

 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 502.06.2	Page 1 of 11
	Effective Date: May 15, 2015	
	Distribution: B	
	Supersedes: 502.06.2 (5/1/13) PCN 14-8 (4/1/14)	
Approved by: Derrick D. Schofield		
Subject: PRISON RAPE ELIMINATION ACT (PREA) ALLEGATIONS, INVESTIGATIONS, AND SEXUAL ABUSE RESPONSE TEAMS (SART)		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-604, TCA 4-3-606, TCA 4-3-609, TCA 10-7-504, Title 28 CFR Part 115, and the Prison Rape Elimination Act of 2003.
- II. PURPOSE: To establish standardized procedures to request, approve, and govern the actions; reporting procedures; and authority of the Tennessee Department of Correction (TDOC) regarding Prison Rape Elimination Act (PREA) investigations and the role of Sexual Abuse Response Teams (SARTs).
- III. APPLICATION: All TDOC employees, inmates, Tennessee Rehabilitative Initiative in Correction (TRICOR) employees, and employees of privately managed institutions.
- IV. DEFINITIONS:
 - A. Facility/Site PREA Coordinator (FPC): Associate Wardens of Treatment of TDOC institutions and Associate Wardens of privately managed institutions who coordinate local PREA programming activities and reporting requirements and oversee the functions of the PREA Compliance Manager. The Director of Community Correction shall serve as the FPC for community confinement centers (residential transitional centers, halfway houses, etc. who are under contract with the TDOC)
 - B. First Responder: Any employee who has initially received information regarding a sexual abuse allegation.
 - C. Investigations Unit (IU) Special Agents: Agents specifically trained to perform criminal investigations and respond to information provided by SART members which may warrant additional investigation pursuant to potential criminal activity.
 - D. PREA Allegation System (PAS): Computer application located on the TDOC intranet that is used to enter all inmate-on-inmate and staff-on-inmate allegations of sexual assault and sexual harassment.
 - E. PREA Victim Advocate: Any employee designated by the Facility PREA Coordinator in concert with a qualified mental health professional who has been specially trained to support an alleged victim during the investigation of an alleged sexual assault.
 - F. Sexual Abuse Nurse Examiner (SANE): Specially trained personnel in the discipline of sexual response.
 - G. Sexual Abuse Response Team (SART): A coordinated response team comprised of medical and mental health practitioners, facility investigators, and facility security leadership.
- V. POLICY: It is the policy of the TDOC to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential manner in accordance with federal guidelines (Title 28 CFR Part 115).

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VI. PROCEDURES:

A. PREA Allegations:

1. All staff are required to report immediately to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of TDOC, retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
2. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.
3. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse as outlined in VI.(A)(1) above and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.
4. Facility staff shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigator(s).

B. PREA Investigations:

1. The Department shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse. These include but are not limited to:
 - a. Reporting directly to staff
 - b. Facility PREA Tip Line (*9222#)
 - c. Third-party reporting
 - d. Written communication
2. The Department shall provide at least one way for inmates to report abuse or harassment to an outside governmental entity that is not affiliated with the agency or that is operationally independent from agency leadership. Contact information is made available through the *Inmate Handbook*.
3. Staff shall accept reports made verbally, in writing, anonymously, and from third parties. All allegations shall be documented within 24 hours of receiving the allegation in the PREA Allegation System (PAS). Approval for selected staff to have security access for this system shall be requested by the Associate Warden of Treatment to the state PREA Coordinator.

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4. No information related to a PREA incident of sexual abuse or harassment shall be entered in TOMIS contact notes. PREA Allegation System incident numbers shall be used for communication purposes.
5. Staff may privately report sexual abuse and sexual harassment of inmates to the Central Office PREA Tip Line (615-253-8178).
6. If facility staff receives information that an inmate is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the inmate.

C. Responsibilities of First Responders:

1. If the first staff responder is not a security staff member, he/she is required to instruct the alleged victim not to take any actions that could destroy physical evidence and then immediately notify the shift commander (area Director at DCCO/field services offices).
2. The alleged abuser shall be instructed not to wash their hands, shower, brush teeth, change clothes, urinate, defecate, drink, or eat.
3. If the alleged sexual abuse occurred within a 72-hour time period of reporting, the security shift supervisor who is notified of the allegation shall initiate the Sexual Abuse Incident Check Sheet, CR-3776.
4. Security shall separate the alleged victim and abuser.
5. Security shall preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
6. Security staff shall notify SART

D. SART Response: The facility shall coordinate actions taken in response to an incident of alleged sexual abuse or harassment among staff first responder(s) and SART, which includes medical and mental health practitioners, institutional investigator(s), and facility leadership.

1. Medical and mental health protocols related to allegations shall be followed and documented relative to community standards of care. In the event of a sexual abuse allegation, SART members shall determine if SANE response is indicated at outside medical facilities with SANE personnel. Alleged victim shall be transferred only to medical facilities trained and equipped with SANE personnel whenever possible. PREA Victim Advocate(s) shall be available to the alleged victim when requested.
2. Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the following requirements and coordinated by the unit management team.
 - a. Inmates at high risk for sexual victimization may be placed in involuntary segregated housing only after an assessment of all available alternatives has been made, and then only until an alternative means of separation from likely alleged abuser(s) can be arranged. Protective Services Investigative Routing, CR-3241, shall clearly indicate the basis of concern for the inmate's safety and the reason why no alternative means of separation can be arranged.

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- b. Inmates placed in segregated housing for this purpose shall have access to programs, education, and work opportunities to the extent possible. If inmate access is restricted to programs, privileges, education, or work opportunities, the assigned counselor shall document what opportunities have been limited, the duration of the limitation, and the reasons for such limitations. This shall be documented on LCDG-Contact Notes.
 - c. Such an assignment to involuntary segregation housing shall be only until an alternative means of separation from likely abusers can be arranged. Such an assignment shall not ordinarily exceed a period of 30 days.
 - d. If an extension is necessary, the SART member(s) shall clearly document in the PREA Allegation System application:
 - (1) The basis for concern for the inmate's safety
 - (2) The reason why no alternative means of separation can be arranged
 - (3) The need for emotional support services for inmates or staff who fear retaliation for reporting sexual abuse of sexual harassment or for cooperation with investigations
 - e. Every 30 days, the facility staff shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.
- E. SART Investigations: These investigations shall be conducted within 72 hours of receiving the allegation. SART team members who have received special training in sexual abuse investigations shall investigate all allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively, including third-party and anonymous reports. Investigations Unit Special Agents shall be contacted immediately when circumstances warrant further actions pursuant to criminal findings.
- 1. IU Special Agents shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
 - 2. When the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
 - 3. The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff.

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4. Inmates who allege sexual abuse shall not be required to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation.
5. For allegations referred to the TDOC Investigative Unit, the Warden shall convene a PREA review within 48 to 72 hours after the incident. The reviewers shall consist of Warden, Associate Warden of Treatment, facility investigator, IU investigator, and the State PREA Coordinator. Sexual Abuse Incident Check Sheet, CR-3776, shall be documented.

F. Sexual Abuse Incident Review:

1. The facility shall 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. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include the Warden/designee, the Associate Warden of Treatment/Assistant Warden at privately managed facilities, facility and IU investigators, line supervisor(s), and medical/mental health professionals.
2. The review team shall:
 - a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - b. Consider whether the incident or allegation was motivated by race; ethnicity, gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - d. Assess the adequacy of staffing levels in that area during different shifts;
 - e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff ; and
 - f. Prepare a report of its findings, including but not necessarily limited to determinations made by this section and any recommendations for improvement and submit such report to the Warden and State PREA Coordinator.
3. The facility shall implement the recommendation for improvement, or shall document the reason for not doing so.

G. Monitoring for Retaliation:

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1. Inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation from other inmates or staff. The Associate Warden of Security/Assistant Warden at privately managed facilities shall monitor staff for protection from retaliation and the facility Victim Advocate shall monitor inmate(s) for protection from retaliation. PREA Retaliation Review, CR-3963, shall be utilized to document compliance.
 2. For at least 90 days following a report of sexual abuse, the Department shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse for any changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation. Monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. Items to be monitored include but not limited to, the following:
 - a. Inmate disciplinary reports
 - b. Inmate housing or programming changes
 - c. Negative performance reviews or reassignments of staff
 3. The facility shall employ multiple protection measure, 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.
 4. If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measure to protect that individual against retaliation. The Department's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.
- H. Administrative Investigations: These investigations shall include an effort to determine whether staff actions or failures to act facilitated the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative findings.
- I. Criminal Investigations: These investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
1. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.
 2. Such investigative records shall be retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.
 3. The departure of the alleged abuser or victim from the employment or control of the facility or Department shall not provide a basis for terminating an investigation.

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4. The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.

J. Reporting the Status of Allegations to Inmates:

1. Following an investigation into an inmate's allegation that he or she suffered sexual abuse in a facility, the facility staff shall inform the inmate in writing:
 - a. As to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
 - b. Whenever the facility staff learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility
 - c. When the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
2. Following an inmate's allegation that a staff member has committed sexual abuse, the Department shall subsequently inform the inmate (unless the allegation has been determined to be unfounded) in writing whenever:
 - a. The staff member is no longer posted within the inmate's unit
 - b. The staff member is no longer employed at the facility
 - c. The staff member has been indicted on a charge related to sexual abuse within the facility
 - d. The staff member has been convicted on a charge related to sexual abuse within the facility
3. All notifications shall be done in writing and the inmate will acknowledge by signature that the inmate has received such notification. The notification shall become part of the allegation file. If the inmate refuses to sign the acknowledgement, two staff members shall sign and date that the inmate has refused to acknowledge notification.

- K. Disciplinary Sanctions for Staff: Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual touching only after conclusion of investigation. Sanctions shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of the Department's sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.

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L. Disciplinary Sanctions for Inmates:

1. Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.
2. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.
3. The disciplinary process shall consider 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.
4. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.
5. An inmate may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
6. 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 shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
7. Any prohibition on inmate-on-inmate sexual activity shall not consider consensual sexual activity to constitute sexual abuse.

M. Sanctions for Contractors and Volunteers:

1. Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmate and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.
2. Any contractor or volunteer who has engaged in sexual abuse/sexual harassment of an inmate shall be prohibited from further contact with any inmate.

N. Upon request, all employees shall fully cooperate with IU Special Agents conducting an authorized investigation, including but not limited to participating in interviews and providing truthful testimony. Failure to do so will constitute insubordination and shall result in disciplinary action, up to and including termination. Administrative Warning, CR-3640, shall be utilized by agents to document this action.

O. IU operation shall be governed by this policy and IU operational protocols approved by the Commissioner.

P. Allegations Occurring in Other Correctional Settings

Subject: PRISON RAPE ELIMINATION ACT (PREA) ALLEGATIONS, INVESTIGATIONS, AND SEXUAL ABUSE RESPONSE TEAMS (SART)

1. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden of the facility that received the allegation shall notify the head of the facility where the alleged abuse occurred.
 2. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification.
 3. The Warden that receives such notification shall ensure that the allegation is investigated in accordance with TDOC policy.
- Q. Each institution shall develop a written policy and procedure to coordinate actions take in response to an incident of sexual abuse and to ensure compliance with the mandates of this policy.

VII. ACA STANDARDS: 4-4281-1; 4-4281-3; 4-4281-5; 4-4406.

VIII. EXPIRATION DATE: May 15, 2018.



**TENNESSEE DEPARTMENT OF CORRECTION
SEXUAL ABUSE INCIDENT CHECK SHEET
PRISON RAPE ELIMINATION ACT (PREA) OF 2003**

INSTITUTION

Alleged Victim (Name/Number): _____
Alleged Aggressor (Name/Number - if Inmate) _____

INITIAL REPORT OR ALLEGATION OF SEXUAL ABUSE

DATE	TIME	NOTIFICATIONS	DATE	TIME	REQUIRED ACTIVITIES
		Notifies Shift Supervisor			First responder ensures safety of inmate from alleged aggressor
		Shift Supervisor notifies the Associate Warden of Treatment and SART			Security escorts inmate to Health Services immediately.
		Associate Warden of Treatment or facility investigator notifies IU			Inmate is not allowed to shower, remove clothing (without medical supervision), use the restroom, or consume any liquids (in order to preserve evidence.
		Health Services notifies the SART medical representative and mental health/ victim services coordinator.			Health Services stabilizes/ assesses victim.
		The Associate Warden of Treatment/designee notifies the hospital of need for Sexual Abuse Nurse Examiner (SANE) service where available.			If the alleged perpetrator is an inmate, security staff ensures they are placed in a single cell. The inmate is not allowed to wash, shower, or change clothes.
					If report is within 72 hours of physical abuse/ penetration, shift supervisor and/or investigator preserves the crime scene by sealing access.
					Shift Supervisor or investigator obtains a brief statement from the alleged victim, while in the Health Services Department.
					If report is within 72 hours of physical abuse / penetration, shift supervisor and medical staff ensure victim is transported to outside medical provider for evidence collection/ treatment.
					The Associate Warden of Treatment/designee assures documentation is completed within 24 hours of the initial allegation of sexual abuse on the PREA Allegation Screen (PAS).

INITIAL PREA REVIEW (48 TO 72 HOURS AFTER REPORT)

	For allegations referred to IU Special Agent, Warden/ designee convenes a preliminary review of the response to the incident involving the Warden, Associate Warden of Treatment, facility investigator, and the State PREA Coordinator
	If the alleged incident involves a staff aggressor, confirm the employee has been separated from inmate contact, and / or placed on administrative leave pending investigation.

SART Coordinator Signature: _____



TENNESSEE DEPARTMENT OF CORRECTION
PROTECTIVE SERVICES INVESTIGATION ROUTING

CONFIDENTIAL

TO: _____ AWO/Shift Commander/Chief of Security
FROM: _____ , Reporting Staff Member
RE: INMATE _____ TDOC # _____
INSTITUTION: _____ DATE: _____

The following information has been provided by _____ and such indicates that the above inmate may require protective services: _____

TO: _____ Staff Assigned to Perform Inquiry
FROM: _____ , Reporting Staff Member AWO/Shift Commander/Assistant Warden

Please complete your formal inquiry and submit on or before _____,

The following action has been taken pending inquiry:

- () Inmate is restricted to cell and/or unit.
- () Inmate's housing assignment is changes from _____ to _____.
- () Inmate is separated from general population pending a hearing.

Contract facilities only: Approved Yes () No () _____
Commissioner's Designee Date

TO: _____ , Chairperson, Protective Services Panel
FROM: _____ , Staff Assigned to Perform Inquiry
DATE: _____

Findings of inquiry are attached for review by the protective services panel.

**PREA RETALIATION REVIEW**PREA Case Number: Type of PREA Incident: Inmate on Inmate
 Staff on Inmate
 Contractor on Inmate
 Volunteer on InmateReview Type: 30 Day 60 Day 90 DayVictim's Name/IDN: Perpetrator's Name/IDN: First Responder: Shift Commander: Final Disposition: Substantial Unsubstantial
 UnfoundedFinal Disposition Date: Is the victim still in custody? Yes NoIf **No**, release date: If **Yes**, complete the following:Do the victim and perpetrator have appropriate classification alerts? Yes NoAre the victim and perpetrator listed as incompatible? Yes NoAre the victim and perpetrator housed in separate housing areas? Yes NoIs the victim still receiving assistance from a Victim Advocate? Yes NoIs the victim still receiving assistance from Medical/Mental Health? Yes NoIs the victim still receiving ongoing assistance from Program staff? Yes NoHas the victim's custody level changed since the PREA violation? Yes NoHas the victim received any Disciplinary Reports since the PREA violation? Yes No



PREA RETALIATION REVIEW

Victim Assessment/Interview

Has the inmates housing and/or Programs access been negatively affected?

Yes No

If Yes, how?

Has the victim been subjected to unprofessional comments and/or negative actions by other inmates, staff, volunteers, and/or contractors as a result of the PREA violation?

Yes No

If Yes, how?

Response to comments/actions:

Comments/Disposition:

Reviewing SART Members:

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Approved by: Derrick D. Schofield		
Subject: PRISON RAPE ELIMINATION ACT (PREA) ALLEGATIONS, INVESTIGATIONS, AND SEXUAL ABUSE RESPONSE TEAM (SART)		

POLICY CHANGE NOTICE 15-32

INSTRUCTIONS:

Please add the following to Section VI.(A):

“5. Inmates who recant PREA allegations shall be required to do so in writing. Staff shall prepare a memo for a record of inmates who refuse to recant in writing and have the memo witnessed by another staff member.”

Please add to Section VI.(F)(1), last sentence, to read as follows:

“Sexual Abuse Incident Review Report, CR-3985, shall be utilized to complete this review.”

Please change Section VI.(G)(1) to read as follows:

“Inmates and staff who are involved in reporting sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation from other inmates or staff. The facility SART shall monitor staff and inmates for retaliation utilizing PREA Retaliation Review, CR-3963, for inmates and PREA Staff Assessment Incident Involvement, CR-3982, for staff.”

Please change Section VI.(J)(3), first sentence, to read as follows:

“All notification shall be completed utilizing Inmate PREA Allegation Status Notification, CR-3984, and the inmate will acknowledge by signature that he/she has received such notification.”

Please add the attached two pages to the policy and renumber policy pages accordingly.



TENNESSEE DEPARTMENT OF CORRECTION

**PREA STAFF ASSESSMENT
INCIDENT INVOLVEMENT**

INCIDENT INFORMATION

1. PREA CASE NUMBER:	2. INCIDENT DATE:	3. FACILITY:			4. REVIEW TYPE:	<input type="checkbox"/>	30 DAY REVIEW
						<input type="checkbox"/>	60 DAY REVIEW
						<input type="checkbox"/>	90 DAY REVIEW

5. EMPLOYEE NAME:	6. EMPLOYEE ROLE DURING THE PREA INCIDENT:
	<input type="checkbox"/> FIRST RESPONDER <input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> SECURITY STAFF <input type="checkbox"/> MEDICAL STAFF <input type="checkbox"/> SHIFT COMMANDER OTHER: _____

STAFF MEMBER ASSESSMENT

7. HAS THE STAFF MEMBER BEEN REASSIGNED FROM HIS POST/ASSIGNMENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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7A. COMMENTS:

8. IS THE STAFF MEMBER REPORTING ANY ADVERSE WORKING CONDITIONS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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8A. COMMENTS:

9. DOES THE STAFF MEMBER DESIRE REFERRAL TO EAP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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9A. COMMENTS:

10. EMPLOYEE COMMENTS DURING INTERVIEW:

11. REVIEWER'S COMMENTS:

EMPLOYEE SIGNATURE:	DATE:	REVIEWER'S SIGNATURE:	DATE:



**TENNESSEE DEPARTMENT OF CORRECTION
SEXUAL ABUSE INCIDENT REVIEW REPORT**

This form must be completed within thirty (30) days of the conclusion of the investigation.

A response must be provided to all statements.

1. FACILITY:	<input type="checkbox"/>	PAS	2. VICTIM'S NAME (TOMIS#):	3. PERPETRATOR'S NAME(TOMIS#):
	<input type="checkbox"/>			
	<input type="checkbox"/>			
4. DATE OF INCIDENT:	<input type="checkbox"/>	SUBSTANTIATED		
	<input type="checkbox"/>	UNSUBSTANTIATED		
	<input type="checkbox"/>	UNFOUNDED		
5A. The review team has considered whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.				<input type="checkbox"/> No changes to policy or practices indicated. <input type="checkbox"/> Yes changes to policy or practices indicated.
5B. COMMENTS:				
6A. The review team has assessed whether monitoring technology should be deployed or augmented to supplement supervision by staff.				<input type="checkbox"/> No supplemental technology necessary. <input type="checkbox"/> Yes supplemental technology may be necessary.
6B. COMMENTS:				
7A. The review team has examined the area in the facility where the incident allegedly occurred to assess whether physical barriers to the area may have enabled abuse.				<input type="checkbox"/> No physical barriers present that may have enable abuse. <input type="checkbox"/> Yes physical barriers may have enabled abuse.
7B. COMMENTS:				
8A. The review team has assessed the adequacy of staffing levels in that area during different shifts.				<input type="checkbox"/> No indication of inadequate staffing levels. <input type="checkbox"/> Yes there may be inadequate staffing levels.
8B. COMMENTS:				
9A. The review team considered whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBT identification, status or perceived status, or gang affiliation, or was motivated or caused by other group dynamics of the facility.a may have enabled abuse.				<input type="checkbox"/> No physical barriers present that may have enable abuse. <input type="checkbox"/> Yes physical barriers may have enabled abuse.
9B. COMMENTS:				
10. PREA MANAGER:	11. DATE:	12. PREA COORDINATOR (AWT/AWS)	13. DATE:	14A. SART MEMBER (WARDEN/DESIGNEE)
14B. SART MEMBER (FACILITY/IU INVESTIGATOR)		14C. SART MEMBER (LINE SUPERVISOR)		14D. SART MEMBER (MEDICAL PROFESSIONAL):
14E. SART MEMBER (MENTAL HEALTH PROFESSIONAL)		14F. SART MEMBER:		14G. SART MEMBER:
Recommendation for improvement is to be implemented or the justification for not doing so is to be well documented below:				
COMMENTS:				



TENNESSEE DEPARTMENT OF CORRECTION
**INMATE PREA ALLEGATION
 STATUS NOTIFICATION**

1. FACILITY	<input type="checkbox"/>	PAS	2. VICTIM'S NAME (TOMIS#):	3. PERPETRATOR'S NAME (TOMIS#):	4. DATE OF INCIDENT:
	<input type="checkbox"/>				
	<input type="checkbox"/>				

Following an investigation into an inmate's allegation that he/she suffered sexual abuse, the inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

5. FINAL DISPOSITION:	<input type="checkbox"/>	SUBSTANTIATED	6. IS THE INMATE STILL IN CUSTODY:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	7. IF NO, RELEASE DATE:
	<input type="checkbox"/>	UNSUBSTANTIATED						
	<input type="checkbox"/>	UNFOUNDED						

**Inmates need not be informed of numbers 1 and 2 below when an allegation involving a staff member is determined to be unfounded*

8. CHECK ANY THAT APPLY:	<input type="checkbox"/>	The employee is no longer posted within the inmate's unit.
	<input type="checkbox"/>	The employee is no longer employed at the facility.
	<input type="checkbox"/>	The employee has been indicted on a charge related to sexual abuse within the facility.
	<input type="checkbox"/>	The employee has been convicted on a charge related to sexual abuse within the facility.
	<input type="checkbox"/>	The alleged abuser has been indicted on a charge related to sexual abuse within the facility.
	<input type="checkbox"/>	The alleged abuser has been convicted on a charge related to sexual abuse within the facility.

By my signature below, I confirm that I have received the required notification of the status of my allegation of sexual abuse.

9A. INMATE SIGNATURE (TOMIS#):	9B. DATE:	10A. EMPLOYEE NAME:	10B. EMPLOYEE SIGNATURE:	10C. DATE:
IF THE INMATE REFUSES TO SIGN THIS FORM IT MUST BE ACKNOWLEDGED BY A WITNESS.		11A. WITNESS NAME:	11B. WITNESS SIGNATURE:	11C. DATE:

COMMENTS: