility head or agency office that received such notification ensures that the allegation is investigated in accordance with these standards.

Based on interviews with the PREA Investigator, PREA Compliance Manager, and Warden it is determined that there was (1) instance of an inmate reporting after transfer to another facility. The other facility notified the Warden by certified mail and the MCCX Warden responded immediately upon receipt of the letter. There was an instance during the audit that an inmate being interviewed in intake indicated a prior abuse from another facility. The auditors observed the Warden place a phone call to the Warden at the other facility and follow up with an email.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

In accordance with TDOC 502.06.2, P.3; First Responder Checklist; Sexual Abuse Incident Review it is determined that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report is required to 1) separate the alleged victim and abuser; 2) preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) 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. If the first responder is not a security staff member, the responder is required to request that the alleged victim do not take any actions that could destroy physical evidence, and then notify security staff.

Based on random staff interviews and interview of SART team member it is determined that staff are aware of their responsibility as a first responder. Staff are issued a PREA Action Badge which outlines steps to take as a first responder. The Warden and other Executive Staff and members of the PREA committee routinely question staff regarding their first responder duties while making rounds monthly.

### Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

In accordance with a review of MCCX 502.06.2-1, P.3 it is determined that the facility has developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership to respond to an incident of sexual abuse.

Based on random staff interviews staff are aware of their responsibilities as first responder. Based on review of minutes from PREA rounds made by the PREA committee, they test staff knowledge of their responsibility.

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

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

#### 115.66 (a)

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

#### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

MCCX is not responsible for collective bargaining on the agency's behalf.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC 502.06.2 P.6; MCCX 502.06.2-1 P.3; Sexual Abuse Incident Review Packet with Retaliation Monitoring Review it is determined that TDOC and MCCX has established a policy to protect all inmates and staff who report sexual abuse or sexual harassment

allegations or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

In accordance with a review of TDOC 502.06.2 P.6; MCCX 502.06.2-1 P. 3; MCCX SART Team Members Memo it is determined that MCCX has designated which staff members or departments are charged with monitoring retaliation.

In accordance with TDOC 502.06.2 the agency will 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.

In accordance with TDOC 502.06.2 it is determined that MCCX except in instances where it is determined that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, the facility will 1) 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; 2) 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; 3) act promptly to remedy any such retaliation; 5) monitor inmate disciplinary reports; 6) monitor inmate housing changes; 7) monitor inmate program changes; 8) monitor negative performance reviews of staff; 9) monitor reassignments of staff.

The facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. Such monitoring will include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility will take appropriate measures to protect that individual against retaliation.

MCCX monitors PREA steps and retaliation in their ETOMIS system on a PREA monitoring screen called PAS. Based on interviews with staff that monitor retaliation, and PREA Compliance Manager it is determined that MCCX ensures that an inmate or staff is monitored for retaliation.

## Standard 115.68: Post-allegation protective custody

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

### 115.68 (a)

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

### Auditor Overall Compliance Determination

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

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

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

### Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC 502.06.2 P.4 if any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of 115.43 of these standards. MCCX did not have any inmates placed in segregation as a result of protective custody based on being the subject of sexual abuse.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

**115.71 (d)**

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

**115.71 (e)**

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

**115.71 (f)**

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

**115.71 (g)**

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

**115.71 (h)**

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

**115.71 (i)**

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

**115.71 (j)**

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

**115.71 (k)**

- Auditor is not required to audit this provision.

#### 115.71 (I)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

In accordance with TDOC 502.06.2 P. 4-5; MCCX Investigative File for SOI Abuse it is determined that when MCCX conducts an investigation into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively. The facility conducts investigations into all types of allegations from all sources to include third party and anonymous reports.

In accordance with a review of the NIC Training Curriculum for Specialized Investigations and TDOC Training Academy Curriculum for Investigators; and Training Completion Certificates for Specialized Investigators it is determined that MCCX investigators have received specialized training to conduct investigations of sexual abuse as required by 115.34.

In accordance with a review of TDOC 502.06.2 P. 4; and Investigative File it is determined that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators interview alleged victims, suspected perpetrators, and witnesses and investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator.

In accordance with a review of TDOC 502.06.2 P-5; it is determined that when the quality of evidence appears to support criminal prosecution MCCX investigators conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

In accordance with a review of TDOC 502.06.2 P. 6 it is determined that 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. Inmates who allege sexual abuse are not required to submit to a polygraph examination or other truth-telling device as a condition for proceeding.

In accordance with a review of TDOC 502.06.2 P. 6; and Investigative File it is determined that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Administrative investigations are documented in a written report that includes a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

In accordance with a review of TDOC 502.06.2 P. 6 and an Investigative File it is determined that criminal investigations are documented in written reports that contain a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. If a substantiated allegation of conduct that appears to be criminal is referred for prosecution. TDOC retains 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.

In accordance with a review of TDOC 502.06.2 P. 6 it is determined that TDOC ensures 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.

Based on interviews of PREA investigators and chief of security and AW/T it is determined that MCCX conducts its own investigations and works well with outside law enforcement when needed.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC 502.06.2 P. 7 it is determined that TDOC does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Based on interviews with PREA investigator it is determined that MCCX does not impose a standard higher than a preponderance of evidence.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC 502.06.2 P. 7; and Inmate Status Notice it is determined that following an investigation into an inmate's allegation that he suffered sexual abuse MCCX, the inmate is informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

In accordance with a review of TDOC 502.06.2 P. 7 and Inmate Status Notice it is determined that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless it is determined that the allegation is unfounded, or if the inmate has been released from custody, the inmate is subsequently informed whenever: 1) the staff member is no longer posted to the inmate's unit; 2) the staff member is no longer employed at the facility; 3) the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility; and 4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

In accordance with TDOC 502.06.2 P. 7; and Inmate Status Notice Form it is determined that following an inmate's allegation that he has been sexually abused by another inmate, TDOC informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; and whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All notifications or attempted notifications are documented.

Based on interview with the PREA investigator and review of inmate PREA files it is determined that MCCX does provide notifications to inmates that report an allegation of sexual abuse or sexual harassment.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC 502.06.2 P. 7 and 2 Staff Investigative Files it is determined that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. It is determined that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

In accordance with a review of TDOC 502.06.2 P. 7 and Staff Investigative Files it is determined that 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, are reported to Law Enforcement agencies if the activity was criminal, and relevant licensing bodies.

Based on interviews with PREA investigator, Human Resource staff, and Warden it is determined that staff are subject to disciplinary measures that include termination if found to violate agency sexual abuse or sexual harassment policies. The auditor reviewed (2) Staff on Inmate abuse files and determined that the staff were terminated in each instance.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

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

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

### Instructions for Overall Compliance Determination Narrative

In accordance with TDOC 502.06.2 P. 8; TDOC PREA Training Curriculum; Volunteer/Contractor Training Orientation it is determined that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates. If a contractor or volunteer who engages in sexual abuse is reported to Law enforcement agencies and any relevant licensing bodies.

In accordance with a review of TDOC 502.06.2 P. 8; and Investigative Files it is determined that the agency takes appropriate remedial measures, and considers whether to prohibit further contact with inmates for any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Based on interviews with Chaplain, Volunteers, and Contractors it is determined that volunteers and contractors are made aware of the agency policies and receive training yearly. Based on interviews with Human Resource manager and Warden it is determined that violations by volunteers and contractors are disciplined up to and including termination. MCCX had no violations involving Contract or Volunteer staff.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

In accordance with TDOC 502.06.2 P. 8; Inmate Handbook; and Disciplinary Rules and Regulations for Inmates it is determined that 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, inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process.

In accordance with TDOC 502.06.2 P. 8 sanctions are 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.

In accordance with a review of TDOC 502.06.2 P. 8 it was determined that MCCX has policies and procedures in place when determining what types of sanction, if any, should be imposed, the

disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his behavior.

In accordance with a review of TDOC 502.06.2 P. 8 it is determined that MCCX has policies and procedures in place to offer therapy, counselling, and other interventions designed to address and correct underlying reasons or motivations for the abuse. The facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits.

In accordance with a review of TDOC 502.06.2 P. 8 it is determined that MCCX has policies and procedures in place to discipline an inmate for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact.

In accordance with a review of TDOC 502.06.2 P. 8 it is determined that MCCX has policies and procedures in place to determine that for the purpose of disciplinary action a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute false reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

In accordance with a review of TDOC 502.06.2 P.8 it is determined that MCCX has policies and procedures in place that the agency will refrain from considering non-coercive sexual activity between inmates to be sexual abuse.

There were no reports of inmate-on-inmate sexual abuse that was substantiated within the past 12 months. Therefore, no inmates received disciplinary sanctions related to sexual abuse.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

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

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC 502.06.3 P.4; TDOC 113.30; and TDOC 113.82; PREA Screening Form it is determined that MCCX has policies and procedures in place regarding inmate screening that if the screening pursuant to 115.41 indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

In accordance with a review of TDOC 502.06.3 P. 4 it is determined that if the screening pursuant to 115.41 indicates that an inmate has previously perpetrated sexual abuse, whether it occurred in an

institutional setting or in the community, staff will ensure that the inmate is offered a follow-up meeting with a mental health or medical practitioner within 14 days of the intake screening.

In accordance with a review of TDOC 502.06.3 P. 4 it is determined that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

In accordance with a review of TDOC 502.06.3 it is determined that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

The auditors interviewed 4 inmates who reported sexual abuse at intake screening. The inmates were referred to both medical and mental health services. Based on interviews with intake screening staff, medical and mental health staff it is determined that inmates are screened during the intake process for victimization or aggression. Based on interviews with medical and mental health staff it is determined that they obtain informed consent from inmates prior to reporting.

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

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

### **115.82 (a)**

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

### **115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### **115.82 (c)**

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

### **115.82 (d)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC 502.06.3 P. 4 it is determined that MCCX has policies and procedures in place to ensure victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. MCCX medical staff are on duty 24 hours. Mental health providers are accessible. If no qualified medical or mental health staff are on duty at the time a report of recent sexual abuse is made, security staff first responders take preliminary steps to protect the victim pursuant to 115.62 and immediately notify medical and mental health practitioners.

In accordance with a review of TDOC 502.06.3 P. 4 inmate victims of sexual abuse are offered timely information and access about emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. MCCX offers all treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on interviews with random staff, and medical and mental health staff it is determined that victims receive timely and unimpeded access to emergency services and crisis intervention services. Based on interviews of random inmates it is determined that the inmates are aware of the services available.

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

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

#### 115.83 (a)

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

#### 115.83 (b)

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

#### 115.83 (c)

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

#### 115.83 (d)

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

#### 115.83 (e)

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

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

In accordance with TDOC 502.06.3 P. 5; PREA Incident Review it is determined that MCCX has policies and procedures in place to offer medical and mental health evaluation and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. These services are provided to victims consistent with the community level of care.

MCCX is an all- male facility therefore 115.83 (d) through 115.83 (e) are not applicable.

In accordance with TDOC 502.06.3 P. 5 it is determined that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. MCCX will 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.

Based on random staff and inmate interviews it is determined that they are aware of ongoing services that would be available and how to access those services. The auditor interviewed one inmate who had initially refused the on-going counseling, but decided to try it after the interview. The mental health staff were contacted immediately and the inmate was scheduled for an appointment.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

### 115.86 (d)

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

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC 502.06.2 P. 5; and PREA Incident Review it is determined that MCCX has policies and procedures in place to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. This review will ordinarily

occur within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

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

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC 502.06 P. 7; Agency-wide Survey of Sexual Violence 2015; SSV of Contract Facilities 2015; and Annual PREA Reports it is determined that the agency does: 1) collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions; 2) aggregate the incident-based sexual abuse data at least annually; 3) that the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice; 4) the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews; 5) the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates; 6) the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30.

### Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies,

practices, and training, including by: Taking corrective action on an ongoing basis?

Yes  No

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC 502.06 P. 7; PREA Annual Reports with Corrective Actions; TDOC Website it is determined that 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 1) identifying problem areas; 2) taking corrective action on an ongoing basis; 3) preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

In accordance with a review of TDOC 502.06 P. 7; PREA Annual Reports; TDOC Website it is determined that the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse; and the agency's annual report is approved by the agency head and made readily available to the public through its website.

In accordance with a review of TDOC 502.06 P. 7 it is determined that 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.

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

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

In accordance with a review of TDOC 502.06 P. 7; PREA Annual Reports it was determined that policies and procedures are in place to ensure guidelines are followed to ensure: 1) data collected pursuant to standard 115.87 are securely retained; 2) the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available

to the public at least annually through its website; 3) the agency remove all personal identifiers before making aggregated sexual abuse data publicly available; 4) the agency maintain sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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?  Yes  No

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

The auditor reviewed the prior PREA audit report conducted during the prior audit cycle. The auditor reviewed the annual PREA report from TDOC for years 2015 and 2016. The auditor reviewed all relevant documents related to the PREA audit.

The auditor noted during the tour of the facility that the PREA notices were posted timely where inmates could have corresponded with the auditor. The auditor did not receive any correspondence prior to the audit from inmates of MCCX.

The auditor conducted random, informal, and specialized interviews of inmates during the audit in a private setting.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

The auditor observed on the agency's website all Final PREA Audit Reports. The TDOC website <http://www.tn.gov/PREA> confirms that the agency ensures that the auditor's final report is published on the agency's website. A review of the website found the Final Audit Reports for 14 PREA Audits of TDOC Facilities. TDOC is currently within the second cycle of completing PREA audits for the agency. The most recent audit appearing on the website was January 26, 2018, well within the 90-day requirement. TDOC meets the requirements of this part of Standard 115.403 (f) Audit contents and findings.

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## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

*Crystal Y. Norment*

March 23, 2018

**Auditor Signature**

**Date**

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

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