

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

Interim Final

Date of Report 5/20/19

Auditor Information

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| Name: Donald Chadwick | Email: donald.chadwick@nakamotogroup.com |
| Company Name: The Nakamoto Group, Inc. | |
| Mailing Address: 11820 Parklawn Dr., Suite 240 | City, State, Zip: Rockville, MD 20852. |
| Telephone: 301-468-6535 | Date of Facility Visit: September 18-20, 2018 |

Agency Information

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| Name of Agency: Shelby County (TN) Division of Corrections | Governing Authority or Parent Agency (If Applicable): Shelby County, Tennessee | | |
| Physical Address: 1505 Mullins Station Road | City, State, Zip: Memphis, TN 38134 | | |
| Mailing Address: 1505 Mullins Station Road | City, State, Zip: Memphis, TN 38134 | | |
| Telephone: 901-222-8504 | Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| The Agency Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input checked="" type="checkbox"/> County | <input type="checkbox"/> State | <input type="checkbox"/> Federal |
| Agency mission: To provide a safe and secure prison environment and effective programming services for the inmate population to enhance community safety. To provide a model organization of well-trained public safety professionals, volunteers and partnerships contributing to the community's well being through preparation of offenders for successful re-entry into society. | | | |
| Agency Website with PREA Information: www.shelbycountyttn.gov | | | |

Agency Chief Executive Officer

| | |
|---|-------------------------|
| Name: Anthony Alexander | Title: Director |
| Email: anthony.alexander@shelbycountyttn.gov | Telephone: 901-222-8675 |

Agency-Wide PREA Coordinator

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| Name: Martresha Berkley | Title: PREA Compliance Coordinator |
| Email: martresha.berkley@shelbycountyttn.gov | Telephone: 901-222-8841 |
| PREA Coordinator Reports to: Anthony Alexander, Director, Shelby County Division of Corrections | Number of Compliance Managers who report to the PREA Coordinator none |

Facility Information

Name of Facility: Shelby County Division of Corrections

Physical Address: 1045 Mullins Station Road, Memphis, TN 38134

Mailing Address (if different than above)

Telephone Number: (901) 222-8504

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|-------------------------|-----------------------------------|---|---|
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Private not for profit |
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| <input type="checkbox"/> Municipal | <input checked="" type="checkbox"/> County | <input type="checkbox"/> State | <input type="checkbox"/> Federal |
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|-----------------------|-------------------------------|--|
| Facility Type: | <input type="checkbox"/> Jail | <input checked="" type="checkbox"/> Prison |
|-----------------------|-------------------------------|--|

Facility Mission: To provide a safe and secure prison environment and effective programming services for the inmate population to enhance community safety. To provide a model organization of well-trained public safety professionals, volunteers and partnerships contributing to the community's wellbeing through preparation of offenders for successful re-entry into society.

Facility Website with PREA Information: www.shelbycountyttn.gov

Warden/Superintendent

Name: Anthony Alexander

Title: Director

Email:
anthony.alexander@shelbycountyttn.gov

Telephone: (901) 222-8675

Facility PREA Compliance Manager

Name: Martresha Berkley

Title: PREA Coordinator

Email:
martresha.berkley@shelbycountyttn.gov

Telephone: (901) 222-8841

Facility Health Service Administrator

Name: Lakeisha Barbee

Title: Health Services Administrator

Email:
lakeisha.barbee@shelbycountyttn.gov

Telephone: (901) 222-8888

Facility Characteristics

Designated Facility Capacity: 3401

Current Population of Facility: 2066

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| Number of inmates admitted to facility during the past 12 months | 4846 |
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| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | 4796 |
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| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | 4776 |
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| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: | 2 |
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|---|--------------------------------------|--|---|
| Age Range of Population: | Youthful Inmates Under 18: NA | Adults: | 18-75 |
| Are youthful inmates housed separately from the adult population? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| Number of youthful inmates housed at this facility during the past 12 months: | | | NA |
| Average length of stay or time under supervision: | | | 4 years |
| Facility security level/inmate custody levels: | | | Minimum/Med/Maximum |
| Number of staff currently employed by the facility who may have contact with inmates: | | | 512 |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | | | 69 |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | | | 10 |
| Physical Plant | | | |
| Number of Buildings: 37 | | Number of Single Cell Housing Units: 0 | |
| Number of Multiple Occupancy Cell Housing Units: | | 2 | |
| Number of Open Bay/Dorm Housing Units: | | 12 | |
| Number of Segregation Cells (Administrative and Disciplinary): | | 81 | |
| 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.): The facility employs a video camera system for video surveillance. Cameras are placed strategically throughout the institution to ensure the safety and security of both inmates and staff. | | | |
| Medical | | | |
| Type of Medical Facility: | | Correct Care Solutions (on-site contract medical agency) | |
| Forensic sexual assault medical exams are conducted at: | | Shelby County Rape Crisis Center | |
| Other | | | |
| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | | | 542 |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | | | 4 |

Audit Findings

Audit Narrative

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

Overview

The Prison Rape Elimination Act (PREA) audit of the Shelby County Division of Corrections (SCDC) in Memphis, TN was conducted September 18-20, 2018. A follow-up on-site audit was conducted April 30- May 2, 2019 in conjunction with an imposed 180-day corrective action period. The audit was conducted by Lead Auditor Donald Chadwick, a certified PREA auditor for The Nakamoto Group, Inc. During the original audit, the Lead Auditor was assisted by The Nakamoto Group, Inc. support staff Vic Killion. This is the first PREA audit of the facility. There have been key personnel changes within the scope of the audit period; the agency PREA Coordinator and the agency head of the Internal Affairs Unit (IAU). The auditor spent three days on-site during both the original audit and the subsequent follow-up audit. The standards used for this audit became effective August 20, 2012. During both facility visits, the auditor conducted an opening meeting and reviewed PREA related supportive documentation. The entire facility was toured during the original audit and the auditors interviewed a random sample of staff and inmates. During the follow-up audit, there was a re-inspection of areas of the facility associated with non-compliant findings. Additionally, staff were interviewed in conjunction with their areas of expertise to discuss and review implementation of corrective action. Upon completion of the both audits, a closing meeting was held with the administrative staff to discuss the audit process, preliminary findings, and post-audit procedures.

Pre-Audit Phase

The Nakamoto Group received authorization from Shelby County, TN Division of Corrections to proceed with conducting a PREA Audit. The date of the authorization was August 9, 2018. The proposed dates of the audit were established as September 18-20, 2018. Audit notices (in English and Spanish) were forwarded to the facility for posting on August 9, 2018. The auditor observed these postings during the tour. These notices were posted throughout the facility. Postings were in place for approximately six weeks prior to the on-site-audit. The Auditor received one piece of correspondence from inmates or staff.

SCDC staff were asked to complete the Pre-Audit Questionnaire (PAQ) which was provided to the facility on August 9, 2018. The completed PAQ was received on August 20, 2018 and supporting documentation via flash drive was received by the Nakamoto Group and auditor on August 24, 2018. All pertinent documentation was reviewed including, but not limited to, educational materials, training logs, posters, brochures, agency policies and procedures, forms, and organizational charts. The following agency policies serve as the primary directives to guide operational and performance compliance with the PREA:

- 1) Policy # 332 dated May 14, 2018 (Sexual Misconduct Reporting, Response, Investigation, Prevention and Retaliation)
- 2) Policy # 333 dated May 14, 2018 (Compliance with Federal PREA)
- 3) Policy # 336 dated May 14, 2018 (Lesbian, Gay, Bi-Sexual, Transgender and Intersex Policy)
- 4) Policy # 339 dated May 14, 2018 (PREA Risk Assessments and Accommodation Strategies)

On September 7, 2018, the auditor requested additional information to be available for review during the onsite audit which included staff rosters, inmate rosters – including any inmates who self-identified as LGBTI or were deemed Limited English Proficient (LEP) or physically disabled. Other identified targeted offender groups were those who reported abuse during incarceration or at the time of victimization screening upon admission. Investigations packets of inmate reports of sexual abuse/harassment, and examples of the SCDC screening instrument were also requested to be available on the first day of the on-site audit. On September 13, 2018, Just Detention International reported no known reports from SCDC. On September 14, 2018, a tentative schedule for the facility tour and interviews was provided to the facility.

Prior to the first on-site visit, the auditor discussed the information conveyed in the Pre-Audit Questionnaire (PAQ) with the SCDC PREA Compliance Coordinator (PCC). As part of the pre-audit process, a review of the agency's primary PREA related policies was conducted. Documentation submittals and reported data generally covered the previous 12 months prior to the date of the PAQ and submittals from May 2017 going forward.

Since SCDC had not undergone a prior PREA audit, basic organizational information was discussed with the PCC. This discussion included but was not limited to the decision made to become PREA compliant; the past impediments to seeking compliance during the initial PREA audit cycle; PREA related policy development to guide operational practices; previous internal or external audits focused on sexual abuse/harassment; and any certifications or accreditations from other private or governmental entities.

On-Site Audit Phase

The auditor held an opening meeting on the morning of September 18, 2018, at the SCDC with approximately 45 staff members. The agency Director, the agency PREA Compliance Coordinator, agency administrators, and senior and mid-level department heads were in attendance. As this was the initial PREA audit for the agency, facility leadership felt that it was important for all key agency staff to be present. The auditors were introduced to staff members and the Lead Auditor provided a brief historical account of how and why the PREA was established, the focus of audit, and the methodology and scope. The audit schedule and process were discussed during the meeting.

The auditor was provided a private conference room to work and conduct confidential interviews. All requested files and rosters, both staff and inmates, were made available on the first day of the audit.

Site Review

Immediately following the opening meeting, a tour of the facility was conducted. The auditors were escorted by the Agency PREA Compliance Coordinator, the facility administrative captain, and the manager of strategic planning. The auditors toured all inmate living, work, and program areas. The auditors were given unimpeded access to all areas of the facility.

During the tour, the auditors reviewed PREA related documentation and materials located on bulletin boards and pertinent entries made in manual and electronic logs. The auditors assessed camera surveillance, physical supervision, and electronic monitoring capabilities. Additional areas of focus during the facility tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing – (can inmates shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). Informal conversations with employees and inmates, as well as private interviews with staff regarding the PREA standards were conducted during the tour. Postings (in English and Spanish) regarding PREA violation reporting and the agency’s zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, meeting areas, and throughout the facility. External advocacy and “internal hotline” information was conspicuously displayed in all living and programs areas. The tours revealed adequate camera coverage, and physical staff supervision. A review of manual logbooks revealed documentation of unannounced security and PREA rounds. However, based on the frequency of documentation, the aforementioned “unannounced PREA rounds” appeared to be predictable.

The audit tours revealed numerous concerns throughout the facility with inmate privacy and thus became a primary focus of corrective actions. Toilet and shower areas throughout the facility did not structurally prohibit the possibility of non-incident cross gender viewing. This concern was relayed to the administrative staff and was addressed in an extended corrective action plan which would include enlarging shower partition doors, extending toilet and shower entry area privacy walls, increasing the height of masonry partitions, and replacing shower curtains.

The tours revealed that audit notice postings with the PREA auditor's contact information were posted in housing areas. The auditor notice postings were posted on August 9, 2018.

Inmate Interviews

Inmate interviewees were selected from a “Housing Unit Report” dated September 17, 2018. The report indicated that 2,019 offenders were housed at SCDC at the time of the report. Male offenders (1831), and female offenders (188) were housed at SCDC. There were approximately 29 offenders who self-identified as LGBTI; 57 who self-reported to have been sexually abused; one offender identified as deaf; 15 identified as physically disabled; and no offenders deemed limited English proficient. Interviews were conducted using the Department of Justice (DOJ) protocols to assess the offender's knowledge of PREA and the reporting mechanisms available to them. Using the interview guides, 22 random offenders, and 20 targeted offenders were privately interviewed. The targeted offenders were as follows; LGBTI-13; disclosed victimization at screening-4; physically disabled-2; reported sexual abuse-1.

Staff Interviews

During the initial audit, twelve random security staff from all shifts were interviewed regarding training, their knowledge of first responder duties, reporting mechanisms for staff and offenders, and their perception of sexual safety and appropriate offender privacy issues. Fifteen administrative/specialized staff were interviewed. The administrative staff included the Agency Director, the Agency PREA Coordinator/Manager, human resources, training, medical, intake, screening, retaliation monitor, incident review, and investigative personnel among others.

The auditor connected telephonically with the Deputy Director of the Shelby County Rape Crisis Center (RCC) regarding the Memorandum of Understanding (MOU) that exists between the two agencies. It was confirmed that the RCC provides services to SCDC including, but not limited to, a 24 hour per day, seven days per week Sexual Assault Hotline and provides three victim advocates available to SCDC victims of sexual assault. The RCC provides 10 Sexual Assault Nurse Examiners (SANE) and coordinates a forensic examination when required.

File Review (applicable to original and follow-up audit)

During interviews with specialized discipline personnel having oversight of PREA operational issues, the auditor reviewed training files, background clearance files, offender intake and screening documentation, and offender PREA education documentation. The auditor also reviewed investigative files and restricted housing records. While on-site, the auditor reviewed 10 personnel files to establish compliance with background checks and 20 files to establish compliance with PREA training mandates. Personnel files reviewed were considered new hires or promotions during the applicable auditing period. The auditor reviewed 10 acknowledgement files for facility volunteers and contractors. Screening and intake procedures, offender PREA education, and referrals to medical/mental health were evaluated by reviewing five randomly selected offender files, reviewing related document submittals during the pre-audit phase, and reviewing applicable cases from the PREA allegation tracking log.

Investigations

Since May 2017, approximately 70 allegations of sexual abuse or harassment were submitted to the Internal Affairs Unit (IAU) at SCDC. Two cases were referred to the Shelby County Sheriff's Office (SCSO) as potentially criminal referrals. However, at least two tracking/reporting mechanisms (one spreadsheet tracking by date received and case number; and one reporting monthly totals) for IAU allegations indicate different totals (ranging from 70-74 administrative investigations). Similarly, the two tracking systems differ on the total number of unsubstantiated cases (ranging from 54-74). Allegations filed within the last 12 months total 54 with all deemed unsubstantiated or no disposition. The auditor selected 10 cases for review during the on-site audit. During the on-site visit, the recently appointed head of the IAU was interviewed in addition to a lead investigator. During the follow-up audit, the revised tracking system was reviewed, and a sampling of cases applicable during the corrective action

period was conducted. It was also noted that since the original audit, a new department head of the IAU is pending.

Closeout (Original and Follow-up Audits)

A closing meeting for the original and follow-up inspection was held with the administrative staff on September 20, 2018, and May 2, 2019 respectively. Discussions centered around the audit process, preliminary findings, and the post-audit process. The auditor thanked the executive team for their efforts and dedication to becoming PREA compliant.

Post-Onsite Phase

During this period of document review, clarifications were sought regarding PAQ entries, and discussions with the agency PREA Coordinator were held. PAQ entries were verified, and additional interviews with certain categories of specialized staff were conducted. Discussions regarding post audit expectation relative to corrective action were held.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Shelby County, Tennessee government characterizes the SCDC as a vital part of the local community for more than 135 years. The agency was established in 1819, as the Shelby County Work House and later known as the Shelby County Penal Farm. Currently, SCDC houses minimum, medium, and maximum-security male and female offenders and is located in suburban Memphis adjacent to the Shelby County, TN governmental complex. The corrections agency has its own Director who reports to the Shelby County, TN Mayor.

The facility's main cell blocks were completed in 1928. Thirteen other buildings were added between 1989 and 1991. The facility housed approximately 2,060 offenders at the time of the audit. The rated capacity is approximately 3401.

SCDC is reported to have been working towards PREA compliance status for approximately five years. SCDC's PREA management is led by the agency's PREA Compliance Coordinator who was appointed in March 2018. However, as alluded to above, the agency's intent to become PREA compliant began during an unspecified time prior to the appointment of the incumbent compliance coordinator. During the time period since the first PREA audit cycle, there were practices implemented that were consistent with PREA standards, but there was minimal oversight of progress towards a comprehensive implementation of PREA standards and there were no operating policy directives to guide the institutionalization of PREA compliant practices. External performance assessments consisted of the Tennessee Corrections Institute (TCI) inspections during September 2017, and March 2018. The TCI inspections found no deficiencies in programs and services or operational issues but there

were no measurements of variables related to PREA. SCDC is not accredited by the American Correctional Association but has made application for certification in Core Jail Standards.

SCDC houses among others, Tennessee Department of Corrections offenders and a significant part of SCDC's funding is received from state procurement. As such, the state corrections department would have a compelling interest in SCDC's progress towards complying with the standards in the PREA.

Since the arrival of the incumbent compliance coordinator, internal controls have been strengthened and full institutionalization of PREA has been emphasized. Historically, there have been physical plant impediments to "cross gender viewing" PREA compliance based on the age and design of the offender housing areas. Notably, privacy issues were compromised due to shower and bathroom location and design. These issues are being factored into strategic planning, and the initial PREA audit was used to gauge where corrections are required to continue towards full compliance. Since the original on-site PREA audit in September 2018, a new section of the facility was activated. "The Inmate Reception Center" (IRC) has a capacity of approximately 891 and replaced housing in the original physical plant designated as the "Main Building" and the "W Building". The IRC, by designed, is more compatible with PREA privacy standards.

There are 37 buildings containing offender work, living and program areas. Offender housing consists of 12 buildings including cell blocks and dormitories. A control center is located within each housing unit with housing wings branching off on each side. Programming areas are located within dorms and multipurpose buildings. Celled housing has toilets inside cells and showers down range. Most offender housing is dormitory style- open bay with adjacent day rooms for programming, etc. During the original audit and prior to implementation of corrective action, toilets in dormitory housing offered minimal privacy.

Based on interview, SCDC is budgeted for 595 positions, with 514 on board during the period of the on-site PREA audit. Programs and services personnel include volunteers in Religious Services, Grants and other programs. Minimum security offenders are employed outside the secure perimeter and on off-site "work lines" in the City of Memphis. The agency uses contracted medical staff. The security staff authorized complement was as follows; budgeted correctional officers (238) with 50 vacancies; corrections supervisors (59); correctional specialists (74) with 26 vacancies.

SCDC has recently developed a self-analysis process to document its efforts to adequately supervise and monitor offenders. The staffing plan analysis covers all security, program mission driven offender demographic factors, and outcomes of PREA related allegations of a given section of the facility; including an analysis of blind spots and the adequacy of camera coverage. There were numerous unsubstantiated sexual abuse or harassment allegations at SCDC over the period referenced in the PAQ.

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.

Overview

When the on-site audit was completed in September 2018, an exit briefing was held to discuss the audit findings. The meeting was held with the agency Director, the PREA Coordinator, Administrators of Operation/Security and Programs Services, the Finance Manager, the Deputy Administrator of Internal Affairs, the Administrative Captain, and the Public Information Officer/Manager of Strategic Planning. Prior to the on-site audit, the auditor was provided documentation. A review of this material in conjunction with observations, interviews, and on-site file and documents sampling was used to support a conclusion of compliance with the Prison Rape Elimination Act. An exit briefing was also held at the conclusion of the on-site follow-up audit completed on May 2, 2019. The meeting was held with the agency Director, the PREA Coordinator, the agency Deputy Director, the Administrative Captain, the Chief of Security, the Administrator of Programs, and the Facilities Administrator.

The facility staff members were found to be extremely courteous, cooperative and professional. At the end of the audit, the auditor thanked the Director and staff for their hard work and dedication to the PREA audit process. Those staff charged with preparing the facility for its initial PREA audit were recognized for identifying non-compliant areas and building internal controls over the past four to six months prior to the on-site audit. It was apparent that some areas requiring improvements were already in a corrective action phase. Similarly, as revealed during the follow-up audit, the responses to audit findings were proactive and corrective actions were implemented.

During interviews, staff and inmates acknowledged awareness of SCDC's zero tolerance policy against sexual abuse. The policies supporting this philosophy were formalized beginning in May 2018. Although some compliant practices and training had been in place during the applicable audit period, policy support was not established to provide a foundation to fully institutionalize PREA standards. Based on the governing policies original formulation dates, coupled with corrections and revisions implemented over the course of the 180-day corrective action phase, compliant policies and practices have become fully institutionalized. Although outlined in agency policy, the coordinated use of an agency staffing analysis relative to PREA variables had not always been utilized to gauge the sufficiency of staff supervision augmented by electronic monitoring. During the original on-site audit in September 2018 and throughout the corrective action period, a comprehensive staffing analysis was completed using data from assessments of housing, programs, and work areas. The analysis factored in full time equivalents and relief factors, population demographics, PREA allegation outcomes, any internal or external findings of inadequacy to ensure PREA compliance. The analysis discussed deviations from the established plan, impediments to fill vacancies, and gauged the agency's efforts to provide enough supervisory resources to the offender population. Going forward, this supervision and monitoring analysis mechanism is compliant. Based on a tour of

the facility, electronic monitoring is used to augment physical supervision of inmates by security staff. Security supervisors are diligent in making random security checks.

The facility has adaptive measures in place to ensure disabled and LEP inmates, as required, can participate in or benefit from all aspects of the PREA. Initial hiring practices evidenced appropriate background checks that are consistent with PREA sexual safety measures. However, staff considered for promotion did not always receive a background check as required by local policy or respond to questions regarding sexual abuse misconduct. These processes were brought into compliance during the 180-day corrective action period.

The facility has appropriate medical and victim advocacy networks in place and available, if needed. Staff interviews indicated adequate training in all aspects of the PREA, particularly first responder duties or actions to take in the event of a report of a PREA related incident. Routine PREA education and training is documented for security, investigative and medical staff. However, during the original September 2018 audit, specialized PREA training for medical and mental health staff was not documented and staff acknowledgement of receipt and understanding of PREA training was not documented for all staff. During the corrective action period, documentation was submitted to the auditor on the completion of specialized training for current medical and mental health staff. During the follow-up audit in May 2019, additional specialized training documentation was reviewed by the auditor as applied to any new hires. Generalized PREA training documentation was reviewed during the follow-up audit. Currently, training in both categories referenced above are fully compliant.

Inmates interviews acknowledged admissions screening included questions regarding a history of sexual abuse or victimization and whether they would like to identify a sexual preference. Intake, classification processes and medical/mental health intake processes are efficient in addressing referrals based on victimization or abusiveness screening data. Related documentation is organized and stored in information systems available on a need-to-know-basis. However, during the original audit, an affirmative 30-day reassessment of PREA victimization/abusiveness risks is not documented for all admissions. Currently, based on the follow-up audit, PREA risk screening re-assessments are accomplished on all admissions. Available PREA reporting mechanisms are conveyed in a conspicuous manner to inmates and staff members are aware of the reporting processes available to them.

Systems are in place for coordinated responses to incidents of sexual abuse, if needed. The facility has sufficiently trained investigative personnel to handle administrative investigations and, as needed, uses other Shelby County, TN governmental investigative resources to handle criminal investigations. The agency uses the a PREA module in the Offender Management System (OMSe) to document all PREA incident milestones. Since the original September 2018 audit, enhanced tracking of sexual abuse and harassment allegations and coordination among the IAU and the PREA Coordinator level has ensured accurate tracking data. A collaborative effort between these two offices has fostered greater integrity of data input. This collaborative effort has led to a better assurance of quality incident-based data, categories of incident types, and inferences gleaned from the incident review phase. During the corrective action period, the IAU institutionalized SCDC policy by ensuring mental health referrals are forwarded on sexual abuse cases; that offenders are notified of the outcome of an

investigation; and that retaliation monitoring is initiated in accordance with the PREA standard.

SCDC has ensured incident reviews are consistently conducted on substantiated and unsubstantiated sexual abuse cases. Documentation reveals incident reviews have been consistently conducted since February 2018, and through the corrective action period. SCDC policy establishes a competent process for accomplishing incident reviews in a thorough and comprehensive manner. The Sexual Assault Response Team (SART) team established by agency policy, was not fully effective during much of the original audit period. However, during the corrective action phase, documentation supports a viable incident review process by the SART. The SART must serve as an audit process for the quality of investigations going forward.

Number of Standards Exceeded: 1

Number of Standards Met: 44

115.14 – SCDC does not house youthful inmates.

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

115.13 (a) (b) (c) (d) An analysis of best efforts to comply with SCDC's staffing plans and a capsulation of the best efforts had not been routinely practiced during the applicable audit period. A best efforts analysis and supporting data, as well as a capsulation of staffing efforts was completed during the original on-site audit week. Prior institutionalization of this standard had not been accomplished. Although the practice is in place, facility PREA policies did not reflect the requirement of security unannounced rounds. Blind spots were noted in outside warehouse facilities. Large mirrors were installed to expose viewing of all aisles in the warehouse facilities. The best efforts staffing analysis completed during the on-site audit week is currently compliant. This corrective action was reviewed on a follow-up audit conducted May 2, 2019. An updated SCDC policy # 333 was submitted for review showing the inclusion of verbiage on unannounced PREA rounds. Warehouse areas were re-inspected during the May 2, 2019. It was determined that the above corrective actions are currently compliant.

115.15 (a) (b) Policy 333 (Compliance with the Federal PREA), section H, does not definitively prohibit cross gender pat or strip searches unless exigent circumstances. The policy only states that these searches should be documented. The policy should be enhanced to include language consistent with 115.15 a, b. Policy revisions were submitted to the auditor during the corrective action phase. This policy is now fully compliant.

115.15(d) There were not adequate limits to cross gender viewing in toilet and shower areas. Modification to housing unit bath and shower areas is required to eliminate non-incident viewing of inmates in toilet and shower areas. A strategic plan is in place to address physical structural privacy enhancements in some buildings and to eliminate the use of older housing

areas and replace with newer more compliant housing inclusive of bath and shower areas more consistent with required privacy enhancements. The facility was encouraged to report a 90-day progress update and work towards full compliance in 180 days. A follow-up on-site audit completed May 2, 2019, verified that privacy enhancements have been made to bath and shower areas of housing units. Additionally, two buildings are no longer in use and a previously planned physical plant expansion which included two additional housing areas fully consistent with PREA privacy standards are now in use. The above corrective actions bring this standard into full compliance.

115.17 (a) As required by SCDC policy, background/criminal history checks on staff being promoted were not conducted during the entire audit period. In April 2018, a revised form entitled "Background Check Authorization & Annual PREA Acknowledgement Form" was implemented which captured reporting of derogatory information for staff being considered for promotions. To ensure full institutionalization of background checks for promotions, sampling was conducted on any promotions since the original on-site audit in September 2018. During the follow-up audit conducted May 2, 2019, all applicable promotion files contained evidence that staff were asked to respond to questions regarding previous sexual misconduct. This standard is currently fully compliant with PREA requirements.

115.22(b) SCDC had not published on its website, its policy and practice pertaining to allegations of sexual abuse or sexual harassment. SCDC Policy 332 covers referrals for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. SCDC Policy 332, Section H. 5 contained verbiage which was not consistent with the PREA standards. The policy statement should state "the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall **not** be determined by the person's status as inmate or employee.

A plan was put in place for creating a webpage for PREA issues on the SCDC website. An agency staff member was tasked by the agency Director to accomplish this task. The information and appropriate links were previously determined. The agency established the website which went on-line during the week of the follow-up audit (April 30-May 2, 2019). Verification was confirmed remotely by the PREA auditor to determine compliance. The agency has published on its public website, information regarding the SCDC PREA policy, how the public can report PREA allegations, and yearly incident-based data and data analysis.

115.31(d) During the original on-site audit, it was determined that all staff did not acknowledge receipt and understanding of PREA training. Over the scope of the audit, a variety of acknowledgement of training documentation was reviewed. Some forms only acknowledged attendance and the course topics, others acknowledged receipt and understanding of the course content. A consistent method of capturing documentation of receiving and understanding PREA related subject matter was recommended. A corrective action period of sustained and consistent documentation was recommended. During the follow-up onsite audit week, revised training documentation during the period of January 2019 thru April 2019, was sampled from the training department. The follow-up audit sampled documentation pertaining to PREA training for SCDC staff. Training acknowledgement forms reviewed indicated that all staff having contact with inmates acknowledged receipt and understanding of PREA training.

This standard is currently compliant.

115.32 (c) All contractors and volunteers do not acknowledge receipt and understanding of PREA training. Over the scope of the audit, a variety of acknowledgement of training documentation was reviewed. Some forms only acknowledged attendance and the course topics, others acknowledged receipt and understanding of the course content. A consistent method of capturing documentation of receiving and understanding PREA related subject matter was recommended. A corrective action period of sustained and consistent documentation was recommended. During the follow-up onsite audit week, revised training documentation during the period of January 2019 thru April 2019, was sampled from the training department. The follow-up audit sampled documentation pertaining to PREA training for contractors, and volunteers. Training acknowledgement forms reviewed indicated that all contractors, and volunteers having contact with inmates acknowledged receipt and understanding of PREA training. This standard is currently compliant.

115.35 (c) SCDC did not maintain documentation that medical and mental health practitioners have received specialized PREA training from SCDC or from other sources. Corrective action focused on securing documentation of training which supports at a minimum, receipt of specialized PREA training for medical and mental health staff.

As part of the corrective action process, and to enhance the quality of specialized PREA training, medical and mental health staff completed "PREA for Medical and Mental Health Care", a course offered by the National Institute of Corrections (NIC). The training was completed in September 2018. All required sections of the course were viewed on video. Training sections covered were as follows: detection and assessing signs of sexual abuse and harassment; preserving physical evidence, effective and professional responses; reporting, and understanding sexual trauma in custody. The sustainment of the corrective action taken was verified during the follow-up audit by sampling training records of medical staff hired since September 20, 2018. A review of specialized training documentation during the follow-up audit was conducted. Training records for seven medical/mental health staff hired since October 30, 2018, was conducted during the follow-up audit. All staff training files contained documentation of PREA specialized training. This standard is now fully compliant.

115.41(f) During the original on-site audit, SCDC's "Sexual Aggressor/Sexual Victim Classification Screening" tool used during the initial screening assessment phase did not clearly delineate whether the form's documentation is also addressing an affirmative 30-day re-assessment of all admissions. The screening form was modified to indicate whether the inmate review constituted an initial screening or a 30-day reassessment. As required by policy # 339, the inmate is required to be present at the re-assessment; therefore, it was recommended that the offender signs or acknowledges receipt of a 30-day re-assessment. This corrective action was implemented. The auditor reviewed ten cases to determine if the 30-day re-assessments were completed. All cases were compliant with time frames and re-assessments were completed. This standard is now fully compliant.

115.67 (c) During the on-site PREA audit in September 2018, retaliation monitoring for inmates and staff was not initiated upon receipt of allegation of sexual abuse or harassment. As

required by SCDC Policy #332, IAU investigators were not maintaining documentation of retaliation monitoring in all sexual abuse cases. In cases where retaliation monitoring was initiated, this process was not initiated until after cases were closed rather than after the allegation was filed. Additionally, documentation did not indicate which retaliation variables were monitored. In September 2018, corrective action was implemented to ensure all cases of allegations are monitored for retaliation. SCDC IAU investigative staff were tasked by the agency Director to monitor inmate cases for retaliation, and applicable to inmates and staff. All retaliation monitoring contacts will be entered into the IAU investigative database and documentation will be placed in the investigative file. During the follow-up on-site audit in May 2019, ten investigative files were reviewed of allegations filed since December 31, 2018. This case review revealed that all cases received appropriate retaliation monitoring. This standard is currently compliant.

115.73 (a) (e) During the on-site PREA audit in September 2018, it was revealed inmates were not always notified of the outcome of an investigation. Inmate signatures are not indicating receipt of outcome of an investigation. Because inmates did acknowledge receipt of outcomes, it could not be determined if inmates are aware of status of staff whom they have filed allegations against. During the follow-up on-site audit in May 2019, ten investigative files were reviewed of allegations filed since December 31, 2018. This case review revealed that all cases received the receipt of notification of outcome and were documented. This standard is currently compliant.

115.86 An SCDC policy to address PREA incident reviews was not established until May 14, 2018. A practice of institutionalizing this process was implemented May 2018 going forward via the establishment of a body of personnel responsible for sexual abuse incident reviews. Therefore, policy and practice governing the PREA incident review process was not in place for part of the applicable audit period (12 months) prior to the original audit in September 2018. SCDC policy # 338 (Sexual Abuse Response Team, SART) identified a process through which after action reviews of sexual abuse incidents would be accomplished. A tracking system established to identify delinquent incident reviews showed progress towards ensuring compliance. A corrective action plan was monitored by the PREA Coordinator and an internal audit evaluated progress during the corrective action phase. Ten investigative files were reviewed of allegations filed since December 31, 2018. This case review revealed that all closed cases received an incident review. This standard is currently compliant.

115.87 (b) (d) During the on-site audit in September 2018, it was determined that aggregate data collection from SCDC incident-based document sources has not been fully institutionalized due to the absence of reliable personnel oversight or an effective incident review process. Oversight of incident-based data collection systems improved beginning in calendar year 2018. Corrective action focused on capturing incident-based data reportable in the annual reports for 2017 going forward. The current agency PREA Coordinator provided oversight of obtaining data from the IAU database, files maintained by the previous agency coordinator, and incident review analysis. The agency has published on its public website, information regarding yearly incident-based data and data analysis. During the on-site follow-up audit, the auditor verified corrective action based on a review of the agency's public website. Incident based data has been compiled from authorized sources and yearly reports

are now available for public access. The data is presented by year and analyzed for effectiveness and corrective actions. This standard is currently compliant.

115.88 SCDC had not established a mechanism for improving the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by a review of aggregated incident-based data. During the corrective action period, the following actions were implemented and verified:

- 1) Establishing a mechanism for identifying problem areas
- 2) Establishing mechanisms for taking corrective action on an ongoing basis
- 3) Preparing an annual report, for public access via Shelby County, TN website, of findings and corrective actions and comparing current year data and corrective actions with those from prior years and assess SCDC's progress in addressing sexual abuse.

Corrective action was accomplished by using reliable data from all investigative sources and reports applicable in PREA standard 115.87, and by compiling annual reports identifying problem areas, corrective actions, and a comparative analysis of progress in addressing sexual abuse. Corrective action was accomplished by creating a webpage on the Shelby County, TN government domain, which contains the above reference annual reports supported by incident-based data categorized by sexual abuse allegation type and covering respective calendar years. Corrective action was assessed by the auditor during the follow-up audit on May 2, 2019. SCDC has successfully established a mechanism to publicly inform constituents of SCDC sexual abuse allegation issues, and the agency's ability to identify, correct, and gauge the effectiveness of corrective actions implemented to address identified problems to determine compliance. This standard is currently compliant.

115.89 During the original on-site audit in September 2018, SCDC did not maintain aggregated incident-based data that was published publicly. Oversight of incident-based data collection systems improved beginning in calendar year 2018. Corrective action focused on capturing incident-based data reportable in the annual reports for 2017 going forward. The current agency PREA Coordinator provided oversight of obtaining data from the IAU database, files maintained by the previous agency coordinator, and incident review analysis. The agency has published on its public website, information regarding yearly incident-based data and data analysis. During the on-site follow-up audit, the auditor verified corrective action based on a review of the agency's public website. Incident based data has been compiled from authorized sources and yearly reports are now available for public access.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 332, Sexual Misconduct Reporting, Response, Investigation, Prevention and Retaliation addresses the requirements identified in this standard. The agency policy outlines a zero-tolerance policy for all forms of sexual abuse and sexual harassment.

Practice(s):

The agency has appointed a PREA Compliance Coordinator (PCC) assigned to SCDC. The PCC reports directly to the agency Director in all matters pertaining to the PREA. The PCC collaborates with various Deputy Administrators and the Health Services Administrator regarding all PREA related concerns. Interviews with the agency PREA Coordinator confirmed that the incumbent has sufficient time and authority to coordinate efforts to become compliant with the PREA standards. Inmates are informed about the zero-tolerance policy and the PREA program is also a part of the inmate education process via admission and orientation procedures. Inmates are also informed about the program and zero tolerance in the admission and orientation materials and through postings throughout the facility.

All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. All interviews with staff, volunteers, contractors and inmates confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse/sexual harassment. The commitment to the enforcement and implementation of the PREA, along with an examination of policy and documentation, support the facility's compliance with this standard.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

SCDC does not contract with private or other entities for the confinement of its inmates.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components

of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?
 Yes No

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 333 (Compliance with the Federal PREA), governs the requirements of this standard.

Practice(s):

As outlined in agency policy, the coordinated use of an agency staffing analysis relative to PREA variables is utilized to gauge the sufficiency of staff supervision augmented by electronic monitoring. During the September 2019 audit week, a comprehensive staffing analysis was completed using data from assessments of housing, programs, and work areas. The analysis factored in full time equivalents and relief factors, population demographics, PREA allegation outcomes, any internal or external findings of inadequacy to ensure PREA compliance. The analysis discussed deviations from the established plan, impediments to fill vacancies, and gauged the agency's efforts to provide enough supervisory resources to the offender population.

An analysis of best efforts to comply with SCDC's staffing plans and a capsulation of the best efforts is currently in effect and used during the applicable audit period. As stated above, best

efforts analysis and supporting data, as well as a capsulation of staffing efforts was completed during the original on-site audit week and now has been fully institutionalized. An updated SCDC policy # 333 was submitted for review showing the inclusion of verbiage on unannounced PREA rounds. Facility policies have been revised to reflect the requirement of security unannounced rounds. As blind spots were noted in outside warehouse facilities, large mirrors were installed to expose viewing of all aisles in the warehouse facilities. Warehouse areas were re-inspected during the May 2, 2019. The best efforts staffing analysis completed during the original on-site audit week is currently compliant and the analysis exceeds customary PREA staffing analyses. This corrective action was reviewed on a follow-up audit conducted May 2, 2019. It was determined that the above corrective actions are currently compliant. Based on a tour of the facility, electronic monitoring is used to augment physical supervision of inmates by security staff.

There have been no reported judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relative to this standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

SCDC does not house youthful inmates.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 333, and SCDC Policy 336 (LGBTI) address the requirements of Standard 115.15. The facility's overall rated capacity exceeds 50 inmates. The institution does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. Policy prohibits employees from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Policy 333 (Compliance with the Federal PREA), section H, prohibits cross gender pat or strip searches of female inmates unless in exigent circumstances.

Practice(s):

There are adequate limits to cross gender viewing in toilet and shower areas. Modification to housing unit bath and shower areas has eliminated non-incident viewing of inmates in toilet and shower areas. A strategic plan was executed to address physical structural privacy enhancements in some buildings and to eliminate the use of older housing areas and replace with newer more compliant housing inclusive of bath and shower areas more consistent with required privacy enhancements. A follow-up on-site audit completed May 2, 2019, verified that privacy enhancements have been made to bath and shower areas of housing units. Additionally, two buildings are no longer in use and a previously planned physical plant expansion which included two additional housing areas fully consistent with PREA privacy standards are now in use.

SCDC has an "announce" policy and procedures requiring staff of the opposite sex to announce their presence or otherwise notify the inmates, when entering an inmate housing unit. An announcement is made upon entering each applicable housing unit. Randomly interviewed inmates confirmed that male and female staff members, as applicable, announce their presence in this manner, when entering a housing unit. The practice was observed, during the facility tour. Interviews with randomly selected inmates confirmed that they had been pat searched by officers of the same gender properly and professionally. Interviews with random and specialized staff, observations and an examination of support documentation, such as the Staff Training Acknowledgement Form, confirm training in this area follows the requirements of Standard 115.15. This standard is fully compliant.

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

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

115.16 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 333 and admission and orientation materials address the requirements of Standard 115.16. Through policy, the agency ensures that inmates with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Policy prohibits the use of inmate interpreters, inmate readers or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's allegations. Policy requires the PCC to collaborate with local resources to procure services commensurate with an inmate's disability, so that the disabled inmate can benefit from the provisions of the PREA. Facility

policy identifies various resources to foster communication for “Limited English Proficient inmates including the Shelby County Government Office of Multicultural and Hispanic Affairs; language line assistance; and the Tennessee Association of Professional Interpreters and Translators.

Practice(s):

Upon initial screening, inmates entering SCDC receive verbal and written information concerning sexual abuse during new arrival orientation. Those who are “Limited English Proficient” are identified by staff members who document whether an inmate displays a language barrier or other disability which would prevent the understanding of basic PREA provisions or sexual abuse/prevention/intervention information. As applicable, a follow-up plan is developed to foster communication. All inmates interviewed verified that they were instructed about PREA compliance and felt safe from sexual abuse. All PREA related information, including postings, brochures and handouts are available in English and in Spanish, as confirmed through inmate interviews and a review of written materials. There were no inmates identified as non-English proficient for this facility. When necessary, inmates confirmed during interviews, the availability and use of the staff and telephonic interpretive services. As needed, the above referenced disability follow-up plan is used for inmates with other communication disabilities. Inmates with hearing impairments have access to “Purple Communication Devices, for assistance in making interpreted video calls. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition of customary use of inmate interpreters for PREA compliance related functions. Interviews with disabled inmates (one deaf; one physical) and staff (random and specialized) and an examination of available resources confirm the facility’s substantial compliance with Standard 115.16.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 333, SCDC PREA "Annual Acknowledgement Form", SCDC "Background Check Authorization, and Annual PREA Acknowledgement Form" addresss the requirements of the standard. According to SCDC policy, the facility does not hire or promote anyone who may have contact with inmates and does not enlist the services of any contractor who may have contact with inmates who has engaged in any type of sexual abuse/sexual harassment. SCDC policy stipulates that employees have a duty to disclose such misconduct and material omissions regarding such misconduct would be grounds for termination. Submission of false information by any applicant is grounds for not hiring the applicant.

Practice(s):

The Human Resource Manager was interviewed, and files were sampled relative to new hires, volunteers/contractors and promotions to assess compliance with this standard. In April 2018, a revised form entitled "Background Check Authorization & Annual PREA Acknowledgement Form" was implemented which captured reporting of derogatory information for staff being considered for promotions. To ensure full institutionalization of background checks for promotions, sampling was conducted on any promotions since the original on-site audit in September 2018. During the follow-up audit conducted May 2, 2019, all applicable promotion files contained evidence that staff were asked to respond to questions regarding previous sexual misconduct or convictions or adjudications related to sexual abuse in the community.

Five initial hire files were reviewed. SCDC initial hires who have contact with inmates have had a background investigation, in addition to fingerprinting and inquiry into the FBI's National Crime Information Center (NCIC). Re-investigations of employee backgrounds take place every five years. Contractors and volunteers who have regular contact with inmates also have criminal background checks completed prior to having contact with inmates. Volunteer and contractor background checks are repeated yearly.

The Human Resource Manager was interviewed and confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Human Resource Manager also confirmed that the agency provides 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. SCDC notifies appropriate licensing/certifying agencies, when professional personnel are terminated for substantiated allegations of sexual abuse or sexual harassment. This standard is currently fully compliant with PREA requirements.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Prior to the original on-site audit in September 2018, SCDC has not had any substantial facility expansions or modifications since August 20, 2012. This is the initial PREA audit for this facility. Since the enactment of the PREA and based on the consideration of enhancing the ability to protect inmates from sexual abuse, cameras were added in various strategic locations. The consideration of additional camera placement is a perpetual analysis based on staffing, incident based, and post allegation incident review considerations. Since the original PREA audit in September 2018, the facility closed two older buildings containing inmate housing and replaced them with a recently constructed "Inmate Reception Center". The opening of the new housing units has a direct correlation to PREA privacy objectives and directly impacted PREA sexual abuse protections.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No

- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 332, and Policy 315 (Crime Scene Management), a Memorandum of Understanding (MOU) with the Shelby County Rape Crisis Center, address the requirements of this standard. Protocols and procedures for all sexual abuse allegations are outlined in the above referenced policies documents. Prior to a referral for an forensic

examination, alleged victims of sexual assault are examined in the SCDC's health services department for an initial injury assessment. Such treatment would be for life preservation only. Policy states that all sexual abuse victim advocacy, examinations, treatment, testing and follow-up care are provided without cost to the alleged victim.

Practice(s):

Interviews with IAU, correctional and health services personnel confirmed that they were all knowledgeable of the required procedures for obtaining, preserving and securing physical evidence, when sexual abuse is alleged. Staff interviews revealed awareness of the responsible parties for conducting investigations relative to sexual abuse/sexual harassment allegations.

SCDC refers all criminal investigations to the Shelby County Sheriff's Office's General Investigative Bureau (SCSO-GIB). The SCSO follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". A victim advocacy agreement has been established with Shelby County Rape Crisis Center (RCC). Additionally, if forensic medical exams are needed, they are performed at RCC. SCDC also has trained and qualified agency staff victim advocates available if requested. SCDC reported one forensic exam performed in the applicable audit period.

Routinely, administrative investigations are conducted by trained IAU investigators who are full time employees of SCDC. As appropriate, the agency Director generates a referral to the SCSO. The review of training records confirmed that investigators have received investigator training on the investigation of sexual abuse and sexual harassment in confinement settings. Interviews with staff (random and specialized), the Deputy Administrator of the Shelby County RCC responsible for forensic and community victim advocacy services, and an examination of support documentation confirms the facility's compliance with Standard 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

SCDC Policy 332 addresses the requirements of Standard 115.22. The policy requires administrative or criminal investigations to be completed on all allegations of sexual abuse/sexual harassment. Administrative investigations are routinely assigned for completion by the IAU. If, during an investigation, evidence surfaces indicating criminal misconduct, the case would be referred to the SCSO- GIB for criminal investigation. SCDC policy requires investigations to be completed within 90 days unless extended by the Director.

Practice(s):

The SCDC Deputy Administrator, IAU, and a Lead Investigator were interviewed for an assessment of their awareness of the IAU’s responsibilities in the investigative process. They conveyed the SCSO would conduct criminal investigations for the facility involving inmate-on-inmate sexual abuse, as well as staff-on-inmate criminal sexual abuse. The IAU staff confirmed that an investigation would never be terminated due to an inmate being transferred or released or an employee leaving the agency. IAU staff are aware of the uniform evidence protocol and are confident that all referrals to the SCSO on criminal matters are investigated using a similar evidence protocol. Interviews with IAU staff and an examination of training documentation confirm all investigators received instruction in conducting sexual assault investigations.

SCDC has published on its website, its policy and practice pertaining to allegations of sexual abuse or sexual harassment. SCDC Policy 332 covers referrals for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

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

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Policy:

SCDC Policy 333, and 336 (LGBTI) address the requirements of this standard. All SCDC new employees receive instruction related to the prevention, detection, response, and investigation of sexual misconduct during "New Employee Orientation". Current employees receive PREA refresher training every two years to ensure they are familiar with the division's sexual abuse and harassment policies and procedures. Specialized training is offered periodically to employees designated as PREA Advocates. PREA training is coordinated by the division's Training Department which is responsible for approving comprehensive PREA lesson plans. Training classes are taught by the various staff discipline specialist (IAU, Corrections). The PREA Compliance Coordinator works with the Deputy Administrator – Operations to ensure training is received by all employees, contractors and volunteers.

Practice(s):

The focus during this audit scope was to thoroughly orient SCDC employees to the cultural expectation that PREA protections afforded inmates and staff. The PREA Compliance Coordinator and the Deputy Administrator – Operations have been involved in ensuring employees familiarized themselves with all division PREA related policies, and familiarity with the root causes of PREA allegations related to staff conduct. An extensive and comprehensive PREA lesson plan, accompanied by relevant video presentations, newsletters, correspondence focused on PREA question and answers was used by the division to prepare staff for PREA compliance. The review of facility lesson plans confirmed that the training provided addressed all elements identified in this standard. Twelve random staff interviewed indicated that they received the required initial and refresher PREA training. Based on a random sampling of 20 training files and a review of submitted documentation during the original on-site audit, some class attendance sign-in logs did not indicate the courses being taught. Additionally, all staff receiving training did not acknowledge, in writing, their receipt and understanding of the PREA training. Over the scope of the audit, a variety of acknowledgement of training documentation was reviewed. Some forms only acknowledged attendance and the course topics, others acknowledged receipt and understanding of the course content. A consistent method of capturing documentation of receiving and understanding PREA related subject matter was recommended. A corrective action period of sustained and consistent documentation was recommended. During the follow-up onsite audit week, revised training documentation during the period of January 2019 thru April 2019, was sampled from the training department. The follow-up audit sampled documentation pertaining to PREA training for SCDC staff. Training acknowledgement forms reviewed indicated that all staff having contact with inmates acknowledged receipt and understanding of PREA training. This standard is currently compliant.

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

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Policy:

SCDC Policy 333, and Policy 336 address the requirements of Standard 115.32.

Practice(s):

The auditor's review of a sample of volunteer and contractor PREA training sign-in forms and other documents confirmed that facility contractors and volunteers received training related to their responsibilities concerning the PREA (zero tolerance, detection, prevention, response

and reporting requirements), during the previous twelve months, and annual refresher instruction. Interviews and a review of support documentation confirmed that the training was provided. The Shelby County Division of Corrections Training Academy PREA Lesson Plan was reviewed and covered the appropriate subject matter and methods of instruction.

However, all contractors and volunteers receiving training did not acknowledged, in writing, their receipt and understanding of the PREA training. Over the scope of the audit, a variety of acknowledgement of training documentation was reviewed. Some forms only acknowledged attendance at PREA training, other acknowledged receipt and understanding of the course content. There should be a consistent method of capturing documentation of receiving and understanding PREA related subject matter. In April 2018, a revised "Training Acknowledgement Form was created which by signature of the volunteer or contractor, confirms receipt and understanding of PREA course content. During the follow-up onsite audit week, revised training documentation during the period of January 2019 thru April 2019, was sampled from the training department. The follow-up audit sampled documentation pertaining to PREA training for contractors, and volunteers. Training acknowledgement forms reviewed indicated that all contractors, and volunteers having contact with inmates acknowledged receipt and understanding of PREA training. This standard is currently compliant.

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

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy:

SCDC Policy 339 (PREA Risk Assessment and Accommodation Strategies) addresses the requirements of Standard 115.33. Policy requires inmates entering SCDC to receive verbal and written information concerning sexual abuse during new arrival orientation.

Practice(s):

During in-processing procedures SCDC, inmates receive a “PREA Sexual Assault Awareness Pamphlet”, and a “PREA Inmate Education Syllabus” describing the agency’s PREA compliance program. The inmate handbooks are currently under revision. Inmates are provided educational pamphlets in English and Spanish on PREA. Inmates are provided information on reporting sexual assault, protection from retaliation, treatment and counseling, the use of the PREA tip line, and consequences of false allegations. The information contained in the handbooks and pamphlets identify the key elements of the program and inform SCDC inmates about the facility’s zero tolerance policy toward sexual abuse and sexual assault and the multiple ways to report sexual abuse/sexual harassment.

Within seven days of arrival, SCDC staff members reiterate the information written in pamphlets and other handouts by conducting an educational program regarding the PREA for all inmates entering SCDC. The educational program consists of a PREA education video. The educational program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities. Inmates can ask questions regarding the educational information. The auditor reviewed a sample of inmate files and confirmed that PREA education is received and documented. Forty-two inmate interviews confirmed that PREA education is received and understood, including those inmates in “targeted” categories.

Staff interpreters and telephonic translation services are available to inmates who are not proficient in English. A tour of SCDC confirmed that PREA educational posters were prominently displayed in all housing units and common/program areas, and work areas. Interviews with staff (random and specialized) and an examination of the documentation listed above confirm that the facility meets the requirements mandated in Standard 115.33.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

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

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

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 332 addresses the requirements of this standard. SCDC policy requires agency investigators to complete all PREA related training offered by the National Institute of Corrections, and the SCSO; complete training in conducting sexual abuse investigations in confinement settings; and complete training in techniques for interviewing sexual abuse victims and the proper use of Miranda and Garrity Warnings, as well as sexual abuse evidence collection.

Practice(s):

Currently, there are four trained investigators authorized to conduct administrative sexual abuse investigations at SCDC. When criminal investigations are indicated, they are conducted by the SCSO-GIB.

Four SCDC investigators completed (PREA) Investigating Sexual Abuse in a Confinement Setting”. The training covers the proper use of Miranda and Garrity Warnings and sexual abuse evidence collection. One investigator completed “Prison Rape and Sex Assault Investigations Inside Correctional Facilities. Two investigators completed “PREA: Your Role Responding to Sexual Abuse”. One investigator completed “PREA: Audit Process and Instrument Overview”.

Based on the review of training records of the four authorized investigators at SCDC, the agency is in compliance with standard 115.34.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 333 addresses the requirements of Standard 115.35. SCDC policy requires full and part-time medical staff to receive specialized PREA to include, but not limited to detection, responding, and reporting allegations or suspicions of sexual misconduct. Additionally, training should be completed on preservation of physical evidence of sexual abuse.

Practice(s):

Medical and mental health staff receive training covering the above objectives in training classes designed for non-medical or mental health staff. Medical and mental health staff have completed routine PREA training. The auditor's review of medical and mental health

personnel training records confirmed that these employees receive the same basic PREA training as correctional officers and understand their duty to report any knowledge of sexual abuse/assault, even when the said information is disclosed during a health care encounter. SCDC's medical staff does not perform forensic exams. This service is provided as needed by the Shelby County RCC.

SCDC maintains documentation that medical and mental health practitioners have received specialized PREA training from SCDC or from other sources. As part of the corrective action process, and to enhance the quality of specialized PREA training, medical and mental health staff completed "PREA for Medical and Mental Health Care", a course offered by the National Institute of Corrections (NIC). Documentation of completion was forwarded to the auditor on October 17, 2018. The training was completed in September 2018. All required sections of the course were viewed on video. Training sections covered were as follows: detection and assessing signs of sexual abuse and harassment; preserving physical evidence, effective and professional responses; reporting, and understanding sexual trauma in custody. The sustainment of the corrective action taken was verified during the follow-up audit by sampling training records of medical staff hired since the initial on-site audit. A review of specialized training documentation during the follow-up audit was conducted. Training records for seven medical/mental health staff hired since October 30, 2018, was conducted during the follow-up audit. All staff training files contained documentation of PREA specialized training. This standard is now fully compliant.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 339 (PREA Risk Assessments and Accommodation Strategies) addresses the requirements of Standard 115.41. The procedures require an initial assessment to be completed within 72 hours of admission, by intake staff. Specifically, agency policy requires that upon arrival, inmates shall be assessed for risk of sexual victimization or abusiveness. Policy requires that risk screenings shall be initiated in the Offender Management System (OMSe) PREA Risk Assessment module by medical personnel during intake medical screenings, as well as by other intake personnel within 72 hours of arrival to SCDC. Policy requires a risk assessment to be conducted upon admission, transfer, initiation and conclusion of investigations into substantiated or unsubstantiated allegations, referral due to mental health concerns, and/or referrals due to concerns of substantial imminent risk of sexual abuse. Within 15-30 calendar days from the inmate's arrival to SCDC, policy requires the inmate to be reassessed regarding victimization or abusiveness risk based upon any additional, relevant information received since the initial intake screening. Policy requires the inmate to be present during the 30-day reassessment.

The "Sexual Aggressor/Sexual Victim Classification Screening Tool and Procedure" guidelines are used to determine whether or not an offender is deemed to be at risk of sexual assault or harassment or has the potential to be sexually aggressive against other inmates while housed at SCDC. This screening tool is also used to make determinations for housing, bed, work, education, and other program assignments. A PREA Screen Facilitator (PSF) assesses at least 14 screening variables.

SCDC policy prohibits inmates being disciplined for refusing to answer screening questions or for not disclosing complete information, during the screening process. Information received, during the screening process, is deemed confidential and only available to staff with a need-to-know and never to other inmates.

Practice(s):

All inmates are immediately assessed for a history of sexual abusiveness and risk of sexual victimization during the in-processing procedures. Staff members use the "SCDC Sexual Aggressor/Sexual Victim Classification Screening Tool". This screening instrument gauges the

propensity for abusiveness or victimization. The screening tool considers all identified criteria as per standard 115.41.

Based on the scoring as per assessments of the variables on the screening tool, an inmate could be deemed a known, potential, or neither, in the victim or abuser categories. The auditor reviewed documentation contained in the risk screenings and determined that screenings for victimization and abusiveness were conducted in compliance with the standards. As observed on-site, a member of the medical team and intake personnel screens all new arrivals within the first 72 hours of the inmate's arrival, but this activity ordinarily occurs on the day of arrival. The auditor's review of screening documents confirmed that inmates identified as being at risk for sexual victimization or at risk of sexually abusing other inmates were referred to a qualified mental health professional and all received further assessment. The screening process also includes the review of records or information from other facilities. A PREA Accommodation Strategy Team (PAST) establishes an accommodation strategy for inmates who are deemed in the victim or predator categories. Based on specialized staff and random inmate interviews, a review of documentation such as the SCDC screening tool, and observations of the intake process, initial PREA risk screening is conducted at SCDC in compliance with Standard 115.41.

SCDC's "Sexual Aggressor/Sexual Victim Classification Screening Tool" used during the initial screening assessment phase does not clearly delineate whether the form's documentation is also addressing an affirmative 30-day re-assessment of all admissions. The screening form should be modified to indicate whether the inmate review constitutes an initial screening or a 30-day reassessment. As required by policy # 339, the inmate is required to be present at the re-assessment; therefore, it is recommended that the offender signs or acknowledges receipt of a 30-day re-assessment.

During a corrective action phase, the screening form was modified to indicate whether the inmate review constituted an initial risk screening or a 30-day reassessment. This corrective action was implemented. The auditor reviewed ten cases to determine if the 30-day re-assessments were completed. All cases were compliant with time frames and re-assessments were completed. This standard is now fully compliant.

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

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

Policy:

SCDC Policy 339, and SCDC Policy 336 (LGBTI) address the requirements of Standard 115.42. The policies require risk screening information to be used to determine housing, bed assignments, work assignments, and education and program assignments. Policy requires these determinations for various assignments to be made on a case-by-case basis. Staff members assigned to conduct intake screening have been provided additional training and resource materials. SCDC inmates at risk for victimization or perpetration of sexually abusive behavior, based on screenings pursuant to 115.41, or at any time new information becomes

available, will be referred to qualified mental health professionals for an assessment of treatment and management needs. SCDC inmates with a known or potential sexual predation or victimization potential are governed by a PREA accommodation strategy, a plan prepared by a team of staff for inmate housing, bed, work, education and program assignments based on the PREA classification. The goal is to keep an inmate at high risk of being sexually victimized from those at high risk of being sexually abusive.

SCDC policy requires the PAST to assess and determine the housing of transgender and intersex inmates on a case by case basis. This is to be accomplished by an individualized assessment of the inmate upon admission. Temporary housing may be assigned required in order to properly house the inmate on an interim basis and made with the safety of the inmate as a priority. The PAST is required to document ongoing aspects of consideration of interim housing arrangements. The PAST is required by policy to assess the placement and programming assignments of each transgender or intersex inmate twice a year to review any threats to safety experienced by the inmate. SCDC policy requires that transgender and intersex inmates shall be given the opportunity to shower privately from other inmates.

Practice(s):

The auditor reviewed case management categories related to monitoring an offender's victimization or abusiveness profiles and PREA decisions, as a result of intake screenings pursuant to 115.41. Interviews were conducted with 42 inmates, inclusive of LGBTI inmates, those who were reported victimization at screening, or later, as well as random selectees. Staff interviews and supporting documentation indicated that PAST personnel meet on a regular basis to assess the status of any inmate thought to be at risk of victimization or inmates who are exhibiting institutional adjustment problems. The interview with the PREA Compliance Coordinator confirmed that an inmate's identification as transgender or intersex is not the sole criteria for placement in a specific housing unit. Based on the auditor's observations, during the on-site tour, SCDC does not have dedicated housing units for transgender offenders. A sampling of transgender cases (2) was conducted to determine if safety and security assessments were conducted at least twice per year. Based on this review, the initial assessments were completed upon admission and the semi-annual assessments are not applicable due to the recency of admissions. Interviews with staff, an examination of documentation/policy confirm SCDC is compliant with the requirements mandated in Standard 115.42

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?
 Yes No

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

SCDC Policies 332 and 336 address the requirements of Standard 115.43. Policy 332 states inmates at high risk of sexual victimization and the aggressor will be physically separated. The victim shall be housed in an environment that shall, to the extent possible, permit the same level of privileges the victim was permitted immediately prior to the allegation of sexual abuse. The policies state that involuntary housing shall not be utilized unless an assessment of all available alternatives has been made and a determination has concluded there is no available alternative means of separation from the likely abusers.

Practice(s):

Based on a review of records, in one case whose admission date to protective housing was not within the scope of this audit (12 months), it was noted that 30-day reviews have been performed on the inmate's status in "Limited Privileged Housing". The Limited Privileged Housing at SCDC affords privileges similar to general population. The auditor toured the Limited Privileged Housing unit, during the on-site audit. Interviews with supervisory staff confirmed that, to the extent possible, access to programs, privileges, education and work opportunities are not restricted for inmates placed in a Limited Privileged Housing unit for the purpose of protective custody due to victimization issues. Interviews with staff sampled (random and specialized), during the on-site audit, and an examination of support documentation confirm staff's understanding of Standard 115.43. During the on-site audit, a review of the documentation confirmed SCDC's compliance with this standard.

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

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Policy:

SCDC Policy 332, and Policy 333 address the requirements of this standard. SCDC policies require any staff member who becomes aware of sexually abusive behavior to immediately report this information. The policies require all staff to immediately document any allegation. Established procedures allow the family and friends of inmates to report sexual abuse/sexual harassment by using the SCDC website, sending an e-mail or making a phone call to the agency contacting facility staff. SCDC policy and supplemental information such as the "hotline" numbers and advocacy information posted in the housing and public areas of the facility provide options for staff use to assist in providing counseling to inmates on their reporting options.

Practice(s):

Orientation information and pamphlets provided to all inmates at SCDC address, in a comprehensive manner, all methods for reporting sexual abuse and sexual harassment. The information is printed in English and Spanish. As observed in all housing units and common areas throughout the facility, displayed notices reflect the agency's zero tolerance toward sexually abusive behavior, as well as reporting procedures. A review of documentation indicated that there are multiple ways available to inmates for reporting sexual abuse or sexual harassment, to include verbal or written notification to staff, filing a grievance, emailing SCDC, and third-party reporting. Emailing capability is accessed via shelbycountyttn.gov via Division of Corrections "Contact Us" PREA link. E-mails sent via the website link come directly to the agency PREA Coordinator. A tour of the facility also confirmed that there were numerous posters on display explaining sexual abuse/sexual harassment reporting procedures. The posters on display, as well as information in orientation materials addressed how an inmate could contact an entity outside of the agency for support. The agency provides confidential support via a contractual agreement with the Shelby County RCC. This support group's hotline telephone number was conspicuously displayed throughout the facility. There is also a "hot line" number for internal reporting directly to the agency PREA Coordinator. This line was tested by the auditor during the tour of the facility.

All staff interviewed (random and specialized) affirmed they would accept reports of sexual abuse/sexual harassment from inmates made verbally, in writing, anonymously and from third parties. In addition, the same staff confirmed that they would promptly document any form of reporting and immediately notify their superior, while keeping the inmate safe. All inmates randomly sampled during the on-site audit confirmed that they were aware of multiple methods of how to report sexual abuse/assault allegations. Inmates at SCDC are not detained solely for civil immigration purposes. Interviews with staff and inmates and an examination of supporting documentation confirm the agency's compliance with Standard 115.51.

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

115.52 (f)

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

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 323 (Inmate Grievance Process) addresses the requirements of Standard 115.52. Agency policy reveals that SCDC is not exempt from this standard. Grievances filed alleging sexual abuse/sexual harassment would result in the immediate opening of a formal investigation. The policy states that there is no time limit for filing a grievance relating to sexual abuse or sexual harassment. Additionally, the policy does not require an inmate to use any informal grievance process before filing an allegation involving sexual abuse/sexual harassment. Policy requires that a decision on the merits of any portion of a grievance alleging sexual abuse be made within 90 days of the filing.

Agency policies allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Allegations of physical abuse by staff shall be referred to the IAU, in accordance with procedures established for such referrals.

SCDC policy 323 also addresses the filing of emergency grievances. If an inmate files the emergency grievance with the institution and believes he/she is under a substantial risk of imminent sexual abuse, an expedited response is required to be provided within 48 hours. A decision on the imminent nature of the grievance is to be made within five days. If an inmate reasonably believes the issue is sensitive and the inmate's safety or well-being would be placed in danger if the grievance became known at the institution, the inmate may submit the remedy directly to the appropriate agency official. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys and outside advocates, in assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates.

Practices:

A review of logs and information reported on the PAQ related to grievances indicated that there were 22 grievances filed alleging sexual abuse within the applicable 12-month audit period. There were zero grievances alleging sexual abuse/sexual harassment filed within the last twelve months that resulted in disciplinary action; zero grievances in which the inmate declined third party assistance; and there was one emergency grievance alleging a substantial risk of imminent sexual abuse. The emergency grievance was responded to within 48 hours and a determination of its imminent nature made within five days. The emergency grievance is pending a decision. During the past twelve (12) months, there was one inmate grievance alleging sexual abuse which required an extension. Based on a review of governing policies and documentation submitted SCDC is in compliance with Standard 115.52.

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

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Policy:

SCDC Policy 332 addresses the requirements of Standard 115.53. The facility does not house detainees solely for civil immigration purposes. SCDC's policy establishes that in the event of an alleged sexual assault, medical, psychological, social, and protective services will be initiated immediately. This includes the involvement of a multi-disciplinary team of staff representing Correctional Services, an internal PREA advocate, and other supportive program disciplines as needed. Alleged victims are to be offered supportive services by trained victim advocacy staff. SCDC victim advocates shall document all interaction with the alleged victim in an incident report in OMSe and forward the information to the IAU and the SCDC PREA Coordinator. SCDC policy allows for alleged victims to meet with an outside crisis advocate if the victim is not comfortable in utilizing an SCDC advocate. Victim services are available to alleged victims whether they name an alleged perpetrator or whether they cooperate with the investigation. Upon request, an alleged victim will be accompanied by supportive services throughout the forensic exam and investigative process.

Practice(s):

SCDC has established a Memorandum of Understanding (MOU) with Shelby County Rape Crisis Center, for providing inmates with emotional support services related to sexual abuse. The provision of this agreement was verified by the auditor. Facility staff members have been trained as victim advocates. Inmates are informed as part of their orientation process of the

extent to which mandatory reporting is required and rules governing privacy and confidentiality. Inmates are made aware during orientation that all telephone calls, except properly placed legal calls, are subject to monitoring and recording. All mail, except for “special/legal” mail, is subject to monitoring as well. Offenders at SCDC are provided information regarding the availability of victim advocacy services. The information is provided in English and Spanish, and orientation materials are conspicuously displayed throughout the housing units and the facility. Informational PREA pamphlets detailing victim advocacy services are issued upon the inmate’s arrival. All housing units provide information on the address and hotline phone number of the RCC. SCDC enables reasonable communication between inmates and outside victim advocacy organizations and agencies in as confidential a manner as possible. A review of the outside services MOU and confirmation of services, in addition to on-site interviews with staff and inmates, confirm the facility’s compliance with Standard 115.53.

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

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SCDC Policy 339 addresses provisions for third party reporting of sexual abuse allegations. SCDC’s admission and orientation materials including PREA Education Video, PREA posters located throughout the facility which include internal and external hotline telephone numbers, address the requirements of the standard. A link on the agency’s web page is available to outside constituents to report PREA matters. Information located in public areas of the facility

such as the visitor room inform third party reporters on how to report allegations of sexual abuse/sexual harassment. During the on-site audit, interviews with staff and inmates confirmed that they have a sufficient understanding that anonymous and third-party reporting procedures are acceptable sexual abuse/sexual harassment reporting practices at SCDC.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

SCDC Policy 332 addresses the requirements of Standard 115.61. All staff must immediately report any knowledge, suspicion, or information concerning incidents or possible incidents of sexual abuse or sexual harassment to the Watch Commander for further reporting to the IAU. This includes reports from inmates, third party reporting, and anonymous reporting. Policy requires employees who receive sexual abuse allegations or reports of retaliation from various sources to complete an incident report in OMSe for forwarding to the IAU. The information concerning the identity of the alleged inmate victim and the specific facts of the case are limited to staff who need-to-know, because of their involvement with the victim's welfare and the investigation of the incident. Staff must report and respond to allegations of sexually abusive behavior, regardless of the source of the report.

Practice(s):

Interviews with employees, contractors and volunteers confirmed that all were aware of and understood their reporting duties and responsibilities. Additionally, facility compliance with all aspects of Standard 115.61 was verified through document and policy review. SCDC does not house inmates under the age of 18.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 332 and 339 address the requirements of Standard 115.62. The policies taken together specify when any employee observes incidents or behaviors that cause a reasonable concern that an inmate may be at significant risk of sexual victimization, the employee shall document this incident or observation in OMSe on the correct incident report marked confidential. A copy of this report shall immediately be forwarded to the IAU, the Watch Commander, and a copy to the agency PREA Coordinator. However, neither policies 332 or 339 describe sequential physical actions which should take place to protect the inmate once the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse. The above policies are tailored to first responder post incident protocols and routine arrival risk screening protection protocols. If all agency policies regarding first responder procedures and protective housing strategies are followed, regardless of the type of risk analysis (post-incident) (spontaneous-imminent) or (routine admission), there is enough guidance as to protective actions to undertake.

Policy 332 requires immediate efforts be made to eliminate contact between the inmate and the employee. IAU will determine if the employee should be placed on administrative leave, or reassigned.

Practice(s):

Random and specialized staff interviews confirmed they were all aware of their responsibilities when they become aware or suspect that an inmate is at imminent risk of being or has been sexually abused. Both random and specialized staff interviewed indicated they would act immediately to protect the inmate by separating and protecting the victim from the abuser, isolating the area as a potential crime scene to preserve evidence, and calling the Watch

Commander for immediate assistance. SCDC staff have been provided first responder cards which outline all steps to complete when responding to sexual abuse incidents.

During the audit period, SCDC reported one case was subjected to a substantial risk of imminent sexual abuse. Interviews with staff and an examination of support documentation confirm the facility's compliance with Standard 115.62.

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

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Policy:

SCDC Policy 332 addresses the requirements of Standard 115.63. Policy requires the reporting of any PREA related allegation by an inmate that occurred at another facility. The policy requires upon receiving such information, the staff receiving the information shall immediately notify the Divisions' IAU. The IAU investigator receiving the information shall notify the investigative unit or appropriate office of the agency where the alleged incident occurred. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation.

Practice(s):

Documentation and interviews revealed that within the last 12 months, there were no allegations of sexual abuse reported from other facilities, or reports of allegations occurring at other facilities.

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

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Policy:

SCDC Policy 332 addresses the requirements of Standard 115.64. Staff members are required to use the “First Responder” policy 332 attachment “SCDC “Responding to PREA Allegations of Sexual Misconduct” flow chart to document first responder post sexual abuse allegations actions. Staff members are to immediately safeguard the inmate victim when sexually abusive behaviors have been reported. Additionally, staff should assess and consider all appropriate alternatives for safeguarding alleged inmate victims, as well as consider alternatives to protective custody, or transfer, and document why alternatives were not feasible.

Practice(s):

All interviewed security staff and those who can act as first responders were knowledgeable concerning their responsibilities as a first responder and the actions required, when learning of an allegation of sexual abuse/sexual harassment. All security and first responder staff interviewed, during the on-site audit, indicated they would separate the inmates, secure the area as a crime scene, not allow inmates to destroy any physical evidence and contact the Watch Commander. Correctional supervisors would continue to protect the inmate, notify medical and mental health staff, the Emergency Response Team and executive staff. Within the last year, there were three reported incidents in which security staff responded and separated the alleged victims and abusers. The facility reported three instances in which staff members were notified within a period that still allowed for the collection of physical evidence. In these instances, the first security staff to respond preserved and protected any potential crime scene, requested the alleged victim not take any actions that could destroy evidence and ensured the alleged abuser did not take any actions that could destroy evidence. Interviews with staff and an examination of support documentation confirmed SCDC’s compliance with Standard 115.64.

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

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Policy:

SCDC Policy 332 and SCDC "Attachment B of Policy 332 address the requirements of this standard. The agency's policy referenced above constitutes a written institutional plan to coordinate actions among staff. Attachment B "Responding to PREA Allegations of Sexual Misconduct" presents a flow chart of coordinated actions and the responsibilities of each facility component in response to an incident of sexual abuse.

Practice(s):

The auditor reviewed Policy 332 and the associated attachment referenced above. These documents provide information and instructions to produce a coordinated response to an incident of sexual abuse. Interviews of staff (specialized and random) and outside advocacy and medical partners confirmed that they were knowledgeable regarding their responsibilities in the event of a need for a coordinated response. Additionally, an examination of documentation in three first responder cases supports the facility's compliance to Standard 115.65.

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

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Instructions for Overall Compliance Determination Narrative

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SCDC Policy 333, and a "Memorandum of Understanding (MOU) Between Shelby County Government Correctional Center and AFSCME Local 1733 provide the authority for SCDC and Shelby County, TN government to take action against any employee who is alleged to have sexually abused an inmate. These documents do not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The agency Director and the agency PREA Coordinator were interviewed and certified that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew 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. There has not been a change in collective bargaining agreements since April 28, 2013.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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

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Policy:

SCDC Policy 332 requires IAU investigators to maintain documentation of retaliation monitoring in respective investigative files. Documentation of contact with staff and inmates should be entered into the IAU database. SCDC policy outlines the monitoring criteria and frequency and length of contacts. The agency prohibits any type of retaliation against any staff member or inmate who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The chief of the IAU and PREA Compliance Coordinator have oversight

in directing retaliation monitoring efforts. The assigned IAU investigators are the retaliation monitors per the current policy.

Practice(s):

During the initial on-site audit, investigative files were examined to determine if retaliation monitoring was documented. The examination revealed that retaliation monitoring for inmates and staff is not initiated upon receipt of allegation of sexual abuse or harassment. As required by SCDC Policy #332, IAU investigators were not maintaining documentation of retaliation monitoring in all sexual abuse cases. In cases where retaliation monitoring was initiated, this process was not initiated until after cases were closed rather than after the allegation was filed. Additionally, documentation does not indicate which retaliation variables were monitored.

In September 2018, corrective action was implemented to ensure all inmates and staff allegations are monitored for retaliation beginning when the allegation is received. SCDC IAU investigative staff were tasked by the agency Director to monitor all cases for retaliation. All retaliation monitoring contacts will be entered into the IAU investigative database and documentation will be placed in the investigative file. During the follow-up on-site audit in May 2019, ten investigative files were reviewed of allegations filed since December 31, 2018. This case review revealed that all cases received appropriate retaliation monitoring. This standard is currently compliant.

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

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

Policy:

SCDC Policy 339 addresses the requirements of Standard 115.68. SCDC policy requires staff to assess and consider all appropriate alternatives for safeguarding alleged inmate victims of sexual abuse/sexual harassment. Staff must first consider other alternatives based on the circumstances of the allegation before considering the placement of an inmate in protective custody, in another housing unit or transferring the inmate to another federal correctional facility. To aid in that decision, policy requires that the alleged victim is housed in a designated safe housing environment until evaluated by the appropriate department. A victim support person will complete an assessment of the inmate’s current safety needs. A PREA advocate will review the privilege levels afforded to the inmate while in the safe housing environment to assure they are as consistent with the inmate’s prior privilege level as possible.

Practice(s):

Interviews with staff and the tour of the facility confirmed that there are usually viable alternatives to placing alleged victims of sexual abuse/sexual harassment in involuntary segregated housing by using a designated safe housing environment such as “Limited Privilege Housing” where the inmate is afforded significant out of cell time, and may participate in meaningful activities, programs, and recreational opportunities. The facility would document the reasons for restricting access and the length of time the restrictions would last.

SCDC reported that during the past 12 months, no alleged victims were placed in protective housing solely because of a sexual abuse allegation. Policies and procedures are in place for all identified cases to alleviate the need to place alleged victims or identified victims in secure housing. The PREA Accommodation Strategy Team documents its review of cases and retains their assessment as part of the investigative file. Facility compliance with this standard was determined by a review of policy and staff interviews.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 332 addresses the requirements of the Standard 115.71. The agency investigators (IAU) may conduct administrative investigations within the institution. When an allegation appears to be criminal in nature, the case is referred to the SCSO-GIB for a criminal investigation. If the SCSO substantiates the allegation, the case is referred to the local prosecutor.

Practice(s):

SCDC had a total of 54 allegations that required investigation, during the audit period. There were no substantiated allegations; 38 unsubstantiated and 16 pending cases. An interview with the Chief Investigator and a review of 10 investigative files reveal the uniform evidence protocols were used. Where applicable, investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. A review of investigative files revealed interviews are conducted with the alleged victim, suspected perpetrator and potential witnesses. The investigators review prior complaints of sexual abuse involving the suspected perpetrator. Based on interviews, when the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The on-site interviews also revealed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status. However, SCDC Policy 332, Section H 5 should be changed to reflect the correct verbiage regarding the determination of the credibility of participants in the investigative process. IAU investigators do not require alleged victims to submit to a polygraph examination or similar process. All administrative investigations were documented in written reports which included a description of the physical and testimonial evidence, the assessments, and investigative facts and findings. The IAU retains all written reports. Interviews revealed the departure of perpetrators or victims from employment or confinement at SCDC does not provide a basis for terminating the investigation.

The auditor noted some areas of concern as follows: the proper use of the OMSe to ensure accurate incident based data entries; the need to collaborate with information technology personnel to create a reliable tracking system of investigative timeframes and completion of retaliation and incident reviews; the proper screening of allegations to rule out inmate disciplinary non-PREA incidents; responsiveness to incident review recommendations based on the prevalence of unsubstantiated allegations.

Facility compliance with Standard 115.71 was determined by a review of policy, investigative files and supporting documentation, as well as interviews with investigators and the PREA Compliance Coordinator.

Standard 115.72: Evidentiary standard for administrative investigations**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 332 addresses the requirements of Standard 115.72. According to established policy, for administrative investigations, the agency imposes no standard higher than the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The policy meets the requirements of the standard.

Practice(s):

A review of sample investigative files and the basis for their conclusions reveal that the outcomes are based on no higher standard than the preponderance of the evidence. IAU staff interviewed were aware of the required evidentiary standard in determining whether allegations of sexual abuse/sexual harassment are substantiated.

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

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

Policy:

SCDC Policy 332 and the SCDC "PREA Investigation Status" form address the requirements of Standard 115.73. The governing policy requires the SCDC to notify an inmate of the results of an investigation of inmate-on-inmate sexual abuse allegations. When the allegation involves staff, the inmate is to be informed if the staff member is no longer posted within their housing unit, is no longer employed at SCDC, if the staff member was indicted on a charge related to sexual abuse within the facility or the agency learned that the staff member was convicted on a charge related to sexual abuse within the facility. The policy also requires the inmate to be informed of the status of an inmate perpetrator.

Practice(s):

SCDC conducts administrative investigations, when needed. There were 38 closed (28 Inmate: Inmate & 10 Staff: Inmate) investigations involving allegations of sexual abuse/sexual harassment reported, during the audit period. All closed cases were found to be unsubstantiated. Therefore, all cases required notifications of outcomes as well as statuses of alleged staff and inmate perpetrators. All cases received a full protocol, meaning, based on post allegation preliminary interviews, it was determined that the allegation warranted further investigation.

During the initial on-site audit, a review of investigative files reveals that a "PREA Investigative Status" form contained a field entitled "date of notification", but there was no documentation of an inmate's acknowledgement of notification. Therefore, there is no assurance that inmates were aware of the outcome of cases involving applicable staff perpetrator cases, or applicable inmate on inmate cases.

A revised "PREA Investigative Status" report was implemented in August 2018. The revised report solicits the inmate's signature in acknowledging receipt of the documented outcomes of both the final decision regarding the allegations and the status of the person whom the allegation was filed against. However, the report erroneously contained a narrative at the

beginning of the form which describes the retaliation monitoring process and was not related in any way to the allegation outcome notification process. The narrative was also factually incorrect as it describes when the retaliation monitoring process will be terminated. This narrative was removed from the revised 'PREA Investigative Status' form.

During the follow-up on-site audit in May 2019, ten investigative files were reviewed of allegations filed since December 31, 2018. This case review revealed that all cases received the receipt of notification of outcome and were documented. This standard is currently compliant.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policies 332, 333, and Policy 302 (Disciplinary Board Guidelines) address the requirements of Standard 115.76. All employees are subject to administrative disciplinary sanctions for violating agency sexual abuse/sexual harassment policies. The MOU Between Shelby County Government Correctional Center and AFSCME Local 1733 provide the authority for SCDC and Shelby County TN government to take action against any employee who is alleged to have sexually abused an inmate. These documents do not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. SCDC policies allows for disciplinary sanctions against staff, including termination, for the sexual abuse/sexual harassment of an inmate. All terminations for violations of agency sexual abuse/sexual harassment policies, or resignations by staff in lieu of termination, may be reported to criminal investigators and to any relevant professional, certifying, or licensing agencies, unless the activity was clearly not criminal. Unless prohibited by law, SCDC shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee, or non-facility support staff (NFSS) upon receiving a request from an institutional employer for whom such individual has applied for work.

Practice(s):

During the last 12 months and as of the date of the on-site PREA audit, 21 allegations alleged staff perpetrators in abuse and harassment cases. Thirty-three cases alleged inmate on inmate allegations of abuse or harassment. All closed cases (28) were deemed unsubstantiated. Facility compliance with this standard was determined by a review of policy, by sampling 10 investigative files, and staff interviews.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC policies 332 and 333 address the requirements of standard 115.77. Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates.

Practice(s):

During the audit period, there were no reports of sexual abuse by contractors or volunteers for violating agency sexual abuse/sexual harassment policies. There were no remedial measures warranted against contractors or volunteers for violating agency sexual abuse or sexual harassment policies. SCDC's compliance with Standard 115.77 was determined by a review of agency policies, as well as interviews with the Human Resource Manager and PREA Compliance Coordinator.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 332, and Policy 302 address the requirements of this standard. SCDC policy prohibits all forms of sexual abuse and sexual harassment towards inmates. Additionally, SCDC also prohibits sexual abusive behavior towards staff. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. 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.

Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the SCDC "Disciplinary Board Guidelines". SCDC policy does not allow for discipline action against inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. The disciplinary process considers behavioral issues as a contributing factor to the inmate's behavior when determining what type of sanction. The agency considers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse.

Practice(s):

For the applicable audit period, there were no substantiated findings of inmate sexual abuse or inmates being disciplined for sexual abuse as defined under PREA. Twenty-eight closed inmate on inmate allegations were deemed unsubstantiated. Interviews with the IAU staff, and the agency PREA Compliance Coordinator, and proper policy guidance confirmed SCDC's compliance with this standard.

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

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

Policy:

SCDC Policy 339, medical and mental health screening instruments, a review of risk instruments and inmate and intake staff interviews address the requirements of standard.

Practice(s):

The facility has a system for collecting medical and mental health information relevant to the PREA. Information is maintained in the SCDC OMSe PREA Risk Assessment module. If upon initial screening, the "PREA Sexual Aggressor/Sexual Victimization Classification Tool" reveals one or more instances of sexual abuse victimization or abusiveness in an institutional setting or in the community, a follow-up meeting is offered with a medical or mental health practitioner within 14 calendar days of the intake screening. Individual cases were reviewed, and it was verified that PREA referrals are sent to qualified mental health professionals and there is evidence that informed consent information is solicited from the inmate. Signed and dated informed consent forms are obtained from inmates before reporting prior sexual victimization that did not occur in an institutional setting.

Treatment services are offered without financial cost to the inmate. Policy requires information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for determining treatment plans, security, housing, work, program assignments and management decisions. SCDC does not house inmates under the age of 18. Facility compliance with Standard 115.81 was determined by a review of policy and documentation and staff and inmate interviews.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 332 and attachment B, ("Responding to PREA Allegations of Sexual Misconduct") address the requirements of Standard 115.82.

Practices:

The facility correctional, medical and PREA advocates provide PREA sexual abuse response services to SCDC. Medical personnel are available 24 hours per day, seven days a week and are available for consultation or call-back. Qualified mental health providers are on-site five days per week and are also available for call-back on off duty hours. Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services at SCDC or are transported to a Rape Crisis Center in the

community when health care needs exceed the level of care available within SCDC. Victim advocacy is offered through community providers or trained staff members. There is no financial cost to the inmate for any sexual abuse related medical or mental health care or victim advocacy service, regardless of whether the victim names the abuser or cooperates with the incident investigation. There was one allegation of sexual abuse that required referral for forensic evidence collection by a SANE during the applicable audit period. Inmate victims of sexual abuse, while incarcerated, are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Facility compliance with this standard was determined by a review of policy and documentation and interviews with the Deputy Director of the Shelby County Rape Crisis Center. The MOU with Shelby County Rape Crisis Center provides victim advocacy services, as needed.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 332 addresses the requirement of Standard 115.83. As confirmed by a review of policies, the facility may 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 includes follow-up services. The facility would arrange for referrals for continued care following their transfer to or placement in other facilities or after their release from custody. The facility has staffed its medical and mental health departments and offers sexual abuse victims with medical and mental health services consistent with the standard of care available in the community.

Practice(s):

There were no substantiated cases of sexual abuse, during the applicable audit period. During the on-site audit, it was verified that ongoing medical and mental health follow-up is

provided to alleged victims, while incarcerated. Testing for sexually transmitted infections are offered as medically appropriate. 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. Mental health evaluations are conducted on all known inmate-on-inmate abusers at least within 14 days of learning of such abuse history. When appropriate, treatment is offered by mental health practitioners. Facility compliance with this standard was determined by a review of policy and documentation and specialized staff (medical and mental health) interviews.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 338, an on-site review of tracking logs, and a review of administrative investigation files and facility memorandums all address the requirements of this standard.

Practice(s):

Administrative and/or criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The facility investigators and/or the SCSO conducts all investigations. Interviews with the agency Director, and PREA Compliance Coordinator confirmed that they were knowledgeable concerning the requirements of the incident review facet of the PREA.

Based on the original on-site audit in September 2018, an SCDC policy to address PREA incident reviews was not established until May 14, 2018. A practice of institutionalizing this process was implemented May 2018 going forward via the establishment of a body of personnel (Sexual Abuse Response Team -SART) responsible for sexual abuse incident reviews. However, the Sexual Assault Response Team (SART) team established by agency

policy, was not fully effective during much of the applicable audit period. Documentation reveals incident reviews were not consistently conducted until February 2018. Since that time, cases have been audited and staff are aware of cases pending incident reviews. The recently established policy created a framework by which the SART would analyze sexual abuse allegations and investigations. Therefore, policy and practice governing the PREA incident review process was not in place for part of the applicable audit period (12 months). SCDC policy # 338 (SART) identified a process through which after action reviews of sexual abuse incidents would be accomplished.

Since the original on-site audit, SCDC has ensured incident reviews are consistently conducted on substantiated and unsubstantiated sexual abuse cases. SCDC policy establishes a competent process for accomplishing incident reviews in a thorough and comprehensive manner. The SART serves as an audit process for the quality of investigations going forward, as all allegations during the audit period were deemed unsubstantiated. The SART should determine if the lack of substantiated cases relates in any way to systemic impediments.

A tracking system established to identified delinquent incident reviews showed progress towards ensuring compliance. Oversight of this process by the agency PREA coordinator was strengthened in April 2018 which led to the establishment of a policy framework. Delinquent incident reviews were identified and conducted. A tracking system currently identifies the status of incident reviews. During the on-site follow-up audit, ten investigative files were reviewed of allegations filed since December 31, 2018. The case review revealed that all closed cases received an incident review by the SART. This standard is currently compliant.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 333 addresses the requirements of standard 115.87.

Practice(s):

As confirmed by a review of support documentation, the facility collects incident-based data for every allegation of sexual abuse/sexual harassment by entering data in the IAU database. The agency reports data by submitting monthly report totals. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates and reviews all data annually. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30th. The agency does not contract with private entities and has not been requested to respond to a Survey of Sexual Violence.

As discovered in the initial on-site audit in September 2018, aggregate data collection from SCDC incident-based document sources had not been fully institutionalized due to the absence of reliable personnel oversight or an effective incident review process. Oversight of incident-based data collection systems improved beginning in calendar year 2018. Corrective action focused on capturing incident-based data reportable in the annual reports for 2017 going forward. The current agency PREA Coordinator provided oversight of obtaining data from the IAU database, files maintained by the previous agency PREA coordinator, and incident review analysis. The agency has published on its public website, information regarding yearly incident-based data and data analysis. During the on-site follow-up audit conducted in May 2019, the auditor verified corrective action based on a review of the agency's public website. Incident based data has been compiled from authorized sources and yearly reports are now available for public access. The data is presented by year and analyzed for effectiveness and corrective actions. This standard is currently compliant.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

During the initial on-site PREA audit conducted in September 2018, SCDC has not established a mechanism for improving the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by a review of aggregated incident-based data. During the corrective action period, the following actions were implemented and verified:

- 1) Establishing a mechanism for identifying problem areas
- 2) Establishing mechanisms for taking corrective action on an ongoing basis
- 3) Preparing an annual report, for public access via Shelby County, TN website, of findings and corrective actions and comparing current year data and corrective actions with those from prior years and assess SCDC's progress in addressing sexual abuse.

Corrective action was accomplished by using reliable data from all investigative sources and reports applicable in PREA standard 115.87, and by compiling annual reports identifying problem areas, corrective actions, and a comparative analysis of progress in addressing sexual abuse. Corrective action was accomplished by creating a webpage link on PREA, on the Shelby County, TN government domain (shelbycountyttn.gov), which contains the above reference annual reports supported by incident-based data categorized by sexual abuse allegation type and covering respective calendar years. Corrective action was assessed by the auditor during the follow-up audit on May 2, 2019. SCDC has successfully established a mechanism to publicly inform constituents of SCDC's sexual abuse allegation issues, and of the agency's ability to identify, correct, and gauge the effectiveness of corrective actions implemented to address identified problems to determine compliance. This standard is currently compliant.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

SCDC Policy 333 addresses the requirement of Standard 115.89. Incident-based data is securely maintained for at least 10 years as applicable.

During the on-site audit conducted in September 2018, SCDC maintained aggregated incident-

based data. However, the data was not published publicly. Oversight of incident-based data collection systems improved beginning in calendar year 2018. Corrective action focused on capturing incident-based data reportable in the annual reports for 2017 going forward. The current agency PREA Coordinator provided oversight of obtaining data from the IAU database, files maintained by the previous agency coordinator, and incident review analysis. The agency has published on its public website, information regarding yearly incident-based data and data analysis. During the on-site follow-up audit conducted in May 2019, the auditor verified corrective action based on a review of the agency's public website (shelbycountyttn.gov) under the PREA link. Incident based data has been compiled from authorized sources and yearly reports are now available for public access.

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

This is the initial PREA audit for SCDC. The agency has not sought PREA compliance since the enactment of audits. The auditor was allowed access to all areas of the facility and had access to all required supporting documentation. SCDC also allowed the auditor to conduct private interviews with both inmates and staff. Document submittals were reviewed for the applicability to the PREA standards. Interview results were cross-referenced to physical and documentary evidence. Pre-audit submittals were analyzed and compared to actual available data reviewed on-site. Numerous corrective actions were required by the agency based on the non-institutionalization of the PREA standards. Therefore, a follow-up audit was required. The follow-up audit revealed all corrective actions were accomplished and all standards found in compliance.

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 appeals pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

SCDC is a single agency and has never been subject to a Final Audit Report. This is the initial PREA audit of this agency.

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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Donald Chadwick
Auditor Signature

05/20/2019
Date

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

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