

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

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: June 17, 2022

Auditor Information

Name: Monica Lugo	Email: npacpro@yahoo.com
Company Name: National PREA Auditing and Consulting (NPAC), LLC	
Mailing Address: PO Box 761536	City, State, Zip: San Antonio, Texas 78245
Telephone: 210-710-9479	Date of Facility Visit: August 23-26, 2021

Agency Information

Name of Agency: Davidson County Sheriff's Office			
Governing Authority or Parent Agency (If Applicable): Metropolitan Nashville Government			
Physical Address: One Jerry Newsome Way		City, State, Zip: Nashville, Tennessee 37201	
Mailing Address: PO Box 196383		City, State, Zip: Nashville, Tennessee 37219	
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 Website with PREA Information: www.nashville.gov/sheriff			

Agency Chief Executive Officer

Name: Sheriff Daron Hall	
Email: dhall@dcso.nashville.org	Telephone: 615-862-8170

Agency-Wide PREA Coordinator

Name: Marcus Bodie	
Email: mbodie@dcso.nashville.org	Telephone: 615-862-8148
PREA Coordinator Reports to: Marsha Travis, Director of Standards and Accountability	Number of Compliance Managers who report to the PREA Coordinator: 4

Facility Information

Name of Facility: Davidson County Correctional and Detention Center Complex

Physical Address: 200 James Robertson Pkwy

City, State, Zip: Nashville, Tennessee 37201

Mailing Address (if different from above):
PO Box 196383

City, State, Zip: Nashville, Tennessee 37219

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: www.nashville.gov/sheriff

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
N/A

Warden/Jail Administrator/Sheriff/Director

Name: Tony Wilkes, Chief of Corrections

Email: twilkes@dco.nashville.org

Telephone: 615-880-3868

Facility PREA Compliance Manager

Name: Jennifer Maestas, PREA Compliance Manager

Email: jmeastas2@dco.nashville.org

Telephone: 615-862-8144

Facility Health Service Administrator N/A

Name: Melinda Stevens

Email: mkstevens@wellpath.us

Telephone: 615-880-3898

Facility Characteristics

Designated Facility Capacity:

2,286

Current Population of Facility:

1,579

National PREA Auditing and Consulting (NPAC), LLC

Average daily population for the past 12 months:	1,502
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	18 – 80 years of age
Average length of stay or time under supervision:	41 days
Facility security levels/inmate custody levels:	All – Low, Medium, High, Special Management
Number of inmates admitted to facility during the past 12 months:	17,245
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	6,623
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	2,292
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	537
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	127
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	232
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	<p>4</p>
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	<p>54</p>
<p>Number of single cell housing units:</p>	<p>0</p>
<p>Number of multiple occupancy cell housing units:</p>	<p>26</p>
<p>Number of open bay/dorm housing units:</p>	<p>6</p>
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	<p>180</p>
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are mental health services provided on-site?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A</p>
<p>Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>4</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A</p>

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, 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.

A Prison Rape Elimination Act (PREA) audit was requested by the Davidson County Sheriff's Office (DCSO). The facility is located at 200 James Robertson Pkwy, Nashville, TN 37201 and the on-site portion of the facility audit was conducted on August 23-26, 2021 by two Department of Justice (DOJ) certified PREA Auditors; Monica Lugo (Lead Auditor) and Henry Reyes (Assisting Auditor). Pre-Audit review of documents submitted was conducted four (4) weeks before the on-site visit. An agreement for services between the DCSO and National PREA Auditing and Consulting (NPAC), LLC, was made on March 30, 2021.

The Pre-Audit notification was sent to the DCSO on July 9, 2021 announcing the audit and upcoming on-site visit. The DCSO provided photographs and email notification confirming the Pre-Audit notification was posted at their facility on July 13, 2021 throughout the facility. The Pre-Audit notification was in both Spanish and English. The Pre-Audit initiation form was created by NPAC and sent to the PREA Resource Center (PRC) on July 9, 2021 through the PREA online audit system (OAS).

The audit of all records submitted by the DCSO and provided by the DCSO during the on-site visit, were audited in accordance with current PREA standards. Records review included a review of agency policies and procedures, employee files, hiring, and promotion records, resident files, secondary medical records, and interviews with staff and Inmates. A total of 20 random staff members and 54 inmates were interviewed during the on-site visit. However, while visiting each post, Auditors asked the assigned staff member to describe their responsibilities as a first responder should they receive information about an alleged sexual abuse or sexual harassment incident.

Interview Type	Inmate Population 1,001-2,500	
	Required	Actual Conducted
Overall Minimum Number of Inmate Interviews	At least 40	54
Minimum of Random Inmate Interviews	At least 20	20
Minimum Number of Targeted Inmate Interviews	At least 20	34
Breakdown of Required Targeted Inmate Interviews		
Youthful Inmates	At least 3	N/A*
Inmates with a Physical Disability		
Inmates who are Blind, Deaf, or Hard of Hearing	At least 1	2
Inmates who are Limited English Proficient (LEP)	At least 1	6
Inmate with a Cognitive Disability	At least 1	1

Inmate who Identify as Lesbian, Gay, or Bi-sexual (LGB)	At least 2	11
Inmates who Identify as Transgender or Intersex (TI)	At least 3	2*
Inmates in Segregated Housing for High Risk of Sexual Victimization	At least 2	2
Inmates who Reported Sexual Abuse	At least 4	6
Inmates who Reported Victimization During Risk Screening	At least 3	4

**No Inmate or insufficient Inmates meeting this description were housed on-site during the visit.*

The DCSO opted to submit the Pre-Audit Questionnaire via the Online Audit System (OAS).

Due to COVID-19, several Specialized Staff Interviews were conducted via telephone and Zoom according to the following schedule:

SPECIALIZED INTERVIEW SCHEDULE VIA TELEPHONE/ZOOM

August 9, 2021

Classification Director – Beth Gentry

August 10, 2021

Human Resources Director – Evin Baylis
 Administrative Investigations – Linda Griffin
 Agency Head – Chief of Corrections Tony Wilkes
 Programs – Paul Mulloy

August 16, 2021

Mental Health – Sara Vardell

August 17, 2021

PREA Compliance Managers (Jail Administrators):
 Harold Taylor – Correctional Development Male (CDM)
 Eric Bauder – Behavioral Care Center (BCC)
 Education and Programs – Sybil Pruitt

August 18, 2021

PREA Compliance Managers (Jail Administrators):
 Austin Bodie – Downtown Detention Center (DDC)
 Ruby Joyner – Correctional Development Female (CDF)
 Maximum Correctional Center (MCC)

August 19, 2021

Intake – Viranda Smith

August 20, 2021

Agency Contract Administrator – Chelle Ray

During the on-site visit, all areas of the facility were visually inspected by one or both Auditors to include four (4) facilities used to house inmates and inmate program and work areas.

An On-site Audit Agenda was prepared and presented to DCSO to be used as a guide for the on-site visit. This allowed Auditors to approach the visit and interviews in an organized manner and maximize time spent on-site touring the facility and speaking with random/targeted staff and inmates. The provided agenda served merely as a guide and allowed for flexibility throughout the on-site visit.

In preparation for the on-site visit, PREA Coordinator Marcus Bodie was asked to ensure the following documents were immediately available for review by the Auditors:

- Population Report for 8-23-21 and each day of the on-site audit
- Complete Inmate Roster with Assigned Housing Unit
- List of Inmates with Disabilities Currently in Custody
- List of Limited English Proficient Inmates Currently in Custody
- List of LGBTI Inmates Currently in Custody
- List of Inmates Currently Assigned to Segregated Housing
- List of Inmates who Reported Sexual Abuse in the Past 12 months Currently in Custody
- List of Inmates who Reported Victimization During Screening in the Past 12 Months Currently in Custody
- Staff Roster for 8-23-21 to 8-26-21 to include Title, Rank, Shift, and Post Assignment

ON-SITE SCHEDULE

Day 1 – Monday, August 23, 2021 / 1000-1700

Arrive at Facility

Introduction and Greeting by DCSO Leadership and PREA Team

Eric Bauder, BCC Director
Marcus Bodie, PREA Coordinator
Jason Saad, Compliance Officer
Meshawn Cook, Compliance Officer
Shawn Nelson, Compliance Officer
Austin Bodie, DDC Administrator
Carla Joseph, Chief of Security DDC
Marsha Travis, Standards Director
Mark Hadley, Compliance Officer
Robert Aylward, Compliance Officer
Jennifer Maestas, Compliance Officer
Tony Wilkes, Chief of Corrections

CONDUCT FOLLOW UP INTERVIEWS

PREA Compliance Managers (*Jail Administrators*)
Austin Bodie (Downtown Detention Center - DDC)
Ruby Joyner (Correctional Detention Female - CDF)
Harrold Taylor (Correctional Detention Male - CDM)
Eric Bauder (Behavioral Correctional Center - BCC)

BEGIN FACILITY TOUR

Each facility tour was led by the facility's respective Jail Administrator. During the tour of all areas of the facility, Auditors inspected holding and housing areas for privacy in areas around the toilets, showers, and where inmates routinely change clothing. Housing units designated as "quarantine" were not excluded from the tour and Auditors visited these housing areas as well as interviewing inmates assigned to these pods. The locations of all cameras were inspected and a follow up was done in master control (or area(s) where cameras are monitored) by staff, to ensure there an adequate level of privacy was provided. In areas where employee or inmate files were kept, Auditors inspected the storage areas and questioned staff about file accessibility. This was done to ensure safeguards were in place to protect sensitive and confidential information. All areas were inspected for the presence of PREA related signage and information about DCSO's various reporting mechanisms and zero-tolerance policy. Auditors ensured that PREA signage was posted in English and Spanish and advertised that reporting was available in different types of formats for inmates with disabilities.

In the medical areas, treatment rooms were inspected to ensure steps were taken to provide privacy during examinations and prevent cross-gender viewing. The DCSO utilized several methods to accomplish this to include tinted windows, frosted glass, curtains, and partitions.

Throughout the tour, Auditors asked DCSO staff to demonstrate the different processes they had in place. This included, but was not limited to, the full booking, intake, screening, and classification process. Telephones, kiosks, and tablets in all housing areas were tested for functionality and any issues found were immediately reported and an on-the-spot correction was made for repairs. All doors that led into bathrooms, storage rooms, and other areas where inmates are not permitted routine access were checked by Auditors to ensure they were properly secured with controlled ingress.

Auditors searched for the presence of any blind spots that were not eliminated through the use of cameras or observation checks by staff. The locations of staff members throughout the facilities was also inspected during the tour to ensure that officers were at their assigned posts, in accordance with the DCSO's staffing plan, and that such assignments provided adequate inmate supervision. Auditors listened and observed staff during the visit to ensure the "knock-and-announce" practice was being adhered to.

Designated interview rooms were provided by DCSO for use by Auditors for the duration of the on-site visit. These rooms allowed for sight and sound privacy during interview of staff and inmates. Inmates and staff who wished not to participate in the interview were required to decline participation directly to Auditors.

Downtown Facility (DDC) - Areas toured

1. Intake/reception/screening area;
2. All housing units, including cell blocks and dormitories;
3. Segregated housing units;
4. Healthcare areas (medical and mental health clinics, infirmaries, and housing units);
5. Recreation areas, work areas, and other programming areas (e.g., education or special education areas);
7. Areas that were renovated, modified, or expanded;
8. Inspection of Intake x-ray screening machine and demonstration of use;
9. Review all PREA related signage, education, and videos;

*Auditors conducted random staff interviews during tour.

BEGIN INTERVIEWS

Auditors utilized designated locations to conduct interviews in a confidential manner.

Conduct Random Staff Interviews

Conduct Targeted Staff Interviews

Conduct Random Inmate Interviews

Conduct Targeted Inmate Interviews

Day 2 – Tuesday, August 24, 2021 / 0800-1800

CONTINUE FACILITY TOUR

Correctional Development Male (CDM)

Maximum Correctional Center (MCC)

Correctional Development Female (CDF)

Areas to be toured

1. Intake/reception/screening area;
2. All housing units, including cell blocks and dormitories;
3. Segregated housing units;
4. Health care areas (medical and mental health clinics, infirmaries, and housing units);
5. Recreation areas, cafeteria (if there is one), work areas, and other programming areas (e.g., education or special education areas); and
7. Areas that were renovated, modified, or expanded.

*Auditors will conduct random staff interviews during tour.

CONTINUE INTERVIEWS

Auditors utilized designated locations to conduct interviews in a confidential manner.

Conduct Random Staff Interviews

Conduct Targeted Staff Interviews

Conduct Random Inmate Interviews

Conduct Targeted Inmate Interviews

Specialized Interview

Eric Camacho – Wellpath Nurse

DOCUMENT REVIEW was initiated for the following documents and continued throughout the on-site visit: Personnel Files, Inmate Intake and Screening Records, Staff Training Records, Medical Secondary Documentation, Observation Logs, Contractor and Volunteer Training Records, Inmate Education and Documentation, Sexual Abuse Investigative Reports, and DCSO Policies.

Additional documents reviewed and interviews conducted included, complete Inmate rosters, Inmates with disabilities, Inmates who are LEP, LGBTI Inmates, Inmates who reported sexual abuse, complete staff roster, specialized staff, all contractors who have contact with Inmates, all volunteers who have contact with Inmates, all grievances made in the 12 months preceding the audit, all incident reports from the 12 months preceding the audit, all allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit, all hotline calls made during the 12 months preceding the audit.

Day 3 – Wednesday 25, 2021 /0700-2200

CONTINUE INTERVIEWS

Auditors utilized designated locations to conduct interviews in a confidential manner.

Conduct Random Staff Interviews

Conduct Targeted Staff Interviews

Conduct Random Inmate Interviews

Conduct Targeted Inmate Interviews

Specialized Interviews with Contractors

Mark White – “Eye in the Sky” AV Solutions

Eric Jackson – “Eye in the Sky” AV Solutions

CONTINUE DOCUMENT REVIEW

Day 3 concluded with an out brief of the day’s findings and a request for the following documents to be reviewed on Day 4:

- Provide a copy of the language line log for the last 12 months;
- Provide initial risk screening assessment for the following inmates (10 inmate names and identifiers provided);
- Copy of complaint submitted by a specified inmate in September 2020;
- Copies of the following grievances and all associated documents (9 grievance case numbers provided);
- All grievances submitted during this incarceration by the following inmates (6 inmate names and identifiers provided);
- Copy of the PREA allegation filed against a specified staff member (name provided); all disciplinary submitted against inmate (name provided); all retaliation monitoring (PREA status checks) and Classification reviews;
- List of all Detention personnel promoted in the last 12 months
- List of all newly hired detention personnel from the last 12 months that are still employed
- Provide copy of "Eye in the Sky" vendor PREA education
- Copy of classification reassessments for the following inmates and documentation of monitoring for retaliation (PREA status checks) (8 inmate names and identifiers provided):
- Full list of all CCA inmates that were absorbed into DCSO custody (October 04, 2020) - in and out of custody
- October 04, 2020 MDF list provided
 - Provide intake assessment that was completed into DCSO custody from CCA and proof of the PREA inmate education provided (26 inmate files requested).
- Copy of most recent PREA training verification for the following staff members:
 - CDF (6 staff members’ names provided)
 - CDM (5 staff members’ names provided)
 - MCC (5 staff members’ names provided)
 - BCC (3 staff members’ names provided)
 - DCC (9 staff members’ names provided)

FINAL FACILITY TOUR and CONTINUED DOCUMENT REVIEW were conducted to ensure follow through and on-the-spot corrections were made of minor concerns noted during the initial days of the on-site tour.

Day 4 – Thursday 26, 2021 / 0800-1200

ON-SITE AUDIT OUT BRIEF

Thomas Conrad, Chief of Security CDF
Carla Joseph, Chief of Security DDC
Marsha Travis, Standards Director
Barry Kidd, Chief of Security CDM
Tony Wilkes, Chief of Corrections
Timothy Dial, Chief of Security MCC
Jennifer Maestas, Compliance Officer
Marcus Bodie, PREA Coordinator
Robert Aylward, Compliance Officer
Austin Bodie, Administrator DDC
Jason Saad, Compliance Officer
Shawn Nelson, Compliance Officer
Meshawn Cook, Compliance Officer
Abbey Thompson, Terminal Agency Coordinator

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 Davidson County Sheriff's Office (DCSO) jail system is located at 1 Jerry Newson Way in Nashville, Tennessee 37201, and consists of four (4) facilities; Daron Hall serves as the Davidson County Sheriff. Each facility has a designated jail administrator. All Jail Administrators report directly to the Chief of Corrections, Chief Tony Wilkes. Chief Wilkes is an established corrections visionary always looking for ways to improve operations, stating, "We are always looking for areas where we have to cut some grass." DCSO is also nationally accredited by the American Correctional Association (ACA). Marsha Travis is DCSO's Director of Standards and Accountability. Marcus Bodie is the designated PREA Coordinator and has served in this capacity since 2013; he also serves as a peer supporter. Chief Wilkes, Director Travis, and PREA Coordinator M. Bodie demonstrated a very close working relationship, and it was evident that a great deal of collaboration existed in DCSO's efforts to create and maintain a sexually safe environment. DCSO reported a workforce of 537 uniformed staff members and 232 volunteers and contractors. Officers are currently on a 12-hour shift schedule (7a-7p and 7p-7a).

During the on-site visit, Administrators explained that volunteers were not entering the facility due to COVID. However, DCSO continued its efforts to deliver high-quality rehabilitative classes and programs to inmates through virtual means. DCSO also uses virtual technology to conduct such intake steps as the classification (points additive) screening; officers conducting the classification interview utilize headphones as an added layer of confidentiality protection. The use of headphones allows for increased privacy and expedited processing. All 54 housing units, 26 multiple occupancy cells, six dormitory housing areas, and 180 segregation cells were visually inspected during the on-site visit.

The DCSO jail system has a maximum capacity of 2,286 and houses both male and female inmates of varying custody levels and classifications; the inmate population on day 1 of the on-site visit was 1,591; on day two population was reported as 1,565, and on day three was reported as 1,569. DCSO does not, however, house offenders under the age of 18 (youthful offenders). DCSO reported their average daily population (ADP) as 1,502. The population at the time the Pre-Audit Questionnaire (PAQ) was submitted was reported as 1,579. The average length of stay (ALOS) was 41 days for the entire jail system. DCSO booked a total of 17,245 in the past 12 months. DCSO provides around-the-clock medical and mental health care with some medical services, such as SANE and SAFE exams, provided at Metro Nashville Hospital. DCSO conducts administrative investigations into sexual abuse and sexual assault allegations and refers criminal investigations to the Metro Nashville Police Department (MNPD).

DCSO's professionalism and continual strive to set the standard for jails around the nation were evident in the facility's cleanliness, staff's professional attitude, and inmates' testimony that indicated they felt safe overall.

INDIVIDUAL FACILITY DESCRIPTIONS

Downtown Detention Center (DDC) - 200 James Robertson Pkwy, Nashville, TN 37201

The DDC is described as a state-of-the-art correctional facility and the location where all DCSO arrestees first arrive and are processed into the DCSO jail system. The DDC contains a medical unit that opened in May 2020. The DDC has a maximum capacity of 762 and, in addition to housing the DCSO intake and processing center, houses inmates classified as minimum, medium, and maximum. There are 14 housing units, including restrictive housing with varying inmate capacities in each housing unit; 2A & B, 2C & D, 3A & B, 3C & D, 4A Restrictive Housing Unit (RHU), B, & D, 4C, E, & F. The Intake Area had eight holding cells and six interview rooms.

All Intake holding areas are equipped with cameras inside cells for inmate monitoring. Cells that contained bathrooms had tinted windows to prevent cross-gender viewing. Each group of housing units has an assigned caseworker with the unique responsibility of addressing inmate needs and concerns while at the same time maintaining facility safety and security. During a DCC and Intake Area tour, there was an abundance of signage advertising DCSO's zero-tolerance policy for any sexual violence, and the audit notification was posted in several places throughout the area. The available kiosks contain a wealth of information to help inmates navigate the system during incarceration. PREA information, along with the audit notice, is available on the kiosk and is accessible without having to enter a PIN. The PREA hotline (#1090) is advertised adjacent to available telephones. All inmates are registered for telephone use as part of the intake process. Inmates are then provided a PREA information packet when they are changed into jail uniforms. There was also significant signage advertising the availability of teletype (TTY) and telecommunications devices for the deaf (TDD) services. A television at intake played the DCSO orientation video on a continuous loop. The PREA education video was audibly broadcasted in English, Spanish, and sign language. The area was also equipped with an x-ray body scanner to augment safety and security in the facility. Observation checks in the Intake Area are conducted at 30-minute intervals and are recorded using an electronic rounds tracking system called Guardian RFID.

Master Control is the primary location of monitors for the facility's cameras. Here, all doors are controlled by a staff member who also monitors interior and exterior cameras. The system is controlled to prevent officers assigned from viewing cameras in the cells; cell cameras are monitored at another post referred to as the "turnkey." Exterior cameras are fixed but can be cycled on the system.

Observation rounds in housing units are conducted at 30-minute intervals, and supervisory rounds are conducted at least twice daily. Kiosks, tablets, and telephones were available for inmate use to access various services, including PREA reporting mechanisms. All doors to closets, bathrooms and other areas where inmates do not routinely have access were secured correctly, with ingress and egress controlled by the housing officer. A PREA education video is played by classification in all housing areas weekly. This added step of inmate PREA education speaks to DCSO's efforts to continue to push its mission of achieving a safe environment for staff and inmates.

Housing unit 3A and 3C was designated as a "quarantined pod" during the on-site visit; 3B and 3D were used to house general population inmates. These housing areas all had English and Spanish PREA signage in the multipurpose room, which was visible to inmates. Dayroom access has controlled access due to COVID protocols that were in place in the quarantined pods.

Housing units 4A, 4B, 4C, and 4D are designated Restricted Housing Units (RHU). Cells in these units do not have cameras to offer some degree of privacy. Additionally, showers in these cells are equipped with a shower curtain to allow inmates to shower without being viewed by other inmates, staff, or staff/contractors of the opposite gender. The area has two recreation areas, and cameras in the control station have toilet areas blacked out.

Unit 4E was a general population housing unit for minimum to medium inmates.

Unit 4F was designated as an Inmate Worker area, and, like in other areas of the facility, a requirement to conduct a cross-gender announcement before entering was posted on the corridor doors. DCSO's tablet system permits officers to control doors using a handheld tablet and alerts staff when inmates press their cell's intercom button.

Behavioral Care Center (BCC) – 433 Gay Street, Nashville, TN 37201

The BCC is a state-licensed adult supportive treatment facility providing gender-responsive trauma-informed care to residents in a short-term residential setting as an alternative to jail. DCSO reported the average length of stay at BCC to average between 10 to 14 days with a maximum stay of 30 days. Residents who complete the program will not face criminal charges and will be provided resources to continue care. The BCC is a 60-bed facility that can house 30 males and 30 females. The open layout of each housing area consists of a dayroom with multiple occupancy rooms surrounding it. The rooms have separate bathroom and shower facilities, and the areas do not contain cameras. The men's and women's housing areas mirror images of each other and are connected by a multiple occupancy room with classrooms. The housing areas have a connected outdoor patio with large windows for high visibility. DCSO's facility is designed to be a treatment rather than a correctional one. Located adjacent to the Intake Area, the BCC has its screening area where inmates are changed into a different uniform and area also presented with a PREA education video in a multipurpose room.

The kitchen area was inspected and was found to be neat and orderly. Trays and racks are neatly placed against the walls to eliminate blind spots and obstruct camera visibility. Security in this area and the dry storage room is further enhanced by limiting unescorted inmate access and, in some areas, prohibiting unescorted inmate access.

Medical has multiple occupancy cells, all equipped with cameras monitored by a supervisor in a designated work area. Cell windows are covered with a frosted tint to offer some degree of privacy for inmates while they use the bathroom in the cell.

Sheriff Daron Hall and the DCSO work in collaboration with the Metropolitan Nashville Police Department, the District Attorney's Office, and the Metropolitan Public Defender's Office toward decriminalizing mental illness. These agencies and Wellpath and Mental Health Cooperative

providers implement needs assessments and guidelines to determine which arrestees qualify for treatment at the BCC. Criteria for the BCC include:

- Mental health or substance use disorder diagnosis
- Misdemeanor charge level
- Acuity level low enough to actively participate in programming

Qualifying individuals will be diverted to the BCC rather than a jail facility and will begin the process of decriminalizing their arrest.

Each resident receives an individualized treatment plan upon arrival at the BCC. Therapists use assessment

tools to determine targeted focus areas during treatment and anticipated length of stay. Treatment at the BCC includes: Individual Therapy; Group Therapy; Medication Management; Peer Support; and Discharge

Planning. After stabilization at the BCC, the discharge specialist's goal is to connect each resident with community resources and ensure continuity of care. Residents receive follow-up calls after discharge to confirm their plan is still working and provide additional services as needed.

Correctional Development Center for Females (CDF) – 5115 Harding Place, Nashville, TN 37211

The CDC-F is formerly the MDF Annex and houses DCSO locally sentenced and pre-trial female inmates. Inmates housed at this facility are offered an array of virtual programs that facilitate personal, emotional, and spiritual growth. In addition, DCSO staff, including educators, licensed mental health staff, and certified treatment professionals, offer individual and group programs that facilitate pro-social cognitive/behavioral changes. The ultimate goal of this facility is to help each woman identify and strengthen the tools she needs to experience success before she re-enters her community. The CDF facility was taken over from Core Civic, a private detention services provider, in 2020 and has taken steps to increase facility safety and security. One such initiative DCSO to increase overall inmate safety was the planning of installing a modern and robust camera system to eliminate blind spots and augment the staff's ability to observe inmates. The CDF Administrator is Ruby Joyner. The CDF has a rated capacity of 252 and houses female inmates classified as minimum, medium, and maximum custody. The facility is comprised of four housing units, including restrictive housing.

Correctional Development Center for Males (CDM) – 5113 Harding Place, Nashville, TN 37211

The CDM focuses on various efforts to reduce recidivism in the community. The facility houses two state-licensed programs; the Sheriff's Anti-Violence Effort (SAVE), a treatment program for domestic violence perpetrators; and New Avenues, 45-day intensive alcohol and drug treatment program. There are also a host of educational services available to CDM inmates aimed at providing critical life and recovery skills to CDM inmates. These programs include but are not limited to GED/HiSET (High School Equivalent Testing) program, Vocation, Life/Job Skills, English as a Second Language, Digital, Trade School, and Apprenticeship training. Training hours completed at CDM are transferable to the Lee Corporation program. The current HiSET exam aligns with the Office of

Career, Technical, and Adult Education College and Career Readiness Standards. CDM staff works thoroughly to help end an offender's cycle of crime. All of CDM's programs focus on increasing the chance for CDM inmates to return to the community as a productive members.

The CDM Administrator is Harrold Taylor. The CDM has a rated capacity of 768 and houses male inmates classified as minimum custody. CDM comprises twelve open dormitory housing units that house up to 64 inmates each. New cameras were in the process of being installed in certain housing areas of the CDM and CDF. Inmate movement out of these housing areas to medical is escorted. The inmate exam rooms were inspected and did not contain cameras. Camera systems that monitor CDF, MCC, CDM, and the exterior perimeter were viewed. The cameras viewed dayrooms in the different facility and kitchen areas and were being expanded to include other areas. Areas without cameras, such as the freezer, dry storage, and laundry, are kept safe through frequent and irregular observation checks by staff and escorted inmate movement.

A work area is known as the Correctional Service Area (CSC) houses a laundry center staffed by DCSO personnel. There are 6-8 female inmate workers assigned to this area that work from 0630 to 1100 hours. Inmates in this area are never unsupervised. The area has a single-use bathroom with an interior lock for use by staff and inmates. Staff assigned to this area were interviewed about DCSO's PREA policy and the training they have received. They indicated they last received training in April 2021 and were able to cite their responsibilities as a first responder to protect inmates, preserve evidence, separate victims and perpetrators, and immediately document the incident. There is also a warehouse at the CSC that does not have any cameras, but DCSO noted that minimal inmate workers are used in this area.

Maximum Correctional Center (MCC) - 5113 Harding Place, Nashville, TN 37211

The MCC is a maximum-security facility for inmates entering the jail system. It houses locally sentenced felons serving sentences of one to six years. The MCC is currently used to house male inmates exclusively. The MCC provides an assortment of educational, spiritual, and rehabilitative programs in both face-to-face format, when possible, and through virtual technology. The MCC Facility Administrator is Eric Bauder. MCC has a capacity of 508 and houses inmates classified as medium to maximum custody.

MCC has eight two-tier housing areas; I, J, K, L, M, N, O, and P; K and L were designated quarantined housing during the on-site visit. The cells in MCC housing areas are outfitted with upgraded cell locks that provide added security and prevent inmates from manipulating the cell locks to enter unauthorized areas. Storage areas and bathrooms in these housing areas were secured correctly with controlled ingress and egress.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 4

List of Standards Exceeded: 115.17, 115.31, 115.33, 115.41

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

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.

115.11 (a) The Davidson County Sheriff's Office (DCSO) has a written policy outlining and mandating zero tolerance towards all forms of sexual abuse and sexual harassment in all the facilities it operates. This is outlined in DCSO policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.1). The review and effective date of this policy is 7-16-2021 and was reviewed and approved by Sheriff Hall. The policy outlines how it will implement the agency's approach, enforce policies, strive to detect, and respond to any incidents of sexual abuse or sexual harassment. Policy 1-1.359 includes required definitions of prohibited behaviors by staff, contractors, and volunteers regarding sexual abuse and sexual harassment. Additionally, the policy prescribes sanctions for anyone found to have engaged in any prohibited conducted outlined in the policy. There is a description of agency strategies to respond to incidents and a plan to achieve maximum prevention of sexual abuse and sexual harassment of DCSO inmates.

DCSO prominently displays their zero-tolerance philosophy towards all forms of sexual abuse and sexual harassment via signage throughout the facility, inmate tablets, and kiosk. Signage was displayed in both the secured and non-secured parts of the facility and if visible to inmates, staff, and the public. Initial information regarding DCSO's zero-tolerance policy is provided to all staff members when hired during cadet training. DCSO's adoption and implementation efforts to promote a sexually safe environment is also provided on the agency website. This was also observed by Auditors during on-site audit as staff executed their duties.

115.11 (b) Marcus Bodie is designated as the DCSO agency-wide PREA Coordinator. A review of the agency's organizational chart and information obtained during interviews with staff at all levels confirmed that Mr. Bodie is a member of the DCSO upper-level management team. Mr. Bodie confirmed that he has enough time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all DCSO facilities. Mr. Bodie reports directly Director Marsha Travis, who reports to Tony Wilkes. Mr. Bodie, Director Travis, and Chief Wilkes confirmed that lines of communication between Mr. Bodie and Chief Wilkes exist, are strong, and are utilized on a regular basis to effectively accomplish task, address issues, and make necessary operational changes to achieve and maintain compliance with the PREA standards. This was further verified during the on-site audit when Auditors observed Mr. Bodie conducting day-to day duties.

115.11 (c) Jail Administrators Austin Bodie (Downtown Detention Center - DDC), Ruby Joyner (Correctional Detention Female - CDF), Harrold Taylor (Correctional Detention Male - CDM), Eric Bauder (Behavioral Correctional Center - BCC) are designated PREA compliance managers for the respectively listed facilities. All compliance managers were interviewed separately as part of the required specialized interviews. The interview is geared to ascertain the exact duties each PREA compliance manager is tasked with to ensure they are in

accordance with DCSO policy and PREA standards. All confirmed that they have enough time and authority to coordinator their assigned facility's efforts to comply with the DCSO PREA policies and PREA standards. It should be noted that the entire DCSO PREA team work with each other and in collaboration with Marcus Bodie and Director Travis to ensure agency compliance. The DCSO organizational chart lists all four compliance managers as reporting directly to Chief Wilkes.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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.) 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.

115.12 (a) DCSO has not entered into or renewed any contracts for the housing of inmates. There are no contracts in place between DCSO and any other agency. This was confirmed during review of information entered into the Pre-Audit Questionnaire (PAQ) and further confirmed during interview with Chelly Ray, the DCSO designated agency contract administrator. This provision of the standard is not applicable.

115.12 (b) This provision of the standard is not applicable.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical

plant (including “blind-spots” or areas where staff or inmates may be isolated)?

Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?
 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.

115.13 (a) DCSO has an established staffing plan that was presented to Auditors for review. The plan was inspected and confirmation of adherence to the plan was confirmed through review of a random sample of daily staffing rosters requested and presented and during the on-site inspection of the facilities. Further, interviews with staff members, including Chief Wilkes, PREA Coordinator Bodie, and PREA Compliance Managers Bodie, Taylor, Joyner and Bauder, confirmed that the DCSO, and designated supervision and management, make every effort to adhere to the established plan. DCSO requires each facility to develop a plan that meets each facility's unique staffing and operational needs. The plan ensures adequate staffing of each facility, supplemented by video monitoring, to protect inmates from sexual abuse.

DCSO provided *Corrections Division Staffing Reconciliation* post forecast (dated 3-15-2021) which identifies the number and location of critical staffing posts for each facility based on anticipated inmate population. This forecast is reviewed and approved by Chief Wilkes.

DCSO's staffing plans appear to adhere to generally accepted detention and correctional practices; input from agency staff members at all levels via internal audits; consideration given to the facility's physical make up and identified blind spots; composition of the inmate population; supervisory span of control and assignment locations; programs and other events occurring during each shift; and any applicable state laws or standards governing the operation of detention facilities. Of specific note, is the ability of PREA Coordinator Bodie to offer input based on his review of the staffing plan directly to Chief Wilkes. Chief Wilkes confirmed he receives and gives serious consideration to Bodie's input.

115.13 (b) DCSO requires documentation each time the staffing plan is not adhered to or deviated from, along with documents to justify deviation from the plan. In a document titled *Deviating from the Staffing Plan*, noted that in the event the staffing plan was deviated from the six (6) most common reasons would be 1) COVID exposure/quarantined; 2) COVID positive/quarantine; 3) recruitment and retention; 4) natural disaster (Nashville Tornado); 5) extended FMLA; and 6) employee military leave. The DCSO did not report any deviations from the established staffing plan. When the potential for a deviation was noted, DCSO utilized overtime and other staffing methods to ensure adherence.

115.13 (c) DCSO reviews the staffing plan at least once each year. The date of the last meeting was 7-15-21 at 0730 hours; Chief Wilkes and PREA Coordinator Bodie were both in attendance. A copy of the annual meeting minutes was provided for review and discussion items were as follows: 1) Staffing level of all agency; 2) Monitoring system updates to all facilities; 3) Resource availability for construction to areas of the facilities; 4) New facilities add/delete. Interview with Chief Wilkes and PREA Coordinator Bodie validated information provided in the PAQ.

A meeting regarding video monitoring occurred on 8-9-21. In the minutes provided via the PAQ, discussion was had over the new cameras that had been installed at DDC and the takeover of operations by DCSO from MDF and the Annex in late 2020 (now called CDF which houses female inmate population). A plan to expand video coverage with the addition of 17 new cameras is listed on the agenda. Additional reasons were documented to justify the need for additional cameras and accomplish increased efforts to minimize blind spots identified in previous reports; assist in operational practices; and address internal concerns related to sexual abuse and sexual harassment incidents.

115.13 (d) DCSO requires intermediate-level and higher-level staff, to include the designated facility administrators, to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These rounds are documented, unannounced, and cover all shifts and areas of the facilities. DCSO policy strictly prohibits staff and inmates from alerting staff of intermediate-level or higher-level staff member rounds. This practice was verified through information provided in the PAQ by way of Policy 1-3.103 *Correctional Facility General Housing Management* (p.2), which states that facility and assistant administrators must conduct unannounced rounds in all inmate housing areas at least once each week. Facility duty officers must conduct unannounced rounds during site visits on weekends and holidays.

A random sample of daily logs were reviewed by Auditors to confirm execution and documentation of unannounced rounds; the practice was further observed by Auditors during the on-site visit and through review of video. Adherence to this requirement was further validated through interviews with random line staff, intermediate, and upper-level facility staff.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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.

115.14 (a) DCSO is prohibited from housing youthful inmates in its facilities as a matter of State law. A review of the inmate demographics during the on-site visit via rosters confirmed there were no youthful inmates being held in any of the DCSO operated facilities. Further conformation was obtained during specialized interviews with Chief Wilkes, Director Travis, PREA Coordinator Bodie, PREA Compliance Managers Bodie, Taylor, Joyner and Bauder, and through random staff interviews.

115.14 (b) This provision is not applicable “N/A” due to not housing youthful inmates.

115.14 (c) This provision is not applicable “N/A” due to not housing youthful inmates.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 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 if the facility does not have female inmates.) 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? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes 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.

115.15 (a) DCSO does not conduct cross-gender strip or visual cavity searches of inmates except in exigent circumstances. In the past 12 months DCSO reported no (0) cross-gender strip or cross-gender body cavity searches of inmates; no (0) incidents involving exigent circumstances which would facilitate the need for cross-gender strip or visual cavity searches were reported. This information was provided in PAQ and reviewed by Auditors.

This prohibition and practice are outlined in DCSO Policy 1-3.140 *Inmate Searches* (p.3), (review and effective date 1-5-21), referenced as "unclothed body searches", requires that trained correctional officers conduct unclothed body searches in a respectful manner and in a private location. Except in exigent circumstances, officers matching the inmate's gender are to perform such searches out of site from anyone of the opposite gender, including other officers and inmates. Correctional personal are required to document unclothed body searches on the jail's jail management system (JMS) incident report; all cross-gender and unclothed body searches are required to be reported via the JMS system. Adheres to this practice and prohibition of certain categories of searches was further confirmed during random staff and inmate interviews. Staff assigned to housing and Booking/Intake areas demonstrated knowledge of DCSO's accepted practices and prohibitions. No inmate interviewed indicated they had been searched by an officer of the opposite gender and have been treated in a respectful and professional manner.

115.15 (b) DCSO prohibits cross-gender pat searches of female inmates, absent exigent circumstances, as a matter of established and accepted policy. In the past 12 months, they reported no (0) female inmate pat searches by male staff and no (0) female inmate pat searches

involving exigent circumstances. Auditors did not observe any cross-gender searches being conducted during the on-site visit. DCSO Policy 1-3.140 *Inmate Searches* (p.3), outlines the prohibition of cross-gender female pat and cavity searches. Auditors were provided a revised version of the *Pat Searches* section of the same policy which outlines additional more restrictive requirements for pat searching female inmates and prohibiting the restriction of access by female inmates to programs if a female officer is not available to conduct a pat search. During random staff and female inmate interviews, both provided information that confirmed DCSO employees refrained from cross-gender searches and that staff took necessary steps to provide a female officer to conduct female searches when needed and to ensure access to available programs.

115.15 (c) If a cross-gender pat, strip, or cavity search is required or executed, DCSO Policy 1-3.140 *Inmate Searches* (p.2) requires said search to be documented in the facility's JMS report writing system. Since no incidents were reported, there was no documentation related to PREA standard 115.15 (c) to be reviewed. While Auditors were spot checking documentation in facility's JMS, there was no documentation of such searches.

115.15 (d) DCSO has implemented policies and plans DCSO Policy 1-3.103 *Correctional Facility General Housing Management* (p.5), that enable inmates to shower, use the bathroom (perform bodily functions), and change clothing without being viewed by non-medical staff of the opposite gender, protecting them from having their breasts, buttocks, and/or genitalia viewed. Established policy provides provisions for exigent circumstances or when such viewing is incident to routine security observation checks. This includes, but is not limited to, viewing via video camera. The *Monitoring of Housing Units* section of the same policy (p.2) requires housing unit officers to announce their presence at the beginning of their shift, instructing inmates of the opposite gender to cover themselves appropriately while in their cell; visitors of the opposite gender are required in this policy to also announce their presence before entering a pod. The practice of alerting inmates that a member of the opposite gender was entering the pod, often referred to as "knock and announce", was observed being practiced throughout the facility where appropriate while on-site. Information obtained during random staff and inmate interviews confirmed that this practice is engrained in DCSO staff, reflecting an understanding and acceptance of the practice by staff. Further, officers document staff of the opposite gender entering housing areas in the unit daily log. Auditors were provided full access to logs and during inspection of a random sample logs it was confirmed that this documentation was included in the logs.

115.15 (e) DCSO, as a matter of practice and policy outlined in DCSO Policy 1-4.101 *Inmate Classification* (p.8), does not search, or physically examine inmates identified as transgender or intersex for the sole purpose of determining the inmate's genital status. During instances where an inmate's genital status is not known, a determination is made through conversation with the inmate, medical record review, or through consideration of information obtained from broader medical examination conducted in private by a medical practitioner. DCSO reported no (0) searches of intersex or transgender inmates for the purpose of determining genital status had been conducted in the last 12 months. Adherence to limitations and prohibitions of certain searches was further confirmed during interviews with random staff members and targeted inmate interviews with transgender inmates housed in the facility during the on-site visit.

115.15 (f) All DCSO security staff (100%) received training on conducting cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful

manner. The methods taught to staff were consistent with security needs of the agency and acceptable correctional practices. A detailed outline of the DCSO detention cadet training schedule was provided for review. The schedule contains blocks of instruction on agency rules and regulations, Cultural Diversity, Employee Conduct, Workplace Harassment, PREA, JMS, Restraints, Pat Searches, Subject Control, Inmate Supervision/Direct Supervision, Incident Report Writing, Closed Custody/Sexual Assault, Mental Health/Special Populations, Special Condition Searches, Supervision of Female Inmates, Inmate Grievances, Staff/Inmate Relations and Manipulation, Inmate and Employee Discipline, Correctional Spanish, Suicide Prevention, and Ethics and Professionalism. These important components, which all support the agency's zero tolerance towards sexual violence are also supported by scenario-based training blocks during the academy. Random staff interviews and records reviewed supported adherence to DCSO's policies and PREA requirements.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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.

115.16 (a) DCSO takes appropriate steps to ensure that inmates with disabilities have equal opportunity to benefit from all areas of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment. These steps, which are outlined in DCSO Policy 1-1.153 *Reasonable Accommodations for Inmates/Residents and the Public* (p.2), provides accommodations for effective communication with inmates who are deaf or hard of hearing, providing access to interpreter services that can effectively, accurately, and impartially communicate using specialized vocabulary. DCSO further makes written materials are provided in formats and methods that ensure effective communication with inmates with disabilities, including those who have intellectual disabilities, limited reading skills, or who are blind or have limited vision.

Documentation review by Auditors included ADA signage for Booking Room which provides inmates the opportunity to request sign language interpreter services; business hours contact number is 615-248-8828 and after-hours contact is 615-244-0979; services are prominently displayed for inmate and staff visibility. Also reviewed were instructions for placing video relay service (VRS) calls through their inmate phone provider, Securus Technologies; a guide provided to staff titled *11 Helpful Tips for Working with an Over the Phone Interpreter* provided by Language Line Solutions; contract abstract between DCSO and Language Line Services with the contractually required services to be provided to DCSO; a language identification guide; *Title VI and ADA Review* document reflecting a review of Title VI and any new updates by DCSO for inclusion in its policies and practices; a point of contact for ADA and Title VI questions was provided (Meshawn Cook, of the Standards Division, at mcook@dcsso.nashville.org); class training rosters; PREA Coordinator training records where training was provided by Marcus Bodie outlining staff responsibilities (ensuring limited English inmates and inmates with disabilities have access to reporting avenues); English and Spanish inmate handbooks provided for review.

Further confirmation to access of DCSO's PREA information by inmates with disabilities and limited English proficiency was confirmed during targeted inmate interviews. One of the on-site Auditors is bilingual (English and Spanish speaking) and conducted said interviews in Spanish.

Interview with Chief Wilkes further affirmed that all necessary steps are taken to ensure materials are provided to inmates in a variety of communication methods to effectively communicate the availability of DCSO's services to prevent, detect, and respond to sexual harassment and sexual assault. Execution of required DCSO practices was observed by Auditors on-site in the Booking/Intake and inmate housing areas.

115.16 (b) DCSO takes reasonable steps to ensuring meaningful aspects of its sexual violence detection, prevention, and response efforts for inmates who are limited English proficient. These steps, as noted above, include availability and access to interpreter services. DCSO Policy 1-1.154 *Title VI Compliance for Inmates/Residents and the Public* (p.1) states, "The DCSO takes responsible steps to provide individuals with limited English proficiency (LEP) equivalent access to DCSO-managed programs and services. LEP inmates have an equivalent opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to sexual abuse/harassment. The DCSO complies with Title VI of the Civil Rights Act of 1964."

Translation and interpretation services are provided by Language Line Services through a contract between DCSO and Language Line Services. The contract has an estimated start date of 9-2-19 and an estimated expiration date of 9-1-24. Once again, one of the on-site Auditors is bilingual (English and Spanish speaking) and conducted said interviews in Spanish to confirm access to said services and DCSO PREA information. A review of the Language Line log for the past 12 months reflected the service was utilized on nine (9) occasions for interpreter services; eight (8) Spanish and one (1) Rundi. The log contains the date, time, facility, requestor's information, inmate's first and last name, inmate identification number, and language used for. While on-site Auditors also observed accessible information on kiosk and tablets in housing units.

115.16 (c) The availability of contractual translation and interpretation services through Language Line Services makes DCSO non-reliant upon the use of inmate interpreters, inmate readers, or other types of inmate assistance in achieving effective inmate communication that could compromise inmate safety, the performance of first-responder duties, or the investigation of allegations. DCSO Policy 1-1.154 *Title VI Compliance for Inmate/Residents and the Public* (p.2-4) outlines the agency's prohibition on relying on inmate interpreters, readers, or other types of inmate assistance when dealing with sexual abuse/sexual harassment complaints except in limited (exigent) circumstance. Inmate interpreters in such situations are only used when extended delay in obtaining an effective interpreter could compromise safety, the performance of first-responder duties, or the investigation of such allegations. Incidents where an inmate interpreter is used, the agency is required to document the limited circumstances in which an inmate interpreter, reader, or other types of inmate assistance was used. No documentation was provided for Auditor review due to no (0) incidents of inmate interpreter service utilization being reported in the PAQ.

Random staff and targeted inmate interviews confirmed that inmates are not routinely used to provide interpreter services for limited English proficient inmates or to effectively communicate with inmates with disabilities. Some of the random staff members interviewed indicated they are bilingual and are often utilized to expedite communication between inmates and English only speaking staff members.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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

115.17 (a) DCSO Policy 1-1.310 General Employment Practices (p.3), prohibits the hiring or promotion of anyone who may have contact with inmates, or enlist the services of any contractor who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity, in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly administratively adjudicated to have engaged in the activity described in PREA Standard 115.17 (a). DCSO Policy 1-1.310 requires new-hire candidates to be screened for these disqualifiers by being asked specific questions during the hiring screening process. Specialized staff interview with Director of Human Resources, Evan Baylis, and a review of a random sampling of personnel files for DCSO employees who were hired or promoted in the last 12 months confirmed proper criminal background checks were conducted and questions related to past conduct, as it relates to this standard, were asked and considered in the hiring and promotion process.

115.17 (b) DCSO Policy 1-1.310 General Employment Practices (p.3), considers any incidents of sexual harassment when deciding whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. The promotion section of the same policy expressly prohibits the promotion of employees who have been suspended or demoted; this restriction can be in effect for as long as two (2) years depending on the nature of the misconduct. Specialized staff interview with Director of Human Resources, Evan Baylis, confirmed proper criminal background checks were conducted and questions related to past conduct, as it relates to this standard, were asked and considered in the hiring and promotion process.

115.17 (c) Before hiring, DCSO performs proper criminal background checks and investigations and, consistent with Federal, State, and local law, makes best efforts to contact prior institutional

employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. *DCSO Policy 1-1.310 General Employment Practices* (p.2-3), requires pre-employment screening that includes, but is not limited to, reference checks, criminal history checks, credit checks, disciplinary or misconduct history inquiries especially if prior employment was with a law enforcement agency or related field (corrections), or a position of trust such as handling money or access to confidential records. Some positions may also require drug screening. DCSO reported, via the PAQ, 1,158 persons employed with DCSO who may have contact with inmates to include those hired in the past 12 months had the required criminal background checks conducted. Specialized staff interview with Director of Human Resources, Evan Baylis, confirmed proper criminal background checks and screening was conducted and provided Auditors full access to the requested random sampling of employee personnel files hired in the past 12 months who may have contact with inmates for documentation review and compliance confirmation.

115.17 (d) Background checks are not limited to the hiring and promotion process. DCSO, as a matter of policy, also requires background checks to be conducted before enlisting the services of any contractor who may have contact with inmates. New and former contractors are required to undergo the same background investigation and screening as new DCSO hires. Reference *DCSO Policy 1-1.146 Contract Services* (p.2-3). The Terminal Agency Coordinator (TAC), an employee assigned as a liaison with the Tennessee Bureau of Investigation (TBI) to ensure compliance with Federal, State, and criminal justice information systems policies and regulations, including validation requirements, will make an applicant ineligible for employment if the applicant was convicted of a felony in the last five (5) years; convicted of a misdemeanor in the last five (5) years except for driving without a license or with a revoked or suspended license; is on probation or parole; has pending criminal charges; or was incarcerated within the last 12 months. The TAC notifies the contract vendor, DCSO HR and Training Divisions, and the application support supervisor whether the applicant's security clearance was denied or approved. DCSO indicated 235 contractors who might have contact with inmates had criminal background checks completed. Director of Human Resources, Evan Baylis, confirmed proper criminal background checks and screening was conducted and provided Auditors full access to a requested random sampling of contractor criminal background checks to review for compliance.

115.17 (e) DCSO is required by PREA standard 115.17 (e) to conduct background checks at least every five (5) years of current employees and contractors who may have contact with inmates. DCSO conducts background checks annually, exceeding the requirements of this standard. *DCSO Policy 1-1.310 General Employment* (p.8) contains a section on Annual Criminal History Checks which states "the TAC will conduct annual criminal history checks of DCSO employees. The checks will include relevant criminal searches, and if driving a Metro vehicle is an essential function of the employee's job, a check for traffic offenses and a valid driver's license. The HR Director/designee will review the findings, and employees who have failed to report an arrest, summons/citation, order of protection, conviction, or other disposition as required above will be subject to disciplinary sanction." *DCSO Policy 1-1.146 Contract Services* (p.3), indicates that vendors whose employees routinely have direct contact with inmates must ensure their employees receive a yearly criminal history check if required by their contract with DCSO. Where a contract does not require an annual criminal history check, the vendor must ensure that such a check is done every five (5) years as required by PREA standard

115.17 (e). HR Director, Evan Baylis, confirmed proper criminal background checks and screening was conducted and provided Auditors full access to the requested random sampling of current employee and contractor files for documentation review and compliance confirmation.

115.17 (f) DCSO 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. DCSO also impose upon employees a continuing affirmative duty to disclose any such misconduct.

DCSO Policy 1-1.310 *General Employment Practices* (p.2-3), further requires employees to report sexually abusive behavior as outlined in the “Screening for Sexual Abusive Behavior” section in the same policy. The information must be reported regardless of whether they are asked or there is an investigation progress. HR Director, Evan Baylis, provided a sampling of background documents requested by Auditors for verification.

115.17 (g) DCSO Policy 1-1.310 *General Employment Practices* (p.3), prescribes that material omissions regarding such misconduct, or providing materially false information, is grounds for rescinding a conditional offer of employment and/or dismissal from DCSO. Additionally, any available information related to sexual harassment will be evaluated in the hiring decision making process. HR Director, Evan Baylis, provided a sampling of documents requested by Auditors to reflect that material omissions or providing false information is grounds for termination or the rescinding of a conditional offer of employment.

115.17 (h) DCSO 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. HR Director, Evan Baylis, confirmed during Specialized interview that staff are required to complete a form providing authorization to request information regarding conduct from previous institutional employer and will provide the same information for former employees upon request.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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.

115.18 (a) DCSO considers the effect of the design, acquisition, expansion, or modification of existing facilities and their ability to protect inmates from sexual abuse.

Auditors reviewed the areas that were renovated, modified, or expanding during on-site audit. During Specialized interviews with Chief Wilkes and facility Jail Administrators Bodie, Taylor, Joyner, and Bauder, it was evident DCSO considers the effect of the design, acquisition, expansion, or modification of existing facilities and their ability to protect inmates from sexual abuse.

115.18 (b) When installing or updating their video monitoring system, electronic surveillance system, or other monitoring technology, DCSO considers how such technology may enhance their ability to protect inmates from sexual abuse.

The DCSO Behavioral Care Center (BCC) opened in the fall of 2020 in collaboration with the Nashville Police Department, the District Attorney's Office, and the Metropolitan Public Defender's Office. The BCC is an arm of the DDC and is described by DCSO as a "licensed adult supportive treatment facility providing gender responsive trauma-informed care to residents in a short-term residential setting as an alternative to jail." The BCC has 60 beds; 30 designated for men and 30 designated for women. Treatment plans offered at the BCC include individual therapy, group therapy, medication management, peer support, and discharge planning. The goal of the BCC is successful discharge and reintegration into society with a

continuing of care component. During the on-site visit the DDC-BCC, Auditors noted that the BCC utilized an open floorplan to maximize visibility and eliminate blind spots. The facility administrator, Austin Bodie, facilitated the tour and explained the facility's development and planning process.

Staff observation of inmates is supplemented using camera systems. Interviews with Chief Wilkes and his team reflected that inmate sexual safety was considered during the design and build of the BCC.

Additionally, meeting minutes for video monitoring were provided and reviewed. The meeting took place on 8-9-21 and indicated that new cameras to be installed at DDC-BCC. DCSO took over MDF in late 2020 which is now referred to as CDF where female inmates are housed. Plans are in place to add 17 new cameras by of August 2021. The meeting contained discussion for the need of additional cameras to assist in monitoring potential blind spot areas identified in previous incident reports; assist in operational practices; and internal concerns related to sexual abuse and sexual harassment incidents.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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 evidentiarily 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? (N/A if the agency *a/ways* makes a victim advocate from a rape crisis center available to victims.)
 Yes No NA
- 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 agency follow the requirements of

paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)

Yes 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 *always* makes a victim advocate from a rape crisis center available to victims.) 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.

115.21 (a) DCSO is responsible for conducting allegations of sexual abuse and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal investigations. DCSO only conducts administrative investigations; criminal investigations are conducted by the Metropolitan Nashville Police Department (MNPd) criminal sexual abuse investigations. MNPd follows a uniform evidence protocol in conducting sexual abuse investigations. MNPd Standard Operating Procedure (SOP), revised March 1, 2020, was provided for review. Chapter 20 of the MNPd SOP, *Adult Sex Crimes*, outlines the responsibilities; investigative procedures; when to perform a medical legal examination (MLE) kit; where to perform the MLE kit; and MLE kit processing in alignment with a uniform evidence protocol. Documentation provided in the PAQ relative to this standard was reviewed by Auditors to ensure a uniform protocol was in place and a random selection of staff interviews were conducted while on-site. These interviews confirmed that staff understood the protocols to be followed and who had the responsibility to conduct administrative and criminal investigations.

115.21 (b) DCSO is prohibited from housing youthful inmates in its facilities as a matter of State law. A review of the inmate demographics during the on-site visit via rosters confirmed there were no youthful inmates being held in any of the DCSO operated facilities. Further conformation was obtained during specialized interviews with Chief Wilkes, PREA Coordinator Bodie, Director Travis, and through random staff interviews. Therefore, PREA standard 115.21 (b) is not applicable and marked "N/A."

115.21 (c) DCSO offers all victims of sexual abuse access to forensic medical examinations offsite at Metro Nashville Hospital located at 1818 Albion Street, Nashville, Tennessee 37208, without financial cost, where evidentiarily or medically appropriate. The examinations are performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) when possible. If SAFEs or SANEs are not available, the examination is performed by a qualified medical examiner. Correspondence between DCSO and Dr. P. Lee Holmes, M.S., P.T., J.D., of the Metro Nashville Hospital Authority was provided to Auditors via the PAQ pursuant to PREA standard 115.21 (c). The document notes that the Metro Nashville Hospital provides SANEs to perform the forensic medical examination on female inmates; male sexual assault examinations are performed by a physician. An Emergency Room (ER) physician is the alternative qualified practitioner to conduct forensic examinations. Efforts to provide SANEs or SAFEs are documented by Metro Nashville Hospital. All examinations are performed at the Metro Nashville Hospital. Dr. Holmes is the Hospital Authority Compliance Officer and Director of Quality.

Wellpath, DCSO's contract medical services provider, has an established policy in collaboration with DCSO outlining the response to sexual abuse of an inmate. Wellpath Policy HCD-100_F-06 *Response to Sexual Abuse – Davidson TN* (6.13) notes that an employee who receives an allegation or information that a patient [inmate] is the victim of an incident of sexual abuse, sexual threats, or staff voyeurism must be aware of the sensitive nature of the situation. The patient [inmate] must be treated with due consideration for the effects of sexual abuse. All medical services provided as the result of an allegation are at no cost to the patient [inmate]. Information was further confirmed during interview with Nurse Erin Camacho during the on-site visit.

In the past 12 months, DCSO reported no (0) forensic medical examinations conducted; no (0) examinations performed by a SANE or SAFE; and no (0) examinations performed by a qualified medical practitioner. Verification of the information provided and adherence to the requirements of this standard was accomplished through interview with the Wellpath Medical Director, Melinda Stevens, and documentation review by Auditors.

115.21 (d) and (e) DCSO has a memorandum of understanding (MOU) with the Sexual Assault Center (SAC) for victim advocate services. SAC is located at 101 French Landing Drive, Nashville, Tennessee 27228. The MOU lists the following services that will be offered pursuant to the agreement: maintain confidentiality of incarcerated and staff sexual assault survivors at DCSO; maintain 24 hours/7 days a week availability of counseling through SAC crisis and support line; maintain confidentiality as outlined in the SAC informed consent form; facilitate training to DCSO as needed to provide advocacy services; facilitate training for victim advocacy and sexual assault issues as needed to DCSO staff; communicate any questions or concerns to the DCSO PREA Coordinator; comply with all Tennessee reporting laws regarding minors and

vulnerable adults; provide inmates with information and resources to enable them to report his/her own sexual assault to DCSO agency officials. DCSO also makes available a qualified mental health professional to provide advocacy services. These services are outlined in an MOU between DCSO and The Mental Health Cooperative (MHC). MHC is located at 275 Cumberland Bend, Nashville, Tennessee 37228. MHC provides support for inmates through the investigative process and emotional support, crisis intervention, information, and referrals as needed or requested by the victim [inmate]. Additional services include hospital accompaniment if the victim [inmate] is transported to the hospital for a forensic medical examination; and will continue accompaniment until services are no longer needed or the victim [inmate] is released from DCSO custody. The MOU notes that all MHC services are provided at no cost. Targeted interviews with inmates who were identified as having reported sexual abuse confirmed that all counseling and medical services were available to them and available at no cost and their knowledge of said services. Compliance Managers Bodie, Taylor, Bauder, and Joyner confirmed that all services required by this standard, and outlined in their policy, are made available to inmates, specifically providing access to a victim advocate for emotional support, crisis intervention, information and referrals.

115.21(f) DCSO is responsible for conducting administrative investigations and MNPD is responsible for conducting criminal investigations. There is no MOU between DCSO and MNPD outlining the requirements for conducting criminal sexual abuse investigations. However, DCSO provided a copy of MNPD CID SOP Chapter 20 *Adult Sex Crimes*, which outlines responsibilities; investigative procedures; when to perform a medical legal examination (MLE) kit; where to perform the MLE kit; and MLE kit processing in alignment with a uniform evidence protocol. Submitted SOP was reviewed by Auditors during documentation review. MNPD works closely with DCSO to ensure all services afforded to DCSO inmates MHC and SAC are still accessible to the inmate.

115.21 (g) Auditor is not required to audit this provision.

115.21 (h) This provision of the standard is not applicable.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)
 Yes 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

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.

115.22 (a) DCSO Policy 1-1.361 *Investigations* (p.6-7), requires an allegation of non-consensual contact or penetration may be deemed unfounded during initial inquiry. Otherwise, and regardless of the inmate's wishes, the investigative division receives the complaint and reports it to the MNP. If the MNP opens a criminal investigation, the assigned detective completes a report. In the past 12 months, from July 20, 2020 to July 20, 2021, DCSO reported via the PAQ to have received thirty-six (36) allegations of sexual abuse or sexual harassment. All allegations reported were administratively investigated. Of the 36 allegations received, twenty-three (23) were administratively investigated; thirteen (13) were referred for criminal investigation to MNP after an administrative investigation. All administrative and criminal investigations initiated have been completed. Specialized interviews with Chief Wilkes and PREA Coordinator Bodie reflected that the information provided in the PAQ was clarified to Auditors that referrals for criminal investigations were also administratively investigated. Investigations adhered to the requirements of DCSO policy. Auditors conducted a documentation review of a random sampling of administrative and criminal investigation reports. This included a review of full investigative reports with findings.

115.22 (b) DCSO has in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to MNP which has the legal authority to conduct criminal investigations where there is a potential for criminal behavior. This policy, which is DCSO Policy 1-1.361 *Investigations*, requires the investigating authority to complete a case file for each formal investigation. The file contains the Personnel Complaint Form, Case Referral, and/or other originating documents; the final report; incident reports; and notes, statements, logs, or other documents and exhibits accumulated during the investigation; photographs, videos, digital audio/video files, video tapes, and/or discs. Once a facility investigation is completed, the facility administration/chief administrator/division head contacts the lead investigator or Chief of Corrections (Tony Wilkes) and asks that a folder for the case be added to the completed facility investigations (CFI) folder on the DCSO share drive. The facility administrator/chief of security/division head then adds the investigative report and remaining case file documents to the correct subfolders in the designated CFI folder. Regardless of who conducted the investigation, the appropriate chief or HR Director is to review the report. In collaboration with facility administrator/division head, an evaluation of whether disciplinary or other administrative action should be initiated. The Chief of Corrections ensures all necessary items are included in facility case files and completes the "Administrative Review of Investigations" form. The lead investigator completes the administrative review for investigations conducted by investigation division personnel. Otherwise, the Chief Deputy, Chief of Administration, and Chief Warrant Officer complete the administrative review for divisions they oversee. Investigative case files for complaints of sexual abuse/harassment include a copy of any referral to MNP, and when applicable, information concerning a corresponding criminal investigation. DCSO's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the DCSO website at <https://sheriff.nashville.gov/prison-rape-elimination-act-prea/>. DCSO documents all referrals in accordance with established policy. All documentation and referrals were reviewed during PAQ review and on-site audit. Investigator Linda Griffin was interviewed as part of the audit's Specialized Interviews. She is tasked with overseeing DCSO's administrative investigations and confirmed adherence to the established process.

115.22 (c) MNPD is responsible for conducting criminal investigations and the DCSO publication indicates that the MNPD is responsible for such. Additionally, the publication notes the number of pending cases and specifically indicates that they have been referred to the MNPD for criminal investigation. DCSO has published information regarding MNPD's responsibility for criminal investigations on their third-party PREA reporting page. Auditors reviewed documents submitted through the PAQ and agency website.

115.22 (d) Auditor is not required to audit this provision.

115.22 (e) Auditor is not required to audit this provision.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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.

115.31 (a) DCSO trains all employees who may have contact with inmates on the agency's zero tolerance policy for sexual abuse and sexual harassment; individual roles and responsibilities in responding to outcries and how to fulfill said responsibilities under DCSO's policy to prevent sexual abuse and sexual harassment, prevention, detection, reporting, and procedures; on inmates' right to be free from sexual abuse and sexual harassment; the rights of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of abuse victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates' how to communicate effectively with inmates, including lesbian, gay, bisexual, transgender, intersex (LGBTI), or gender nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. DCSO Policy 1.1-359 *Preventing Sexual Abuse/Harassment* (p.6) enumerates the roles and responsibilities of staff as they relate to the agency's response and prevention plan.

Documentation reviewed included applicable policies; PREA training lesson plan updated 4-14-20; lesson plan PowerPoint presentation consisting of 95 slides presented in an easy to understand format covering all requirements of PREA standard 115.13 (a). Evaluation of information received and retained by employees was evaluated by Auditors through random staff interviews. A vast majority of employees interviewed were able to describe the training received and the different components of the training. They demonstrated a clear understanding of their roles and responsibilities for preventing, detecting, and responding to allegations of sexual abuse and sexual harassment. Auditors requested and reviewed a random sampling of training records to verify completion of required training. All records reviewed contained proof that training had been completed by staff; records included a signed acknowledgement of training.

115.31 (b) DCSO training is tailored to the gender of the inmates at the employee's facility. DCSO Policy 1.1-359 *Preventing Sexual Abuse/Harassment* (p.5-6) notes that the training encompasses all inmates, but includes specific topics related to each gender. The nature of the training provided by DCSO is a "one size fits all" approach that covers all topics and gender specific issues for all employees and facilities, thus eliminating the need to provide additional training for employees when they are reassigned. Officers benefit from the wide variety of training by DCSO's approach to train all staff for all facilities and for all genders. Auditors requested and reviewed a random sampling of training records to verify completion of required training. All records reviewed contained proof that training had been completed by staff; records included a signed acknowledgement of training. Auditors also utilized the PREA training lesson plan and PowerPoint provided to verify that training provided was all encompassing. Random

staff interviews conformed that staff were aware of not only their responsibilities in their currently assigned facility, but the responsibilities they would assume should they be reassigned to another facility.

115.31 (c) DCSO provides employees who may have contact with inmates with refresher information on current policies regarding sexual abuse and sexual harassment during monthly PREA inspections between the required two (2) year training. PREA requirements for the frequency of refresher is exceeded by DCSO as they provide training on annual basis. PREA Auditors requested and received a random sampling of training records for review, random selected PREA inspections for each facility, and conducted random staff interviews and specialized interview with PREA Coordinator and trainer Marcus Bodie.

115.31 (d) DCSO documents all training through employee signature or electronic verification that the employee understands the training received. A random sample of documented staff training was requested by Auditors and was provided for review. The document, titled *Employee Course Hours Report*, reflects passing of the online PREA training along with the date of completion and number of course hours awarded.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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.

115.32 (a) DCSO ensures all volunteers and contractors who have contact with inmates are trained on their responsibilities under DCSO sexual abuse and sexual harassment prevention, detection, and response policies and procedures. A total of 397 volunteers and individual contractors were trained by DCSO on DCSO's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Despite all (100%) volunteers and contractors having been trained, COVID has restricted their access to enter the facility and thus no volunteers were authorized to enter. A specialized interviews with the Director of Programs, Paul Mulloy, was conducted. He oversees volunteer operations and confirmed that all volunteers are required to complete, and did complete, annual PREA training. After completion of the required annual training, volunteers are provided a "PREA card" which outline the roles and responsibilities for non-correctional first responders and their responsibility to report any incidents to Marcus Bodie. Training curriculum and a sample of volunteer and contractor training records were reviewed.

115.32 (b) The level and type of training provided to volunteers and contractors is based on the services provided and level of contact they have with inmates. All volunteers and contractors who have contact with inmates are notified of DCSO's zero-tolerance policy regarding sexual abuse and sexual harassment and instructed on how to report such incidents. An 83 slide PowerPoint presentation that is used to deliver training to contractors and volunteers was provided for review by Auditors. The information, like that provided to staff, was easy to understand and formatted in a manner that was appropriate for the level of contact with inmates by volunteers and contractors. "Eye in the Sky", a company contracted to install cameras, was on-site during the visit. Auditors interviewed one of the contractors and he acknowledged receiving PREA training via a video and summed up the training as "Don't talk to them. Don't give them anything" and noted that he regularly observes staff announce their presence before entering an inmate housing area of the opposite gender. Auditors shared a *Contractor Acknowledgement* form to be used to advise contractors of DCSO's zero tolerance policy towards any form of sexual harassment or sexual abuse in the event that access to the facility is needed in an emergency situation and there is not time to immediately conduct their standard training.

115.32 (c) DCSO maintains documentation confirming that volunteers and contractors understand the training they received. Documentation is maintained by the PREA Coordinator, Marcus Bodie. These documents, which included material and curriculum presented and signed acknowledgements of understanding, were made available for review by Auditors.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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 the comprehensive education referenced in 115.33(b)? 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

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.

115.33 (a) During the intake process, inmates receive information explaining DCSO's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. DCSO reported admitting 17,245 and providing education to 17,159 of those admitted (99.5%). DCSO Policy 1-1.359 *Preventing*

Sexual Abuse/Harassment (p. 4) outlines the intake procedures that encompass notification to inmates about DCSO's zero tolerance policy. The policy states in part, "Inmates receive information upon arrival about DCSO's zero tolerance policy towards sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse/harassment. The information is provided orally and in writing in a language understood by the inmate." The process by which inmates receive this information was observed by Auditors during the on-site visit. Intake staff were also interviewed, and they were instructed to walk Auditors through the entire intake process to be able to clearly understand what is accomplished at each step of the process. During random inmate interviews, inmates confirmed they were made aware of DCSO's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Booking Supervisor Viranda Smith was interviewed as part of the specialized interviews for intake process and validated the process outlined in DCSO policy. Auditor reviewed a random sampling of records for inmates entering the facility in the last 12 months to verify receipt of PREA information at Intake and watched the PREA education video presented to all inmates as part of the intake process.

115.33 (b) Comprehensive inmate education is provided by DCSO immediately upon inmate arrival. Therefore, DCSO provides inmate education to more inmates than those that stay in custody for 30 days. DCSO provided training to 3,806; however, only 2,292 inmates had a length of stay of 30 days or more (166.1%). Specialized interviews with intake staff and observation by Auditors of the intake process confirmed that inmate PREA education begins immediately upon arrival to DCSO by way of a video which presented DCSO's zero tolerance policy towards sexual assault and sexual harassment in English, Spanish, and sign language. DCSO has adopted a system that tracks completion of PREA education. The system utilizes a countdown to reflect the number of days remaining before an inmate hits the 30-day mark. This tracking mechanism is monitored by staff who then direct education where needed. DCSO noted that all inmates would be provided education by 8-10-21; no inmates exceeded 30 days without receiving education on DCSO's zero tolerance policy. A memorandum from PREA Coordinator Bodie to Auditors was provided reflecting that all inmates whose length of stay was more than 30 days were provided DCSO PREA education. The memorandum further reflects that inmates transferred from one facility to another were provided PREA education in their housing area via video. Lastly, female inmates are now housed in CDF located in the Annex of the now closed Core Civic location. Females receive PREA education in the intake area before transferring to CDF. A random sample of inmate interviews were conducted, and confirmation was received that this information was provided during the intake process.

115.33 (c) DCSO reported that all inmates booked into the facility received PREA education within 30 days of intake as required by 115.33 (b-1). DCSO has adopted a system that tracks completion of PREA education. The system utilizes a countdown to reflect the number of days remaining before an inmate hits the 30-day mark. This tracking mechanism is monitored by staff who then direct education where needed. DCSO noted that all inmates would be provided education by 8-10-21; no inmates exceeded 30 days without receiving education on DCSO's zero tolerance policy. A memorandum from PREA Coordinator Bodie to Auditors was provided reflecting that all inmates whose length of stay was more than 30 days were provided DCSO PREA education. Auditors observed the intake process, which includes steps to complete the education process, and interviewed intake staff as they walked Auditors through the full intake

and screening process. A sample of documents reflecting completion of comprehensive inmate education was reviewed.

115.33 (d) DCSO provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. The video presented during the intake process as part of inmate education was in English, Spanish, and Sign Language. DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.4) indicates that information will also be provided orally or in writing when needed and in a language understood by inmates. Additionally, DCSO Policy 1-1.153 *Reasonable Accommodations for Inmates, Residents, and the Public* (p.2) provides for equal access to all aspects of DCSO's efforts to prevent, detect, and respond to sexual abuse/harassment. Disabilities covered under the policy includes deaf inmates, inmates who are hard of hearing, blind or low vision inmates, and inmates who have psychiatric or speech disabilities. Inmate educational materials were reviewed by Auditors.

115.33 (e) DCSO maintains electronic documentation of inmate participation in PREA education services. Auditors reviewed a sample of inmates' receipt of inmate education.

115.33 (f) In addition to provided PREA education at initial intake, DCSO ensures that key information is continuously and readily available and visible to inmates through posters, inmate handbooks, and other written formats. A tab labeled "PREA Information" is available on the inmate kiosk. This section is dedicated PREA and provides information about the history of PREA, DCSO's zero tolerance policy, definitions of specific terms related to PREA, instructions how to report incidents of sexual abuse and sexual harassment and the different reporting avenues and mechanism, and inmates' rights to be free from harassment and from retaliation for reporting. This information is also contained in the inmate handbook (page 2) which is made available to all inmates in English and Spanish when needed. The facility has posters throughout the facility in the inmate housing areas advertising DCSO's zero tolerance policy and available internal and external resources. The inmate tablets also contain PREA related information such as the PREA hotline, instruction on how to report incidents, PREA posters in English and Spanish, and the inmate handbook. The availability and presence of PREA continuing education material was observed by Auditors to be available throughout the facilities during the on-site review and had the inmates demonstrate log on and navigation to PREA information on the kiosk and tablet.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes 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.

115.34 (a) DCSO ensures investigators receive training past general PREA training which focuses on conducting sexual abuse investigations in a correctional setting. The requirement for additional training is outlined in DCSO Policy 1-1.361 *Investigations* (p.6), which requires DCSO personnel that conduct administrative investigations of sexual abuse complaints receive training qualifying them to do so. A specialized interview with Linda Griffin, who is tasked with conducting administrative investigations, confirmed that DCSO requires investigators to complete training from the National Institute of Corrections (NIC) (*PREA Investigations: Investigating Sexual Abuse in a Confinement Setting*) which is specific to investigations and training on Garrity warnings. She noted that MNPD is tasked with handling all criminal investigations and are trained in Miranda warnings.

115.34 (b) The specialized training completed by DCSO investigators includes interviewing techniques for sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action prosecution referral. The table of contents for the training completed by DCSO investigators was provided for review. The training, created by the National Institute of Corrections (NIC), satisfies the requirements outlined in PREA standard 115.34 (b) and includes other germane topics such as PREA Investigations, Working with Victims, Interviewing Techniques, and Institutional Culture and Investigations. In the PREA Investigations sections, training covers a systemic approach, criteria and evidence for administration action and prosecution, the role of medical and mental health in the investigative process, forensic medical examination process, and the role of the victim advocate. The Working with Victims section covers understanding the victim and hesitant victims as subtopics. Interviewing Techniques is comprised of subtopics on managing biases, soft versus hard interviewing, interviewing and gender differences, interviewing juvenile populations, interviewing minority populations, and sequencing interviews. Institutional Culture and Investigations has subtopics which include encouraging a reporting culture, professional boundaries and red flags, and handling false reports.

115.34 (c) DCSO maintains documentation reflecting DCSO investigators have completed the required specialized training in conducting sexual abuse investigations as required by DCSO Policy 1-1.361 *Investigations* (p.6). The number of DCSO investigators reported as successfully completed the required NIC training is 4; training documents for all four investigators were submitted via the PAQ for review and conformation.

115.34 (d) Auditor is not required to audit this provision.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

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 *or* the agency does not employ medical staff.) 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes 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.

115.35 (a) DCSO contracts with Wellpath to provide medical services to inmates held in the custody of DCSO. Wellpath Policy, enacted in coordination with DCSO, HCD-100_F-06 *Response to Sexual Abuse – Davidson TN* (p.3) outlines the procedures for training and orientation of medical providers. Training notes that upon hire, an annually thereafter, Wellpath employees receive training and instructions that relates to the prevention, detection, response, and investigation of staff-on-patient and patient-on-patient sexual abuse, as well how to preserve physical evidence of sexual abuse. Training provided by Wellpath is addition to the initial and ongoing training provided by DCSO in accordance with DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.6). Wellpath training includes, but is no limited to, delineation of healthcare staff's role in the facility's sexual abuse policy and procedures, role-specific training in the detection and assessment of sexual abuse, effective and professional response to victims and abusers, preservation of physical evidence, how to elicit, receive, and forward reports of allegations or suspicions of sexual abuse, confidentiality requirements, and the requirement to maintain documentation of training content. DCSO reported via the PAQ that 159 medical and mental healthcare practitioners, who regularly work at DCSO facilities, completed the required training (100% medical and mental health contractor training completion). Specialized interviews with medical and mental health staff, both on-site and scheduled, confirmed medical and mental health's understanding of their role in DCSO's sexual assault and sexual harassment response plan.

Sarah Bardell, from mental health, and Erin Camcho, of Wellpath, were two of the interviews conducted and confirmed that all medical and mental health providers are required to complete the training outlined and such training completion is documented. Documentation reflecting completion, including training rosters and record of acknowledgement of understanding, were submitted by DCSO via the PAQ for review; additional records were requested and provided for review by Auditors during the on-site visit. The acknowledged training included training on DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.6), which is the same training provided to new employees, volunteers, and all contractors. The acknowledgement informs recipients that any violation of said policy or its intent, or any failure to report a known allegation, will be cause for disciplinary action up to and including termination.

115.35 (b) The provision of this standard is not applicable “N/A.” Wellpath medical staff is not tasked with completing forensic examinations.

115.35 (c) DCSO maintains documentation that medical and mental health staff have received training referenced in this standard. Training received is provided by DCSO. A medical and mental health contractor training roster was reviewed by Auditors for confirmation of training completed. The records contained an acknowledgement and record of understanding titled *Sexual Abuse/Sexual Harassment Policy Receipt of Understanding*.

115.35 (d) Medical and mental health providers also receive training mandated for employees under 115.31 and volunteers under 115.32. Training provided to all contractors is done jointly as part of the new hire orientation. Auditors reviewed training logs and *Contractor Training Rosters* for verification of training completed.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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, as 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, as 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, as 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 an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes 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.

115.41 (a) All DCSO inmates are assessed during intake screening and upon transfer to another DCSO facility for their risk of being sexually abused by other inmates or sexually abusive towards other inmates. DCSO Policy 1-4.101 *Inmate Classification* (p.3) was reviewed and outlines the requirements for this provision. Interviews with Classification staff who are responsible for conducting initial risk screenings and random inmate interviews were conducted. Auditors observed this procedure during the on-site portion by walking through the entire booking and intake process.

115.41 (b) The intake screening is required by PREA standard 115.41 (b) to take place within 72 hours of arrival at the facility. DCSO mandates the use of their objective screening instrument for inmate screening and housing purposes and that such screening occur within 72 hours. In the past 12 months, DCSO reported that 863 inmates entered the facility whose length of stay was 72 hours or longer and had victimization risk screening completed within 72 hours; a total of 6,623 inmates were booked into the facility. However, not all had a length of stay that exceeded 72 hours. Auditors requested a random sample of intake screening assessments to confirm that screening was completed within the 72-hour timeframe as per DCSO Policy 1-4.101 *Inmate Classification* (p.3). Staff interviewed as part of the targeted interviews, assigned the task of conducting intake screening, walked Auditors through the intake process step by step which reflected that the screening is conducted as soon as possible as part of the intake process. Random inmate interviews further confirmed inmates were screened as part of the DCSO intake process and within the 72-hour timeframe.

115.41 (c/d) The objective screening instrument utilized by DCSO considers the following criteria, as required by PREA standard 115.41 (d), to assess inmates' risk for sexual victimization; the inmates mental, physical, and developmental status; age; physical build; incarceration history or lack thereof; whether the inmate's criminal history is exclusively

nonviolent; any prior convictions for sexual offenses against adults or children; whether the inmate is perceived to be LGBTI or gender nonconforming; history of sexual victimization; inmate's own perception of vulnerability; and whether the inmate is detained solely for civil immigration purposes. Copies of all Classification questions and forms completed during the intake process were provided during the targeted staff interviews with Classification staff. A review of blank and completed documents reflected that, at a minimum, inmates were being screened under the criteria established under PREA standard 115.41 (d). A memo, *Intake Health Screening*, was provided via the PAQ reflecting the intake screening in the JMS is currently used by Classification for PREA screening. The form was not being used by medical and was repurposed specifically for PREA screening.

115.41 (e) The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and any history of prior institutional violence or sexual abuse, as known to DCSO, in assessing the inmate's risk of being sexually abusive. Copies of all Classification questions and forms completed during the intake process were provided during the targeted staff interviews with Classification staff. Targeted interviews with Classification staff tasked with conducting the screening confirmed that all inmates are asked the questions in the screening instrument. The process was observed by Auditors during the on-site visit.

115.41 (f) DCSO has established a timeframe, which begins at 30 days and is also scheduled for 60 and 90 days, from the inmate's arrival at the facility where they will reassess each inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. DCSO Policy 1-4.101 *Inmate Classification* (p.3) requires within 30 days of an inmate's arrival, or as needed, the Classification Officer reassesses the inmate's risk of sexual victimization or aggressiveness based on a referral, request, substantiated incident of sexual abuse, or receipt of additional relevant information. A random sample of completed inmate classification reassessments were requested for review by Auditors and were provided. All inspected documents met the required timeframes and were completed in accordance with DCSO's policy. In the past 12 months, 2,292 inmates entered the facility whose length of stay was for 30 days or more; however, a total of 2,406 inmates were reassessed within 30 days after their arrival. This demonstrates that DCSO is actively reassessing inmates well before 30 days of incarceration and before inmates are released or transferred from DCSO custody through the normal course of judicial proceedings. Thus, their reassessment rate, as it relates to the standard, exceeded 100% at 105%. Staff interviewed as part of the targeted interviews, assigned the task of conducting reassessments, demonstrated the reassessment process to Auditors step by step which reflected that the reassessment is properly conducted; document review confirmed the reassessment is completed in the required timeframe. A sample of random inmate interviews further confirmed that the reassessment was being completed.

115.41 (g) Each inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the inmate's risk of sexual victimization or abusiveness. DCSO policy 1-4.101 *Inmate Classification* (p.3) outlines this requirement which was verified as being adhered to through interviews with Classification staff and a random sample of inmate interviews. Auditors reviewed a sample of completed classification initial interviews and reassessments as verification of compliance.

115.41 (h) Inmates are prohibited from being disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to their medical, mental, or developmental condition, their sexual orientation or gender identity, their history of sexual victimization, or their own perceived vulnerability. DCSO Policy 1-4.101 *Inmate Classification* (p.4) expressly prohibits DCSO staff from issuing inmates any disciplinary action for refusing to answering screening questions or refusing to disclose information as part of the DCSO PREA screening. Additionally, a memo, *Disciplinary for Refusal to Answer*, from Classification Director Beth Gentry, which further affirms that DCSO has not disciplined any inmate for refusing to answer any PREA questions or refusing to disclose any personal information during classification interviews. During review of assessments there were some inmates that refused to answer all or part of the questions being asked; no inmate discipline was on file for these inmates related to their refusal to answer. Auditors spent time with Classification staff to observe the screening process in action.

115.41 (i) DCSO has implemented appropriate controls on the dissemination within the facility of response to questions asked pursuant to PREA standard 115.41 to ensure that sensitive information is not used against an inmate by staff or other inmates. These controls include controlled access to documents and completed screening forms on DCSO's JMS. The agency utilizes user roles which grant and limit access to information on the JMS to staff based on their assigned duties and responsibilities. DCSO Policy 1-4.101 *Inmate Classification* (p.4) notes that access to inmate response to PREA screening questions is restricted and utilization or exploitation of information to the detriment of any inmate is prohibited. The controls programmed for access to information obtained via this screening tool were confirmed through inspection of the program and through interviews with PREA Coordinator Bodie, PREA Compliance Managers Bodie, Joyner, Taylor, and Bauder, and Classification staff to include Classification Director Beth Gentry.

DCSO Policy 1-4.101 *Inmate Classification* requires inmates to be screened within 72 hours of incarceration for potential vulnerabilities or tendencies for sexually aggressive behavior or anytime DCSO receives additional relevant information. Classification Officers will use interviews and information from prior arrests and incarcerations to complete the PREA Assessment Form. The Intake Health Screening form asks questions that satisfy the requirements of 115.41 (d) and additional questions which would elicit conversation and information that could be used to safeguard an inmate from potential victimization. A memorandum provided by Pam Storey, Database Program Manager, notes that the Intake Health Screening form is used by Classification for PREA screening and stored in the JMS; she notes that DCSO can change the questions on the form but not the form name.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) 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.

115.42 (a) DCSO uses information from its risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. DCSO Policy 1-4.101 *Inmate Classification* (p.4) requires the Classification Officer to use information from the PREA assessment to inform housing, work, education, and program assignments. If the inmate is a known sexual victim or aggressor according to the assessment, Classification Officers assign the appropriate flag in the special conditions menu of JMS and house the inmate accordingly. If the assessment shows the inmate is at risk for sexual victimization or sexual aggressiveness, Classification Officers make appropriate housing assignments to limit the risk. If the assessment shows the inmate is both a known victim and known aggressor, the known aggressor status takes priority in placement decisions. Specialized interviews took place with PREA Coordinator, PREA Compliance Managers for each facility, and Classification Director who confirmed this policy and practice. Auditors requested and reviewed a random sample of housing history for inmates, which is documented and maintained in the DCSO JMS.

115.42 (b) DCSO makes individualized determinations about how to ensure the safety of each inmate in their custody. DCSO Policy 1-4.101 *Inmate Classification* (p.1) provides DCSO maintains a classification plan ensuring that adult inmates, and juvenile inmates bound over to be tried as adults, are individually assessed based on objective, identifiable criteria. Inmates are placed in the least restrictive housing compatible with their assessed risk and needs. The DCSO does not discriminate on account of race, color, religion, national origin, age, disability, gender, gender identity, or sexual orientation. Interviews with Classification staff confirmed individualized determinations for inmate housing are made.

115.42 (c) In deciding whether to assign a transgender or intersex inmate to a male or female facility, and in making other housing and programming assignments, DCSO considers on a case-by-case basis if placement would ensure the inmate's health and safety, and if the placement would present management or security problems. DCSO Policy 1-4.101 *Inmate Classification* (p.8) under Housing section outlines in making specific housing assignments, Classification personnel consider, on a case-by-case basis, each inmate's health and safety and whether the placement may pose management or security problems. Generally, such assignments are consistent with the inmate's current genital status and are made to diminish the possibility of sexual abuse/harassment or physical abuse. During the classification process, classification personnel also consider the inmates' own views with respect to their safety and document that information on the PREA assessment form. Interviews with Compliance Managers confirmed housing decisions are made with consideration given to the inmate's input in cases of transgender and intersex inmates. Interviews with transgender inmates were conducted and reflected they were asked for their input and own views related to their gender. The inmates indicated they felt safe in their current housing assignment.

115.42 (d) Placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year to review any threats to safety experienced by the inmate(s). DCSO Policy 1-4.101 *Inmate Classification* (p.9) under Safety Review Team for Transgender/Intersex Inmates, requires at least twice a year, the PREA Coordinator chairs a team consisting of the Chief of Correction (Tony Wilkes), the Classification Director (Beth Gentry), the Director of Programs (Paul Mulloy), the Facility Administrator/Standards Director, and Medical and Mental Health Personnel. Reassessments take place for all inmates every 30 days regardless of gender identity and status.

115.42 (e) A transgender or intersex inmate's own views with respect to his or her own safety is given serious consideration. DCSO Policy 1-4.101 *Inmate Classification* (p.8) under Housing section outlines during the classification process, classification personnel consider the inmate's own views with respect to their safety and document that information on the PREA assessment form. Interviews with Compliance Managers confirmed housing decisions are made with consideration given to the inmate's input in cases of transgender and intersex inmates. Interviews with transgender inmates were conducted and reflected they were asked for their input and own views related to their gender. The inmates indicated they felt safe in their current housing assignment.

115.42 (f) Transgender and intersex inmates are given the opportunity to shower separately from other inmates. Specialized interviews took place with PREA Coordinator Marcus Bodie, PREA Compliance Managers for each facility, and Classification Director who confirmed this policy and practice. Targeted interviews of transgender inmates took place during on-site and this practice was confirmed during these interviews. Auditors requested and reviewed a random sample of housing history for inmates, which is documented and maintained in the DCSO JMS. Auditors inspected the designated shower areas and confirmed, through staff interviews, that inmates who are identified as transgender [or intersex] are afforded the opportunity to shower separately.

115.42 (g) DCSO does not place LGBTI inmates in dedicated facilities, units, or housing areas solely based on their identified status. DCSO Policy 1-4.101 *Inmate Classification* (p.5) outlines the DCSO does not house lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates in dedicated units based solely on such identification or status. Auditors confirmed that no such unit was designated for the housing of LGBTI inmates during the on-site visit, review of the housing designations, interviews with LGBTI inmates, and through interviews with the PREA Coordinator, Compliance Managers, and Classification Director.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)
 Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)
 Yes No NA

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

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.

115.43 (a) Inmates identified as high risk for sexual victimization are not placed in involuntary segregation unless an assessment of all available housing alternatives have been made, and a determination has been made that there is no available alternative means of separation from potential abusers. DCSO Policy 1-4.101 *Inmate Classification* (p.4) outlines the responsibilities for Classification Officers to assess available alternatives before an inmate is involuntarily segregated based solely on the inmate's designation as an alleged victim, an at-risk victim, or a known victim. If such an assessment cannot be conducted immediately, the inmate may be involuntarily segregated for up to 24 hours. DCSO reported no (0) inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months for 1 to 24 hours. Chief Wilkes confirmed inmates are not involuntarily segregated because of their status as at-

risk victims. Auditors reviewed Classification documents for at-risk inmates and their housing placements.

115.43 (b) Inmates placed in segregated housing for purposes of completing an assessment retain access to programs, privileges, education, and work opportunities to the extent possible. Any restrictions imposed by DCSO are documented along with the opportunities that have been limited, the duration of such limitation, and the reasons for such limitations. DCSO does not restrict access to programs, privileges, education, or work opportunities as confirmed by Chief Wilkes.

115.43 (c) DCSO assigns inmates to involuntary segregation only until an alternative means of separation from likely abusers can be arranged; this assignment will not ordinarily exceed 30 days. DCSO Policy 1-4.101 *Inmate Classification* (p.4) provides that if the inmate is involuntarily segregated, such assignment lasts only until an alternative means of separation can be arranged. The Segregation will not ordinarily exceed 30 day. DCSO reported in the PAQ that no (0) inmates who were at risk of sexual victimization were assigned to involuntary segregation housing for longer than 30 days in the past 12 months. Interviews with Chief Wilkes and staff who supervise inmates in segregated housing confirmed there were no inmates who had been involuntary segregated due to being identified as at-risk for victimization. Auditors reviewed Classification documents for at-risk inmates and their housing placements.

115.43 (d) If an involuntary segregated housing assignment is made, DCSO documents the decision along with the basis for the agency's concern for the inmate's safety and the reason by no alternative means of separation could be arranged. In accordance with DCSO Policy 1-4.101 *Inmate Classification* (p.4) the Classification Officer makes an entry in the case notes using the "PREA-V notes" category in JMS to document the reason for concern about the inmate's safety, and the reason no alternative means of separation form likely abusers can be arranged. Due to no (0) inmates being placed in involuntary segregated housing as referenced above, there were no (0) case files to be reviewed. This information was provided via the PAQ.

115.43 (e) DCSO affords each inmate covered under PREA standard 115.43 a review to determine whether there is a continued need for separation from the general population at least every 30 days. DCSO Policy 1-4.101 *Inmate Classification* (p.10) requires that a review board consisting of corrections, programs, classification, and mental health services personnel reviews such placements every seven days for the first 60 days, and once every 30 days thereafter for inmates placed in administrative segregation and protective custody. Such reviews are documenting in the DCSO JMS and the date the next required review is entered. A memorandum from Classification Director Gentry, *Involuntary Segregated Housing*, was provided, and is applicable to 115.43 (a), (c), (d), and (e) which notes that "between August 11, 2020 and August 11, 2021, DCSO did not house any inmate in involuntary segregation due to the inmate being at risk for sexual victimization and there being no other suitable housing."

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

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

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.

115.51 (a) DCSO provides multiple internal avenues for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. DCSO Policy 1-1.359 *Preventing Sexual Abuse Harassment* (p.7) describes the reporting avenues made available allowing inmate victims of sexual abuse/harassment to privately disclose such to any DCSO staff in person, by Metro-mail, by phone, anonymously, or through a third party, such as an attorney or family member. These avenues are also available to inmates reporting incidents of retaliation, staff neglect, or a violation of responsibilities that may have contributed to such incidents. This information is also made available to inmates in the inmate handbook (beginning on page 2) and through the kiosk, and tablets in housing units. Reporting avenues are advertised throughout the facility via signage posted throughout the facility. During the on-site Auditors tested these avenues as the facility tours took place. The availability of the reporting avenues was also described during random staff and inmate interviews conducted. DCSO ensures that key PREA information is continuously and readily available and visible to inmates through posters, inmate handbooks, and other written formats. A tab labeled "PREA Information" is available on the inmate kiosk. This section is dedicated PREA and provides information about the history of PREA, DCSO's zero tolerance policy, definitions of specific terms related to PREA, instructions how to report incidents of sexual abuse and sexual harassment and the different reporting avenues and mechanism, and inmates' rights to be free from harassment and from retaliation for reporting. This information is also contained in the inmate handbook (page 2) which is made available to all inmates in English and Spanish when needed. The facility has posters throughout the facility in the inmate housing areas advertising DCSO's zero tolerance policy and available internal and external resources. The inmate tablets also contain PREA related information such as the PREA hotline, instruction on how to report incidents, PREA posters in English and Spanish, and the inmate handbook.

Random staff and inmate interviews reflected both were aware of the multiple reporting mechanisms available to report sexual abuse, sexual harassment, and retaliation.

115.51 (b) DCSO also provides at least one way for inmate to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous at their request. Inmates detained solely for civil immigration purposes are provided information on how to contact relevant consular official and relevant officials at the Department of Homeland Security (DHS); however, DCSO no longer houses ICE detainees. DCSO has an MOU with the Sexual Assault Center (SAC), which outlines the responsibility of DCSO to provide inmates the address and a telephone number to SAC. This information is provided in the inmate handbook and explains that this information is confidential and there is no cost the inmate for calling from the facility. Information in the handbook (p.2) instructs inmates on how to report sexual abuse and sexual harassment by providing an internal hotline (#9012) which allows them to report to Adult Protective Services. The handbook further outlines that each case is documented and investigated. PREA Compliance Managers, Bodie, Joyner, Taylor, and Bauder, described the reporting avenues available which included inmates' ability to report to an outside agency. Knowledge of the reporting avenues, both internal and external, was evident during inmate interviews. Auditors observed advertisement of notification methods, inspected functionality, and tested the hotline while on-site.

115.51 (c) DCSO staff is required to accept reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports. DCSO Policy 1-1.359 *Preventing Sexual Abuse Harassment* (p.7) describes the reporting avenues made available allowing inmate victims of sexual abuse/harassment to privately disclose such to any DCSO staff in person, by Metro-mail, by phone, anonymously, or through a third party, such as an attorney or family member. Auditors reviewed a random sample of reports made verbally, in writing, anonymously, and from third parties. Staff indicated they would accept and investigate reports made from a third party. All incidents, to include third-party, are documented in the DCSO's JMS. Inmates were also aware that they could report incidents of sexual assault or sexual harassment to a third-party, who would then contact the facility on their behalf; "third-party" was defined and explained to inmates who did not comprehend the term.

115.51 (d) DCSO provides a method for staff to privately report sexual abuse and sexual harassment of inmates. DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.8) outlines the method DCSO has in place for employees and interns to privately report sexual abuse/harassment through the SAIR module. DCSO staff have access to a Sensitive Access Incident Reporting (SAIR) module that limits viewing to top administration only in order to document incidents being reported in a confidential manner. Staff are informed of this private reporting avenue through DCSO policy referenced above, new hire training, volunteer and contractor training, and during the required annual refresher training. Auditors reviewed the training PowerPoint documents provided in the PAQ to ensure this information was provided. This information was also obtained during random staff interviews. Auditors also requested and reviewed reports submitted through SAIR module.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

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

115.52 (e)

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

115.52 (f)

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

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) take 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.

115.52 (a) DCSO has administrative procedures for dealing with inmate grievances regarding sexual abuse and therefore is not exempt from PREA standard 115.52. DCSO provides inmates the opportunity to file grievances about policies, practices, employees, specific incidents, or the conditions of their confinement. These procedures are outlined in DCSO Policy 1-3.540 *Grievances* (p.1).

115.53 (b) DCSO does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse; inmates are permitted, not required to utilize the DCSO grievance system to report incidents of sexual abuse and sexual harassment. DCSO applies other applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. DCSO does not require an inmate to use any informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse as described in DCSO Policy 1-3.540 *Grievances* (p.4). Information regarding no restrictions on time limits is also reflected in the inmate handbook.

115.53 (c) DCSO ensures that an inmate who alleges sexual abuse may submit a grievance without submitting to a staff member who is the subject of the complaint and such grievance is not referred to a staff member who is the subject of the complaint. DCSO Policy 1-3.540 *Grievances* (p.2-3) describes others measures to be taken if an inmate feels the grievance could subject him to harassment or retaliation; such as, giving the grievance to a trusted employee, use the mail system to submit grievance directly to grievance section, or file through a third-party avenue. There is also a locked drop box that has limited access where inmates can submit grievances. This policy also indicated the grievance is never referred to the staff member who is the subject of the complaint, though the responder may consult with the employee before issuing a response. A random sample of grievances submitted via these mechanisms were reviewed by Auditors. DCSO Policy 1-3.150 (p.4) also contains provisions for grievances written in languages other than English. These grievances are forwarded by the Grievance Coordinator to a DCSO staff member who is proficient in that language or to an outside entity for proper translation; responses to inmates are submitted in the same language.

115.52 (d) DCSO issues 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. As per PREA standard 115.52 (d), computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal. DCSO reserves the right to claim an extension of time to respond, of up to 70 days as authorized by PREA standard 115.52 (d) (2), if the normal time period for response is insufficient to make an appropriate decision. DCSO notifies the inmate in writing of any such extension and provides a date by which a decision will be made. At any level of the administrative process, including the final level, if the inmate does not receive a response with the time allotted for reply, including any properly noticed extension, the inmate considers the absence of a response to be a denial at that level. According to DCSO Policy 1-3.540 *Grievances* (p.4) investigations and responses to grievances claiming sexual abuse are generally completed within 90 days. Extensions do not exceed 70 days. If an extension is necessary, the PREA Coordinator updates the grievance in JMS, and notifies the inmate in writing, including the date by which a decision will be made. DCSO reported no (0) grievances were filed in the past 12 months alleging sexual abuse; no documents were therefore available for review. A sample of grievances not related to sexual abuse or sexual harassment were still inspected to review and confirm grievance process, timeline, and response procedure. This information was provided through the PAQ. DCSO reported that no reports of sexual abuse were received via this mechanism. Responses to such grievances would be returned to the inmate in the same language. Interviews with inmates who reported sexual assault or sexual harassment indicated they were aware that the grievance system was available to them as a reporting mechanism.

115.52 (e) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and are permitted to file such requests on behalf of inmates. DCSO may require third party complaints to be agreed to by the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the inmate declines to have the request processed on his or her behalf, DCSO documents the inmate's decision. Since there were no (0) grievances alleging sexual abuse, there were none (0) that reached a final decision within 90 days.

115.52 (f) DCSO has established procedures under 1-3.540 *Grievances* (p.5) for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, DCSO staff immediately forwards the grievance to a level of review at which immediate corrective action may be take and provides an initial response within 48 hours, and a final agency decision within five (5) calendar days. The initial response and final agency decision documents DCSOs determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. DCSO reported receiving no (0) emergency grievances alleging a substantial risk of sexual in the last 12 months; therefore, there were no incident reports related to this provision to review.

115.52 (g) DCSO policy 1-3.540 *Grievance* (p.5) allows for an inmate to be disciplined for filing a grievance related to alleged sexual abuse only when DCSO can demonstrate that the inmate filed the grievance in bad faith. DCSO reported no (0) incidents where an inmate was disciplined pursuant to this standard in the last 12 months.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA

- 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

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.

115.53 (a) DCSO provides 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 of local, State, or national victim advocacy organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The hotline number to Sexual Assault Center (SAC) is #1090; address is 101 French Landing Dr., Nashville, Tennessee 37228. DCSO enables reasonable communication between inmates and these organizations and agencies in as private a place as possible. Auditors observed locations of inmate phones throughout the facility and their accessibility. All phones were also tested for operability. DCSO has an MOU with the Sexual Assault Center (SAC), which outlines the responsibility of DCSO to provide inmates the address and a telephone number to SAC. This information is provided in the inmate handbook and explains that this

information is confidential and there is no cost to the inmate for calling from the facility. This information is outlined in DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.11). Auditors reviewed the policy and inmate handbook to ensure the information was made available as stated. Random and targeted inmate interviews took place during on-site audit and as result the inmates were able to identify the services available to them and how to access them.

115.53 (b) DCSO informs inmates via the inmate handbook (p.3), prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. This information is relayed to inmates through the inmate handbook as outlined in DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.11). A random sample of interviews with inmates and inmates who reported sexual abuse found an understanding that these services were available and confidential.

115.53 (c) DCSO has entered into an MOU with SAC (Sexual Assault Center), a community service provider that provides inmates with confidential emotional support services related to sexual abuse. DCSO maintains copies of MOUs and agreements showing these services. DCSO provided documentation of the MOU between DCSO and SAC in the PAQ. The MOU is expired; however, email correspondence between DCSO and SAC outlining ongoing efforts to update and renew the contract was provided. Copies of MOU and communication to continue these services in maintained by the PREA Coordinator.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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.

115.54 (a) DCSO policy 1-1.359 *Preventing Sexual Abuse/Sexual Harassment* (p.7) establishes methods to receive third-party reports of sexual abuse and sexual harassment and calls for the public distribution of information on how to report sexual abuse and sexual harassment on behalf of an inmate. This information is available to the public through the DCSO's website, <https://sheriff.nashville.gov/prison-rape-elimination-act-prea/>. DCSO instructs anyone who wishes to file a third-party complaint of sexual abuse/harassment on behalf of an inmate, to do so by filling out the PREA Third-Party Complaint Form. Third-Party complaints can also be made via email, in person, by telephone, anonymously, or by mail by navigating to the "Contact Us" link on the website to obtain mailing address and telephone number. DCSO also indicates on the website that all complaints will be investigated and notification of the results of the investigation will be provided at the completion of the investigation. Auditors verified presence of this information by visiting and reviewing DCSO's website.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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.

115.61 (a) DCSO requires all staff to report immediately and according to its established DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.7) 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 DCSO; retaliation against inmates or staff who reported such incidents; and any staff neglect or violation of responsibility that may have contributed to an incident or retaliation. During random staff interviews, staff understood their responsibilities as a first responder and duty to immediately report such incidents.

115.61 (b) Apart from reporting to designated supervisors or officials and designated state or local service agencies, DCSO policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.7) prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* outlines in order to maintain the integrity of the investigation and the privacy of the victim, information about the allegation is only shared with those who have a need to know in order to address the complaint, provide medical and mental health treatment, and/or make security and management decisions including housing, bed, work, education, and program assignments. Staff interviews reflected their understanding that information received is to remain confidential and only shared or released on an authorized need to know basis.

115.61 (c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) of PREA standard 115.61 and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Medical and mental health staff indicated during interviews that they were aware of their responsibilities as first responders and mandatory reports.

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, the DCSO reports the allegation to the designated State or local services agency under applicable mandatory reporting laws. However, DCSO does not house inmates under the age of 18. This was confirmed during interviews with Chief Wilkes and PREA Coordinator Bodie.

115.61 (e) Chief Wilkes and PREA Coordinator Bodie confirmed DCSO reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, DCSO's designated investigators. A sample of reports were reviewed to confirm referral was made to designated investigators.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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.

115.62 (a) When DCSO learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

In the past 12 months, DCSO reports that the number of times the agency or facility determined that an inmate was subject to substantial risk of imminent sexual abuse was (0). The longest and average amount of times that elapsed before acting were both reported as not applicable "N/A" due to no (0) incidents reported above.

DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.7), provides the DCSO protects inmates who report they are under an imminent threat of sexual abuse/harassment and failure to do so violates the employee's legal duty to protect and may constitute a violation of civil rights under federal law. During interviews with Sheriff Hall, Chief Wilkes and random staff, there was a clear understanding that upon learning that inmate is subject to a substantial risk of imminent sexual abuse immediate action would take place to protect the inmate.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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.

115.63 (a) Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of DCSO notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred.

DCSO reported no (0) incidents where an inmate notified the facility that they had been victimized while confined at another facility. DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.10), outlines PREA Compliance Manager/designee notifies the agency head or appropriate office at the agency where the abuse allegedly occurred. Chief Wilkes, during Specialized Interview confirmed the notification would come from him if this was to occur. Due to no (0) incidents reported by facility in PAQ, Auditors did not have documentation to review for the past 12 months.

115.63 (b) As per DCSO policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.10), requires such notification be provided as soon as possible, but no later than 72 hours after receiving the allegation.

115.63 (c) DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.10), outlines notification will be made as soon as possible and within 72 hours. Due to no (0) incidents reported by facility in PAQ, Auditors did not have documentation to review for the past 12 months.

115.63 (d) DCSO documents that it has provided such notification. Chief Wilkes confirmed that when DCSO receives such notification, he ensures that the allegation is investigated in accordance with these standards. This is outlined in DCSO policy 1-1.359 *Prevent Sexual Abuse/Harassment* (p.10). DCSO reported receiving no (0) reports of sexual abuse or sexual harassment from other facilities. Therefore, there was no documents for Auditors to review.

DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.10), outlines PCM/designee documents that notification was made in JMS or SAIR as appropriate. Due to no (0) incidents report by facility in PAQ, Auditors did not have documentation to review for the past 12 months.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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.

115.64 (a) Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report is required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. This process is outlined in DCSO policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.8) to include obtaining basic facts of the incident, ensuring the victim is seen by medical personnel to address immediate concerns, and documentation of inmate's statements and staffs' actions.

In the past 12 months, DCSO reported through the PAQ 14 allegations involving an inmate being sexually abused. Of the 14 allegations, all 14 incidents were responded to in accordance with the facility's coordinated response plan which requires the alleged victim and abuser to be immediately separated. Of the 14 incidents, one (1) report was received by staff in a time period that allowed for the collection of physical evidence from both victim and alleged abuser. In these

instances, the preservation of evidence requirement was complied with. Security and non-security staff interviewed during the random staff interviews were all asked to describe their duties and responsibilities as a first responder and were able to describe their responsibilities to protect the inmate, secure the scene, and preserve evidence. All first responders were equipped with a DCSO "PREA card" for quick reference for their duties and responsibilities. Targeted interviews with inmates who reported sexual abuse described this process as well. Auditors reviewed documents submitted through PAQ and requested during on-site audit.

115.64 (b) DCSO policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.8-9) requires where the first responder was not a security staff member, the responder must separate the victim and abuser, get the basic facts of the incident, request that the alleged victim not take any actions that could destroy physical evidence, then notify security staff, document inmate's statement, and document staff actions.

Of the 14 incidents reported in the past 12 months where an inmate alleged sexual abuse, DCSO reported no (0) incidents occurred when a non-security staff member served as the first responder. Security and non-security staff interviewed during the random staff interviews were all asked to describe their duties and responsibilities as a first responder and were able to describe their responsibilities to protect the inmate, secure the scene, and preserve evidence. Security and non-security staff interviewed during the random staff interviews were all asked to describe their duties and responsibilities as a first responder and were able to describe their responsibilities to protect the inmate, secure the scene, and preserve evidence. All first responders were equipped with a DCSO "PREA card" for quick reference for their duties and responsibilities. Targeted interviews with inmates who reported sexual abuse described this process as well.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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.

115.65 (a) DCSO has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The coordinated response plan is outlined in DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.8) which outlines the actions required by first responders, medical and mental health staff, investigators, and facility administrators in response to incidents of sexual abuse.

The coordinated response plan was observed during the on-site audit, due to Auditors reporting information obtained during one of the random inmate and staff interviews. Auditors witnessed the response immediately taken by the facility staff once the report was made. Response was in accordance with established policy and coordinated response plan. Chief Wilkes spoke to the coordinate response plan and the responsibilities assigned to staff members, contractors, and volunteers.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

115.66 (a) Neither DCSO nor any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement that limits DCSO'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. Chief Wilkes confirmed that DCSO does not operate under a collective bargaining agreement or any other agreement.

115.66 (b) Auditors were not required to audit this provision of the standard.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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 inmates 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

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.

115.67 (a) DCSO has established a policy, 1-1.359 *Preventing Sexual Abuse/Harassment* (p.12) 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, and has designated which staff members or departments are charged with monitoring retaliation; Administrator Joyner (CDF and MCC), Administrator Taylor (CDM), Administrator A. Bodie (DDC).

115.67 (b) DCSO employs multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Interviews with Chief Wilkes, Administrator Joyner, Administrator Taylor, Administrator A. Bodie, and inmates who reported sexual abuse were interviewed and confirmed the requirements of this provision were in practice. Auditors reviewed classification documents.

115.67 (c) DCSO monitors for at least 90 days following a report of sexual abuse, as per DCSO policy 1.1-359 *Preventing Sexual Abuse/Harassment* (p.12), the conduct and treatment of inmates or staff who reported the sexual abuse and 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 and act promptly to remedy any such retaliation. DCSO also monitors any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. DCSO continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. DCSO reported no (0) incidents of retaliation for the past 12 months. Interviews with Chief Wilkes, Administrator Joyner, Administrator Taylor, and Administrator A. Bodie indicated who is responsible for monitoring for retaliation in each facility, and of the incidents of reported sexual abuse there were no (0) episodes of retaliation. Monitoring documentation is entered into SAIR, which was reviewed by Auditors during the on-site visit.

115.67 (d) In the case of inmates, such monitoring includes periodic status checks. These periodic checks are also entered into SAIR which was reviewed by Auditors during the on-site visit.

115.67 (e) If any other individual who cooperates with an investigation expresses a fear of retaliation, DCSO takes appropriate measures to protect that individual against retaliation. Interviews with Chief Wilkes, Administrator Joyner, Administrator Taylor, and Administrator A. Bodie indicated that appropriate measures are in place to protect cooperating individuals in an investigation from retaliation. Monitoring documentation is entered into SAIR, which was reviewed by Auditors during the on-site visit.

115.67 (f) Auditors are not required to audit this provision of the standard.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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.

115.68 (a) Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of PREA standard 115.43. DCSO policy 1-4.101 *Inmate Classification* (p.4) requires Classification Officers to assess available alternatives before an inmate is involuntarily segregated based solely on the inmate's designation as an alleged victim, an at-risk victim, or a known victim. DCSO reported in the PAQ that there were no (0) instances where inmates who alleged to have suffered sexual abuse were held in involuntary segregated housing in the past 12 months for 1 to 24 hours awaiting completion of assessment. In the past 12 months, the number of DCSO inmates who alleged to have suffered sexual abuse who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement was reported by DCSO as zero (0). From a review of case files of inmates who alleged to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include both: a statement of the basis for facility's concern for the inmate's safety; and the reason or reasons why alternative means of separation could not be arranged, was reported by DCSO as zero (0). DCSO Policy 1-4.101 *Inmate Classification* (p.4) provides that if an involuntary segregated housing assignment is made, such assignment will only last until an alternative means of separation can be arranged. The segregation will not ordinarily exceed 30 days according to DCSO Policy referenced above. DCSO reported in the PAQ that no (0) inmates were assigned to involuntary segregated housing for longer than 30 days while awaiting completion of placement.

Interviews with Chief Wilkes and staff who supervise inmates in segregated housing found that inmates are indeed housed in the least restrictive housing available and all attempts are made to prevent involuntarily segregating inmates based solely on the inmate's designation as an alleged victim, an at-risk victim, or a known victim. Auditors observed the intake, classification, interview, and housing process to validate steps taken by staff to house inmates in the least restrictive housing available. Further, a sample of classification screening files, housing assignments, inmate access to programs/work assignments, and documents were reviewed by Auditors during the on-site visit to determine past compliance with this provision.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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.

115.71 (a) DCSO policy 1-1.361 *Investigations* (p.6) reflects that DCSO conducts its own administrative into allegations of sexual abuse and sexual harassment, and does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Designated investigative staff member, Investigator Linda Griffin, indicated that they immediately initiate an investigation into incidents referred to the Investigations Division. These incidents include third-party complaints and complaints made directly to staff by inmates. All types of allegations are handled in the same manner. Auditors reviewed a sample of investigations in response to allegations of sexual abuse and sexual harassment to examine timeliness of investigation initiation.

115.71 (b) Where sexual abuse is alleged, DCSO uses investigators who have received special training in sexual abuse investigations pursuant to PREA standard 115.34. DCSO policy 1-1.361 *Investigations* (p.6) lists the training requirements for personnel tasked with conducting administrative investigations to receive and complete specialized training for investigations in a confinement setting as part of their assignment to the Investigations Division. DCSO is also maintains documentation of the completed required training. Specialized interview with Administrative Investigator Linda Griffin confirmed that specialized training had been completed through the National Institute of Corrections (NIC). Investigator Griffin was asked to describe the training and discussed the topics and objectives covered. She indicated interviewing techniques, Garrity warning, effective communication, interview questions to ask, and proper collection of evidence were some of the topics covered in the training. She indicated that Miranda warning and collection of evidence is a responsibility tasked to MNP.

115.71 (c) Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; investigators interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Investigators during interview stated that an investigation would take place as soon as possible, and immediately in most cases, with the first step being aiding with preservation of the alleged crime scene and collection

of evidence. During interview, the Investigator interviewed indicated Investigators ensure that the first responder duties (separate inmate(s), secure the scene, preserve physical evidence from both victim(s) and perpetrator(s)) were properly completed. In describing the interview process, she indicated that if an allegation is made against a staff member, the staff member would be reassigned to an area where they do not have access to the inmate population. In incidents involving inmate on inmate, the alleged perpetrator would be rehoused to restrictive housing pending the investigation's outcome. Upon determination that a criminal offense was committed, DCSO Administrative Investigators would refer the case to MNPD for criminal investigation. This include cases where there was physical contact, penetration, or staff sexual misconduct; however, they do not forward incidents involving sexual harassment. Upon completion of the investigation, DCSO investigators provide inmate written notice of the investigation outcome and also notify staff of the outcome. A copy of the notification is placed in the inmate file with records and maintained by the PREA Coordinator. Evidence collection by Administrative Investigators would include any available footage, phone records, prior complaints and reports through the various reporting avenues, and inmate interviews. Auditors reviewed a sample of completed investigative report files to examine contents and ensure they reflect the requirements of this standard.

115.71 (d) During interview, Investigator indicated when the quality of evidence appears to support criminal prosecution, they (DCSO) refers the case to MNPD who conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. A sample of investigation reports were reviewed to confirm that referral for criminal prosecution took place when appropriate.

115.71 (e) The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. DCSO and MNPD do not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. When asked if an inmate's history of false reporting is considered in determining the validity of the case, the investigator interviewed indicated that each case (complaint) is handle as an individual outcry and an inmate's past reporting or history is not held against them. She further noted that inmates are not required to submit to a polygraph or any other truth telling devices as part of the investigation.

115.71 (f) Administrative investigations: (1) include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The efforts to determine staff actions was described as one of the initial steps taken by investigators, by way of ensuring the immediate response by the first responder were completed. All relevant information is included in reports generated and forwarded through the appropriate channels in the department. The information is reviewed for investigative purposes and for a determination of disciplinary action necessary where and when appropriate.

115.71 (g) Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Chapter 20 of MNPD SOP *Sex Crimes* (p. 71) notes that

any clothing or physical evidence must be dried before turned into the Property and Evidence Division; documentation must also be included with any paperwork generated by medical staff collecting physical evidence for the rape kit. All relevant evidence as described in documented reports is listed in a chain of evidence form for property tracking. A sample of criminal investigation reports were reviewed for inspection of its contents.

115.71 (h) Substantiated allegations of conduct that appears to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since last PREA audit by DCSO was reported as 6 via the PAQ. DCSO memorandum from Chief Investigator Griffin was drafted and placed in the PREA Coordinator's files referencing the proper referral of PREA related cases for criminal prosecution. The memorandum states, "DCSO personnel only conduct administrative investigations. Complaints of sexual abuse that are not deemed unfounded during initial inquiry are reported to the MNPD for additional criminal investigation. MNPD detectives will determine whether to refer a case to the District Attorney's Office for prosecution. A sample of referred case files were reviewed.

115.71 (i) DCSO retains all written reports referenced in paragraphs (f) and (g) of PREA standard 115.117 for as long as the alleged abuser is incarcerated or employed by DCSO, plus five years. Retention requirements for reports is outlined in DCSO policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.14) and notes that investigative files for sexual abuse complaints, including incident reports, inmate information, and case dispositions, for as long as the DCSO incarcerates or employs the alleged abuser plus five years. Auditors reviewed a sample of documentation of prior incidents to confirm that retention period outlined in the DCSO policy was being adhered to.

115.71 (j) The departure of the alleged abuser or victim from the employment or control of DCSO does not provide a basis for terminating an investigation. Investigator Griffin stated an investigation would continue even after a staff member, who is alleged to have perpetrated sexual abuse, terminates employment with DCSO. She indicated that when an inmate is transferred into the custody of another agency prior to the completion of an investigation, communication with that inmate continues and is coordinated through the different facilities. Although it may be difficult to locate and communicate with an inmate who is released from custody back into the community, DCSO investigators make every effort to communicate with inmates after release.

115.71 (k) Auditors are not required to audit this provision of the standard.

115.71 (l) MNPD investigate sexual abuse cases for DCSO. DCSO cooperates with MNPD investigators and remains informed about the progress of the investigation. Interviews conducted pursuant to this standard included interviews with Chief Wilkes, PREA Coordinator Bodie, Compliance Managers, and investigative staff. All explained that DCSO remains informed of the progress of an investigation from MNPD through the Administrative Investigator who serves as a liaison between law enforcement personnel and DCSO.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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.

115.72 (a) DCSO imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated as per DCSO policy 1-1.361 *Investigations* (p.8). Interview with Administrative Griffin reflected this standard of evidence is imposed on cases involving allegations of sexual abuse or sexual harassment. Auditors reviewed a sample of administrative investigation findings.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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.

115.73 (a) Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, DCSO informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the DCSO was reported as 15. Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified, verbally or in writing, of the results of the investigation was 20. The number of notifications is more than the reported incidents because some incidents had more than one victim. DCSO policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.12-13) requires the disposition to be provided to an inmate following a sexual abuse investigation. During the inmate's incarceration, and less the allegations is deemed unfounded, the investigating authority advises the alleged victim if/when: the alleged staff perpetrator is no longer posted in the inmate's housing unit; the alleged staff perpetrator is no longer employed by DCSO; DCSO learns that the alleged staff or inmate perpetrator has been indicted; or DCSO learns that the alleged staff or inmate perpetrator is convicted of a charge related to sexual abuse within a facility. Interview with conducted with Chief Wilkes verified that notification to inmates of a cases disposition is made. Interview with Investigator Griffin reiterated

the contents of the applicable policy which requires disposition notification to inmates of an investigation. Interviews with inmates who reported sexual abuse confirmed they were notified of the investigations disposition. A review of sample of completed sexual abuse investigations contained documentation of notification made to the complainant (inmate); a copy of notification is placed both in the investigative file and the inmate file.

115.73 (b) Where DCSO did not conduct the investigation, it requests the relevant information from the investigative agency in order to inform the inmate. In the past 12 months, the number of investigations of alleged inmate sexual abuse in the facility that were completed by MNPDP was reported as 2. The number of inmates alleging sexual abuse in DCSO custody who were notified verbally or in writing of the results of the investigation was 0 due to both cases still pending at the time of the on-site audit. Documentation in the form of reports and memoranda were presented for review and reflected that there is continued communication between DCSO and MNPDP related to cases referred for criminal investigation. Auditors verified this information and after find a discrepancy between data entered into the PAQ and current cases. Both cases were inmate on inmate sexual penetration; one from DDC and the other from CDF.

115.73 (c) Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, DCSO, per DCSO policy 1.1-359 *Preventing Sexual Abuse/Harassment* (p.12-13) subsequently informs the inmate (unless it has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) DCSO learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) DCSO learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There have been no (0) substantiated or unsubstantiated complaints (i.e., not unfounded) of sexual abuse committed by a staff member against a DCSO inmate in the past 12 months. Interview Administrative Investigator Griffin confirmed that victims and perpetrators are separated as part of their duties. This includes, but is not limited to, reassignment of staff to areas where they have no contact with inmates.

115.73 (d) DCSO policy 1.1-359 *Preventing Sexual Abuse/Harassment* (p.12-13) requires that following an inmate's allegation that he or she has been sexually abused by another inmate, DCSO informs the alleged victim whenever: 1) DCSO learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) DCSO learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Interviews with inmates who reported sexual abuse and Administrative Investigator confirmed that the aforementioned notifications were made; documentation of notification was reflected in the inmate files, case notes, and JMS of which a random sample was reviewed by Auditors during the on-site visit. Notification to the inmate is the form of a memorandum from the assigned investigator.

115.73 (e) DCSO policy 1.1-359 *Preventing Sexual Abuse/Harassment* (p.13) requires all notifications or attempted notifications to be documented in inmate files, case notes, and JMS of which a random sample was reviewed by Auditors during the on-site visit. In the past 12 months, the number of notifications to inmates that were provided pursuant to PREA standard 115.73(e)-2 was 20. The number of those notifications that were documented was 20 (100%).

115.73 (f) Auditors are not required to audit this provision of the standard.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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.

115.76 (a) DCSO policy 1.1-359 *Prevent Sexual Abuse/Harassment* (p.13) requires staff to be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

115.76 (b) DCSO policy 1.1-359 *Prevent Sexual Abuse/Harassment* (p.13) requires termination to be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for other violations of this policy related to sexual abuse/harassment, such as failure to report, are based on the circumstance of the incident, the employee's conduct history, and the sanctions imposed for comparable offenses for other employees with similar histories. In the past 12 months, the number of DCSO staff who have violated agency sexual abuse or sexual harassment policies was reported as none (0). The number of those DCSO staff who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was reported as none (0). Records of disciplinary sanctions, resignations, and terminations for staff pursuant to this standard were not available due to none being reported by DCSO.

115.76 (c) DCSO policy 1.1-359 *Prevent Sexual Abuse/Harassment* (p.13) indicates disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, the number of DCSO staff who have been disciplined, short of termination, for violation of DCSO's sexual abuse or sexual harassment policies was reported as none (0). Records of disciplinary sanctions issued to staff pursuant to this standard were not available due to none being reported by DCSO.

115.76 (d) DCSO policy 1.1-359 *Prevent Sexual Abuse/Harassment* (p.13) requires 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, be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies as per TN Code § 41-4-144 (2014) *Jailer Qualifications*. In the past 12 months, the number of DCSO staff that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies was reported as none (0), therefore there were no documents to review.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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.

115.77 (a) DCSO policy 1-1.359 *Preventing Sexual Abuse/Sexual Harassment* (p.13) prohibits any contractor [vendor] or volunteer who engages in sexual abuse from contact with inmates and to be reported to law enforcement agencies, unless the activity was clearly not criminal, and

to relevant licensing bodies. In the past 12 months, DCSO reported one (1) contractor [vendor] and no (0)volunteers to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates. The contractor [vendor] was reported to MNPD Sex Crimes and to the appropriate medical licensing body via Wellpath for inappropriately touching inmates during medical examinations. The incident was appropriately referred for criminal and administration action as reflected by the complete case file and documents provided to Auditors for review.

115.77 (b) DCSO takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. In the aforementioned case, the contractor [vendor] was escorted out of the facility and their security clearance was immediately revoked. Chief Wilkes conveyed strict adherence to a zero-tolerance culture at DCSO facilities, demonstrated by their handling of this incident.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes 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.

115.78 (a) DCSO policy 1-3.300 *Discipline* (p.4) allows for inmates to be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility was reported as 12. The number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility was reported as 3.

115.78 (b) 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. Chief Wilkes indicated, during interview, that a thorough research of all pertinent files and histories for inmates is conducted prior to a decision on appropriate disciplinary sanctions. Investigative reports and reports with imposed sanctions were reviewed by Auditors. Sanctions, as outlined below, are included in the policy.

Inmate Consensual Sexual Behavior	Willingly engaging in sexual acts with another inmate or visitor, including outside professionals	10 to 30 days
Inmate on Inmate Sexual Abuse	Nonconsensual or coerced sexual contact or penetration imposed on one inmate by another	30 days
Inmate on Inmate Sexual Harassment	Repeated and unwelcome sexual advances, requests for sexual favors, comments, gestures or actions of a derogatory or offensive nature directed at another inmate	10 to 30 days
Inmate on Staff Assault	Striking or attempting to strike a staff member, with or without a weapon or other object, intending to cause injury, pain, or harm. Includes using booby traps, bodily fluids, or waste	10 to 30 days
Inmate on Staff Sexual Abuse	Nonconsensual or coerced sexual contact or penetration involving an employee, vendor, intern, or volunteer	30 days

115.78 (c) Chief Wilkes indicated the disciplinary process considers whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.78 (d) DCSO offers therapy, counseling, and other interventions designed to address and correct underlying reasons or motivations for the abuse. They consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Medical and mental health staff indicated that they collaborate with Classification and Programs staff to make use of available programs and intervention programs offered at the facility.

115.78 (e) DCSO policy 1-3.300 *Discipline* (p.6) allows for DCSO to issue discipline to inmates for sexual contact or penetration with staff only after a finding that the staff member did not consent to such contact. Auditors review a sample of inmate disciplinary reports for inmates who were discipline for violations such as indecent exposure, lewd behavior, violation of housing rules, and disrespect.

115.78 (f) DCSO policy 1-3.300 *Discipline* (p.6) indicates that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not substantiate the allegation.

115.78 (g) DCSO policy 1-3.359 *Preventing Sexual Abuse/Harassment* (p.2) prohibits all sexual activity between inmates and may discipline inmates for such activity. It does not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The same policy allows DCSO to take disciplinary action against inmates for engaging in consensual sexual behavior with other inmates.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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? (N/A if the facility is not a prison.) Yes No NA

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.

115.81 (a) This provision is not applicable.

115.81 (b) This provision is not applicable.

115.81 (c) All inmates who disclose any prior sexual victimization during the screening pursuant to PREA standard 115.41 are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

In the past 12 months, 100% of inmates who disclose prior victimization during screening were offered follow-up meeting with a medical or mental health practitioner.

The follow-up meeting with medical or mental health practitioners for inmates who have experienced prior sexual victimization is built into the agency's intake process. During the on-site audit, Auditors were walked through the entire booking process and asked staff to process the Auditors in the same fashion as an inmate who was booked into the facility. Auditors tested the system by reporting that they had experienced prior sexual victimization and referral was immediately made. The agency reported 100% of inmates booked into the facility that reported prior sexual victimization were referred to medical and mental health practitioners within the 14-day requirement through PAQ.

This was further confirmed during targeted inmate interviews with inmates who reported prior victimization and staff responsible for risk screening. Auditors also interviewed a nurse on duty and were shown the list of questions asked during screening. An answer of "yes" to a series of

specific questions asked would automatically trigger for referral. DCSO provided a comprehensive log documenting referral.

115.81 (d) Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

All information collected related to an inmate's history of sexual victimization or abuse, or history of abusiveness, is collected at intake by security, medical or mental health staff and is used to determine housing assignments, work assignments, and education or program assignments. Information is securely stored in an inmate's medical or intake file.

Auditors reviewed a sample of inmate records during on-site audit.

115.81 (e) 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.

This process is outlined in Wellpath Davidson County Tennessee Sheriff Office Policy and Procedure HCD-100_F-06 *Response to Sexual Abuse* (p.4). Wellpath is the contractor who provides medical and mental health services to DCSO. Interviews with Wellpath staff further explained this process to Auditors during on-site audit.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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.

115.82 (a) DCSO and Wellpath ensure inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of treatment and crisis intervention services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials documenting the timely providing of treatment and services provided. These documents were made available to Auditors for review and inspection during the on-site visit. Interviews with medical staff, mental health staff, and inmates who reported sexual abuse confirmed that treatment and crisis intervention services were offered and provided in a timely manner. Auditors reviewed investigative summaries and inmate movement histories to confirm that services were provided in a timely manner.

115.82 (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders take preliminary steps to protect the victim

pursuant to PREA standard 115.62 and immediately notify the appropriate medical and mental health practitioners. However, DCSSO always has medical and mental health practitioners on duty or readily available. Security and non-security first responders were interviewed and confirmed that timely access to medical or mental health practitioners is always available. Interviews with medical staff, mental health staff, and inmates who reported sexual abuse confirmed that treatment and crisis intervention services were offered and provided in a timely manner. Auditors reviewed investigative summaries demonstrating immediate notification referral was made to the medical and mental health practitioners.

115.82 (c) Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Wellpath policy HCD-100_F-06 *Response to Sexual Abuse-Davidson-TN* (p.7) provides that prophylaxis treatment and follow up care for STDs or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims as appropriate. Interviews with medical staff, mental health staff, and inmates who reported sexual abuse confirmed that access to sexually transmitted infections prophylaxis was offered and made available in a timely manner. Auditors reviewed a sample of additional medical and mental health secondary materials documenting access to services while on-site.

115.82 (d) Wellpath provides treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This is outlined in Wellpath policy HCD-100_F-06 *Response to Sexual Abuse-Davidson-TN* (p.1) and was confirmed during interviews with inmates who reported sexual abuse.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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.

115.83 (a) DCSO offers 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. Wellpath policy HCD-100_F-06 *Response to Sexual Abuse-Davidson TN* (p.5) provides that patients (inmates) exhibiting or self-reporting physical or mental health concerns related to sexual victimization or abusiveness are referred to a qualified medical or mental health professional for follow up evaluation. Auditors observed the intake screening process and tools used by medical and mental health to assess inmates. Medical and mental health staff indicated a referral would be made as required or necessary.

115.83 (b) The evaluation and treatment of such victims includes, 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. Wellpath policy HCD-100_F-06 *Response to Sexual Abuse-Davidson TN* (p.5) provides for such referrals and follow up. Medical and mental health staff indicated a referral would be made as required or necessary. Additionally, inmates who reported sexual abuse were interviewed and indicated that referrals for follow up were made. Auditors reviewed a sample of necessary documents that demonstrated such services, treatment plans, and referrals were made.

115.83 (c) The facility provides such victims with medical and mental health services, via Wellpath, consistent with the community level of care. A review of medical and mental health's secondary documents reflected that victims received services; interviews with medical and mental health staff noted that services offered are consistent with the community level of care.

115.83 (d) Female victims of sexually abusive vaginal penetration while incarcerated are transported to a local hospital, Metro Nashville Hospital located at 1818 Albion Street, Nashville, Tennessee 37208, where they are offered pregnancy tests and emergency contraception per Wellpath policy HCD-100_F-06 *Response to Sexual Abuse-Davidson TN* (p.7)

115.83 (e) If pregnancy results from an inmate being sexually victimized/abused while incarcerated, such victim(s) are afforded timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Wellpath policy HCD-100_F-06

Response to Sexual Abuse-Davidson TN (p.7) reflects that emergency contraception is made available to female inmates who are victims of sexual abuse. Interviews with medical and mental health staff reflected providers had knowledge of the Wellpath policy and mandated practice.

115.83 (f) Wellpath policy HCD-100_F-06 *Response to Sexual Abuse-Davidson TN (p.7)* requires inmate victims of sexual abuse while incarcerated be offered prophylaxis treatment and follow up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims as medically appropriate. Interviews with inmates who reported sexual abuse confirmed this medical service was offered to them. Medical staff also indicated during interview that the offering of prophylaxis treatment and follow up care for sexually transmitted or other communicable diseases was a standard part of their treatment response for victims of sexual abuse.

115.83 (g) Wellpath policy HCD-100_F-06 *Response to Sexual Abuse-Davidson TN (p.7)* provides that all medical services as a result of an allegation of sexual abuse are provided to the patient (inmate) at no cost. Interviews with inmates who reported sexual abuse confirmed that all services offered/provided to them were done so at no cost to them.

115.83 (h) This provision is not applicable.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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.

115.86 (a) DCSO conducts 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.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents was reported as seven (7) through PAQ.

Auditors reviewed Incident Review documents provided by facility through PAQ.

115.86 (b) DCSO ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative investigation.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents was reported as seven (7).

Documentation for these incident reviews were reviewed by Auditors and were conducted within 30 days.

115.86 (c) The DCSO sexual abuse incident review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Review of incident reviews provided to Auditors through PAQ and DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* provides the chief of corrections/designee, PREA coordinator, facility administrator/PCM’s, administrative counsel, investigator, and medical and mental health practitioners conduct the review using the parameters outlined on the “Sexual Abuse Incident Review” form and document any recommendations for improvement.

Chief Wilkes confirmed during Specialized Interview, that the facility has an incident review team and that the team includes upper-level management. Indicating that input from supervisors, investigators, and medical and mental health practitioners is provided during incident reviews.

115.86 (d) DCSO review team: (1) Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Considers whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assesses the adequacy of staffing levels in that area during different shifts; (5) Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepares a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of PREA standard 115.86, and any

recommendations for improvement and submit such report to the facility head and PREA Compliance Manager.

This information was supported during Specialized Interviews with Chief Wilkes, PREA Coordinator Bodie, PREA Compliance Managers Bodie, Taylor, Joyner and Bauder, and other members of the incident review team.

Auditors reviewed incident review reports submitted through PAQ, which supports DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.13-14), and information provided during Specialized Interviews. The incident review reports reviewed by Auditors also listed everyone present during each incident review.

115.86 (e) The facility implements the recommendations for improvement or documents its reasons for not doing so.

The incident review documents reviewed by Auditors listed whether recommendations for improvement were documented.

Chief Wilkes and Jail Administrators/PREA Compliance Managers Bodie, Taylor, Joyner, and Bauder confirmed during interviews that the facility the incident occurred in would implement the recommendations provided during incident reviews.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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.

115.87 (a) DCSO collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

The incident-based data collected by DCSO includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice (DOJ). This is outlined in DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* under Data Collection, Storage, and Publication section (p.14).

115.87 (b) DCSO aggregates the incident-based sexual abuse data at least annually.

DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* under Data Collection, Storage, and Publication section (p.14), requires at least annually, the PREA Coordinator generates a report based upon the data, investigative files, and incident reviews to identify any problem areas and corrective actions for each facility.

Auditors reviewed a sample of aggregated data the agency provided through the PAQ and through review of agency website www.nashville.org/sheriff.

115.87 (c) The incident-based data collected includes, 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.

DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* under Data Collection, Storage, and Publication section (p.14) requires the use of the Survey of Sexual Victimization (SSV) form developed by the Department of Justice to collect accurate, uniformed data for every allegation of sexual abuse in its facilities. The data collected by the agency provides the necessary information to answer all questions from the most recent version of the SSV. The information collected using this form is documented on the annual report.

115.87 (d) DCSO maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

DCSO uses investigative files, and incident reviews to identify any problem areas and corrective actions for each facility to compile annual report, which is completed by PREA Coordinator, Bodie and in collaboration with PREA Compliance Managers Bodie, Taylor, Joyner and Bauder in accordance with DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* under Data Collection, Storage, and Publication section p. 14.

Auditors reviewed the information provided on the annual report submitted through PAQ and reviewed current and previous reports on agency website www.nashville.gov/sheriff.

115.87 (e) This provision is not applicable. DCSO does not contract with private facilities for the confinement of its inmates.

Auditors confirmed there were no contracts in place with private facilities for the confinement of its inmates during interview with Agency Contract Administrator, Chelle Ray.

115.87 (f) Upon request, the DCSO will provide all such data from the previous calendar year to the Department of Justice (DOJ) no later than June 30.

DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* under Data Collection, Storage, and Publication section (p.14) provides upon request DCSO will provide this data to Justice Department no later than June 30. Auditors also reviewed information provided through PAQ.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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.

115.88 (a) DCSO reviews data collected and aggregated pursuant to PREA standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Auditors reviewed the most recent Davidson County Sheriff's Office (DCSO) Prison Rape Elimination Act of 2003 (PREA) 2020 Annual Report, provided by facility through PAQ and reviewed by Auditors on agency website. The annual report included: results from last PREA Audit dated September 10-13, 2018; Current upgrades to the facilities and technology; 2019 Action items; Sexual abuse incident reviews; Aggregated data for 2020 data collection; and 2019-2020 Data comparison.

The Chief of Corrections, Tony Wilkes was interviewed and indicated that the agency uses incident-based sexual abuse data to identify problem areas and take corrective action as needed on a continual basis. Chief Wilkes confirmed the DCSO completed the process of opening a new facility in early 2020, will continue to make PREA compliance and important part of the mission, and keeping inmates safe and secure while maintaining a zero-tolerance culture towards all forms of sexual abuse and sexual harassment.

The PREA Coordinator, Marcus Bodie, explained during interview that the agency uses the information on the Department of Justice Survey of Sexual Victimization to collect data and uses this data to determine the need for corrective action, in accordance with PREA standards and agency policy. Bodie confirmed that all data collected is securely retained in locked files with limited access. The annual report is prepared in collaboration with facility PREA Compliance Managers, Eric Bauder, Ruby Joyner, Harold Taylor, and Austin Bodie.

The PREA Compliance Managers, Eric Bauder, Ruby Joyner, Harold Taylor, and Austin Bodie, corroborated the information obtained during interviews with Chief Wilkes and PREA Coordinator Bodie. Once the report is completed by PREA Coordinator Bodie and reviewed by Chief Wilkes, it is reviewed and signed by agency head, Sheriff Daron Hall.

115.88 (b) The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

The annual report published included a summary and comparison of the current year's data and corrective action with those from prior years. The aggregated data identifies progress with continued efforts to reduce and eliminate sexual abuse in the facilities. In comparison with data from 2019-2020 statistics, there was an increase in the total of sexual abuse allegations in 2020.

The annual report provides the increase was attributed to continued education, enforcement and confidence in the system that reported allegations are taken seriously and investigated appropriately. The allegations of inmate-on-inmate sexual abuse increased by 4 allegations.

115.88 (c) DCSO report is approved by Sheriff Daron Hall and made readily available to the public through its website or, if it does not have one, through other means.

During Specialized Interviews with Chief Wilkes, PREA Coordinator Bodie, and PREA Compliance Managers Bodie, Joyner, Taylor, and Bauder staff stated that once the annual report is completed, then it is submitted to the Sheriff for review and approved signature. A copy of the annual report was provided to Auditors through PAQ and reviewed by Auditors on agency website www.nashville.org/sheriff.

115.88 (d) DCSO redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility and indicates the nature of the material redacted.

Auditors requested clarification from PREA Coordinator, Bodie due to marking no on submitted PAQ. Bodie, provided that this provision of the standard was not applicable due to not having had a need to redact information from the reports. Bodie explained that all the information is reviewed prior to making report available to the public; however, if there was a need for information to be redacted then it would be and would indicate the nature of the material redacted.

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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.

115.89 (a) DCSO ensures that incident-based and aggregate data collected pursuant to PREA standard 115.87 are securely retained.

During interview with PREA Coordinator, Bodie indicated that data is collected, and stored in a secure location. DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* (p.14) outlines these responsibilities of the PREA Coordinator to securely maintain this data. This was observed during facility tour.

115.89 (b) DCSO makes all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its website.

This information is made available to the public through agency website www.nashville.org/sheriff on its annual report.

115.89 (c) Before making aggregated sexual abuse data publicly available, DCSO removes all personal identifiers.

Auditors verified this information while reviewing data reported in PAQ, data on annual report and agency website. All personal identifiers were removed prior to making report publicly available.

115.89 (d) DCSO maintains sexual abuse data collected pursuant to PREA standard 115.87 for at least ten (10) years after the date of the initial collection unless federal, state, or local law requires otherwise.

The annual report generated and made publicly available through agency website, provides historical data from previous years. This report was provided to Auditors through PAQ and was reviewed by Auditors on agency website www.nashville.gov/sheriff.

DCSO Policy 1-1.359 *Preventing Sexual Abuse/Harassment* outlines the requirements of PREA standard 115.89 (a-d) under Data Collection, Storage, and Publication section (p.14).

Corrective Action: Based upon the review and analysis of the evidence, the Auditors determined the facility is compliant with all provisions of this standard. No corrective action required.

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 prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

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.

DCSO's last PREA Audit was September 10 – 13, 2018 in the first year of the audit cycle. The final report was submitted on October 13, 2018. DCSO's previous audit did not include the new DDC structure and BCC. Since their last audit, DCSO took over facilities that were previously being operated by Core Civic.

This audit took place in the first year of the current audit cycle. Auditors were given full access to the facility and the ability to observe all areas of the audited facilities. Auditors were also permitted to request, and received, copies of any relevant documents to complete this audit. Auditors were provided designated areas to conduct all staff and inmate interviews in private.

DCSO posted PREA audit notification throughout its facilities and uploaded the notification to inmate kiosks and tablets. Notification contained information for confidential correspondence with Auditors for both staff and inmates.

All documents relied upon for verification of standard compliance are referenced in each applicable standard justification narrative.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies 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.

DCSO published on its website and made publicly available, final audit and annual reports.

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.

Monica Lugo

June 17, 2022

Auditor Signature

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.