

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 502.06.2	Page 1 of 13
	Effective Date: August 1, 2020	
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	Supersedes: 502.06.2 (6/15/18)	
Approved by: Tony Parker		
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, contract employees, approved volunteers, and employees of privately managed institutions.
- IV. DEFINITIONS:
 - A. Facility/Site PREA Coordinator (FPC): Associate Wardens of Treatment/Deputy Superintendent of TDOC institutions and Assistant Wardens of Programs at privately managed institutions who coordinate local PREA programming activities and reporting requirements and oversee the functions of the PREA Compliance Manager.
 - 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 who has been specially trained to support an alleged victim during the investigation of an alleged sexual assault.
 - F. Restrictive Housing: The purposeful separation of inmates from the general inmate population in confinement or housing where measures are taken to provide maximum security and/or to control their circumstances or circumscribe their freedom. This general status is for either punitive or administrative reasons that subject the inmate to remain in his/her cell at least 22 hours each day.
 - G. Sexual Abuse Nurse Examiner (SANE): Nurses specially trained in the discipline of sexual response.

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- H. 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).
- 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 facilities 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
 - 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. This information shall be made available through the *Inmate Handbook*.

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3. Staff shall accept reports made verbally, in writing, anonymously, and from third parties. All allegations shall be documented within 24 hours of becoming known to facility staff in the PREA Allegation System (PAS). Facilities shall call the TDOC Central Communication Center within 24 hours to report the allegation. The caller will not provide any details regarding the allegation, but rather provide only the PAS number assigned to the allegation. The facility PREA Coordinator/designee shall review all PAS entries to ensure the allegation was documented within 24 hours of becoming known to facility staff. This review shall be documented on the Sexual Abuse Incident Check sheet, CR-3776. Approval for selected staff to have security access for this system shall be requested by the Associate Warden of Treatment/Deputy Superintendent/Assistant Warden of Programs to the TDOC Statewide PREA Coordinator.
4. No information related to a PREA incident of sexual abuse or harassment shall be entered in the offender management system (OMS). PREA Allegation System incident numbers shall be used for communication purposes and reported to the CCC within 24 hours.
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.
2. The alleged victim and abuser shall be instructed not to wash their hands, shower, brush teeth, change clothes, urinate, defecate, drink or eat.
3. 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 behavioral health practitioners, institutional investigator(s), and facility leadership.

1. Medical and behavioral 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 a SANE response is indicated at outside medical facilities with SANE personnel. The 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.

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2. Any use of restrictive housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements set forth in (a-d) below and coordinated by the unit management team. Protective Services Investigation 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.
 - a. Inmates at high risk for sexual victimization may be placed in restrictive 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. This housing assignment shall not ordinarily exceed a period of 30 days.
 - b. Inmates placed in restrictive housing for this purpose shall have access to programs, education, and work opportunities to the extent possible. If inmate access to programs, privileges, education, or work opportunities is restricted, the facility 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. 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, or sexual harassment, or for cooperation with investigations
 - d. 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/investigators who have received special training in conducting sexual abuse investigations in confinement settings 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. The TDOC Investigative Unit 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.

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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.
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 a Special Agent with the TDOC Investigative Unit, the Warden/Superintendent shall convene a PREA review within 48 to 72 hours after the incident. The reviewers shall consist of Warden/Superintendent, Associate Warden of Treatment/Assistant Warden of Programs/Deputy Superintendent, IU Institutional Investigator, IU Special Agent, and the TDOC Statewide PREA Coordinator. Sexual Abuse Incident Check Sheet, CR-3776, shall be utilized to document this review.

F. Sexual Abuse Incident Review:

1. The facility shall conduct a Sexual Abuse Incident Review Report, CR-3985, at the conclusion of every sexual abuse investigation, including investigations in which 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/Superintendent/designee, the Associate Warden of Treatment/Deputy Superintendent/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 within the facility or facility grounds 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
 - f. Prepare a report of its findings, including but not limited to, determinations made in accordance with (a-c) above and any recommendations for improvement and submit such report to the Warden/Superintendent.

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3. The facility shall implement the recommendations for improvement or shall document the reason for not doing so. A copy of the incident review shall be scanned and electronically forwarded to the TDOC Statewide PREA Coordinator.
4. The SART shall ensure that upon completion of all investigations that the required forms have been provided to the institutional investigator for inclusion in the investigative file. The PREA Allegation Documentation Checklist, CR-4039, shall be utilized to monitor this activity and shall become part of the investigative file.

G. Monitoring for Retaliation:

1. 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 by other inmates or staff. Appointed members of the facility SART shall monitor staff and inmates for protection from retaliation utilizing PREA Retaliation Review (Inmate) for inmates, CR-3963, and PREA Retaliation Review (Staff), CR-3982, for staff.
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. Departmental monitoring shall involve looking for any changes that may suggest possible retaliation by inmates or staff. Institutional SART members 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. If an offender who is being monitored for retaliation transfers to another facility whose primary purpose is to house TDOC inmates, the PREA Coordinator from the sending facility shall notify the PREA Coordinator at the receiving facility of the required monitoring. The receiving facility will be responsible for conducting the monitoring and forwarding the required PREA Retaliation Review (Inmate) for inmates, CR-3963, to the sending facility for placement in the PREA investigative file. Should the offender transfer to another facility prior to completing the 90 day cycle of monitoring, the original sending facility shall be notified by the original receiving facility so that notification of the monitoring requirement can be sent to the new facility by the original sending facility so the process can begin again with no break in monitoring for the offender.
4. The facility shall 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.

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5. 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 which contains a thorough description of physical, testimonial, and documentary evidence. Copies of all documentary evidence shall be attached 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 additional 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.
 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 Department shall inform the inmate in writing:
 - a. As to whether the allegation has been determined to be substantiated or unsubstantiated or unfounded.
 - b. Whenever the facility 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 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 using Inmate PREA Allegation Status Notification, CR-3984, and the inmate shall acknowledge by signature that he/she 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, sexual harassment, or PREA 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.
- 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 behavioral disabilities or behavioral 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.

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- 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 Investigation Warning, CR-3640, shall be utilized by agents to document this action.
- O. The IU operations shall be governed by this policy and IU operational protocols approved by the Commissioner.
- P. Allegation Occurring in Other Correctional Settings
1. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden/Superintendent 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/Superintendent who 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 to be taken in response to an incident of sexual abuse and to ensure compliance with the mandates of this policy.
- VII. ACA STANDARDS: 5-ACI-3D-09, 5-ACI-3D-11, 5-ACI-3D-13, and 5-ACI-6C-14.
- VIII. EXPIRATION DATE: August 1, 2023.



**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 PREA Coordinator and SART			Security escorts inmate to Health Services immediately.
		PREA Coordinator or facility investigator notifies OIC 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 advocate			Health Services stabilizes/ assesses victim.
					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 PREA Coordinator/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/ Superintendent/ designee convenes a preliminary review of the response to the incident involving the Warden/Superintendent, PREA Coordinator, 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

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 () _____
Contract Monitor of Operations 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.



**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. ALLEGED VICTIM'S NAME AND TDOC #	3. ALLEGED AGGRESSOR'S NAME AND TDOC #
	<input type="checkbox"/>			
	<input type="checkbox"/>			
4. DATE OF INCIDENT:	<input type="checkbox"/>	SUBSTANTIATED		
	<input type="checkbox"/>	UNSUBSTANTIATED		
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 <input type="checkbox"/> Yes
9B. COMMENTS:				
10. PREA MANAGER:	11. DATE:	12. PREA COORDINATOR (AWT/AWS)	13. DATE:	14A. SART MEMBER (WARDEN/SUPERINTENDENT/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

PREA ALLEGATION DOCUMENTATION CHECKLIST

RESPONSE					
1. PREA CASE NUMBER:	2. DATE REPORTED:	3. TYPE OF PREA INCIDENT: <input type="checkbox"/> INMATE ON INMATE <input type="checkbox"/> STAFF ON INMATE <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> CONTRACTOR	4. ALLEGATION TYPE:	<input type="checkbox"/>	ABUSE
				<input type="checkbox"/>	HARASSMENT
5. ALLEGED VICTIM'S NAME (ID NUMBER):		6. ALLEGED AGGRESSOR'S NAME (ID NUMBER):	7. DATE INVESTIGATION STARTED:	8. DATE INVESTIGATION COMPLETED:	
9A. FINAL DISPOSITION:	<input type="checkbox"/>	SUBSTANTIAL	9B. FINAL DISPOSITION DATE:	9C. IS THE VICTIM STILL IN CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO	9D. IF NO, RELEASE DATE:
	<input type="checkbox"/>	UNSUBSTANTIAL			
	<input type="checkbox"/>	UNFOUNDED			

COMPLETE THE FOLLOWING	DATE
10. WAS THE ALLEGATION DISCUSSED WITH THE TDOC PREA COORDINATOR WITHIN 48 HOURS, EXCLUDING WEEKENDS?	
11. WAS THE "ABUSE INCIDENT CHECKSHEET"–CR3776 COMPLETED?	
12. HAS THE INCIDENT BEEN DISCUSSED WITH THE TDOC PREA COORDINATOR?	
13. WAS THE INCIDENT REFERRED TO THE OIC INVESTIGATIVE UNIT?	
14. HAS THE VICTIM HAD A SAFE/SANE EXAMINATION?	
15. HAS THE AGGRESSOR HAD A SAFE/SANE EXAMINATION?	
16. HAS THE VICTIM BEEN RESCREENED?	
17. HAS THE VICTIM BEEN REFERRED TO MENTAL HEALTH?	
18. HAS THE AGGRESSOR BEEN RESCREENED?	
19. HAS THE AGGRESSOR BEEN REFERRED TO MENTAL HEALTH?	
20. HAS THE "STATUS NOTIFICATION"–CR3984 BEEN COMPLETED?	
21. HAS THE "30-DAY INCIDENT REVIEW"–CR3985 BEEN COMPLETED?	
22. HAS RETALIATION MONITORING BEGUN FOR THE VICTIM–CR3963?	
23. HAS RETALIATION MONITORING BEGUN FOR THE AGGRESSOR–CR3963?	
24. HAS RETALIATION MONITORING BEGUN FOR STAFF INVOLVED IN THE ALLEGATION–CR3982?	
25. ADDITIONAL COMMENTS:	
26. REVIEWED BY FACILITY PREA COORDINATOR FOR COMPLETENESS ON:	



TENNESSEE DEPARTMENT OF CORRECTION
PREA RETALIATION REVIEW (INMATE)

INITIAL RESPONSE					
1. PREA CASE NUMBER:	2. DATE RETALIATION REVIEW (INMATE) COMPLETED:	3. TYPE OF PREA INCIDENT: <input type="checkbox"/> INMATE <input type="checkbox"/> STAFF <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> CONTRACTOR	4. REVIEW TYPE:	<input type="checkbox"/>	30 DAY REVIEW
				<input type="checkbox"/>	60 DAY REVIEW
				<input type="checkbox"/>	90 DAY REVIEW
				<input type="checkbox"/>	BEYOND 90 DAYS
5. ALLEGED VICTIM'S NAME (ID NUMBER):		6. PERPETRATOR'S NAME (ID NUMBER):		7. INMATE'S COUNSELOR:	
8. INMATE BEING MONITORED:					
9A. FINAL DISPOSITION:	<input type="checkbox"/>	SUBSTANTIAL	9B. FINAL DISPOSITION DATE:	9C. IS THE VICTIM STILL IN CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO	9D. IF NO, RELEASE DATE:
	<input type="checkbox"/>	UNSUBSTANTIAL			
	<input type="checkbox"/>	UNFOUNDED			

IF YES, COMPLETE THE FOLLOWING

10. ARE THE VICTIM AND THE AGGRESSOR LISTED AS INCOMPATIBLE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. ARE THE VICTIM AND THE AGGRESSOR HOUSED IN SEPARATE HOUSING AREAS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. IS THE VICTIM STILL RECEIVING ASSISTANCE FROM A VICTIM ADVOCATE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. IS THE VICTIM STILL RECEIVING ASSISTANCE FROM MEDICAL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. IS THE VICTIM/AGGRESSOR STILL RECEIVING ASSISTANCE FROM MENTAL HEALTH?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. IS THE VICTIM/AGGRESSOR STILL RECEIVING ASSISTANCE FROM PROGRAM STAFF?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. HAS THE VICTIM'S CUSTODY LEVEL CHANGED SINCE THE PREA VIOLATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. HAS THE VICTIM/AGGRESSOR RECEIVED ANY DISCIPLINARY REPORTS SINCE THE PREA VIOLATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

VICTIM ASSESSMENT AND INTERVIEW

18. HAS THE INMATE BEING MONITORED BEEN NEGATIVELY AFFECTED IN ANY MANNER? IF YES, HOW?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. HAS THE INMATE BEING MONITORED BEEN SUBJECTED TO UNPROFESSIONAL COMMENTS AND/OR NEGATIVE ACTIONS BY OTHER INMATES, STAFF, SUPERVISORS, AND/OR ADMINISTRATIVE PERSONNEL AS A RESULT OF THE PREA VIOLATION? IF YES, HOW?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. SART RESPONSE TO COMMENTS AND ACTIONS:		
21. REVIEWING SART MEMBERS:		



TENNESSEE DEPARTMENT OF CORRECTION

PREA RETALIATION REVIEW (STAFF)

INITIAL RESPONSE					
1. PREA CASE NUMBER:	2. DATE RETALIATION REVIEW (STAFF) COMPLETED:	3. TYPE OF PREA INCIDENT:		4. REVIEW TYPE:	
		<input type="checkbox"/> INMATE	<input type="checkbox"/> STAFF	<input type="checkbox"/>	30 DAY REVIEW
		<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/>	60 DAY REVIEW
				<input type="checkbox"/>	90 DAY REVIEW
			<input type="checkbox"/>	BEYOND 90 DAYS	
5. ALLEGED VICTIM'S NAME (ID NUMBER):		6. PERPETRATOR'S NAME (ID NUMBER):		7. STAFF SUPERVISOR:	
8. STAFF BEING MONITORED:		9A. FINAL DISPOSITION:		9B. FINAL DISPOSITION DATE:	
		<input type="checkbox"/> SUBSTANTIAL <input type="checkbox"/> UNSUBSTANTIAL <input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				9D. IF NO, RELEASE DATE:	

IF YES, COMPLETE THE FOLLOWING		
10. HAS THE PERSON'S DAYS OFF CHANGED IN AN UNREASONABLE NEGATIVE MANNER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. HAS THE PERSON'S SHIFT CHANGED IN AN UNREASONABLE NEGATIVE MANNER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. HAS THE PERSON'S POST ASSIGNMENT IN AN UNREASONABLE NEGATIVE MANNER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. HAS THE PERSON BEEN INFORMED OF THE EMPLOYEE ASSISTANCE PROGRAM?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. HAS THE PERSON RECEIVED AN UNREASONABLE EVALUATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. HAS THE PERSON BEEN DECLINED FOR SPECIAL ASSIGNMENT/PROMOTION/ACADEMY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. HAS THE PERON RECEIVED ANY TYPE OF DISCIPLINARY ACTION DEEMED TO BE UNREASONABLE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. HAS THE PERON'S VACATION TIME BEEN CANCELLED OR CHANGED BY HIS/HER SUPERVISOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. HAS THE PERSON HAD ANY OTHER UNEXPLAINED ACTIONS TAKEN AGAINST HIM/HER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

VICTIM ASSESSMENT AND INTERVIEW		
19. HAS THE PERSON BEING MONITORED BEEN NEGATIVELY AFFECTED IN ANY MANNER? IF YES, HOW?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. HAS THE PERSON BEING MONITORED BEEN SUBJECTED TO UNPROFESSIONAL COMMENTS AND/OR NEGATIVE ACTIONS BY OTHER INMATES, STAFF, SUPERVISORS, AND/OR ADMINISTRATIVE PERSONNEL AS A RESULT OF THE PREA VIOLATION? IF YES, HOW?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. SART RESPONSE TO COMMENTS AND ACTIONS:		
22. REVIEWING SART MEMBERS:		



**TENNESSEE DEPARTMENT OF CORRECTION
INVESTIGATIONS UNIT
ADMINISTRATIVE INVESTIGATION WARNING**

CASE NUMBER	DATE / TIME
EMPLOYEE NAME (<i>PRINTED</i>)	TITLE / RANK

I am Special Agent _____ of the Investigations Unit,
PLEASE PRINT

Tennessee Department of Correction. I wish to advise you that you are being questioned as part of an official investigation. You will be asked questions specifically directed and narrowly related to the performance of your official duties. You are entitled to all the rights and privileges guaranteed by the laws and the constitution of this state and the United States, involving the right not to be compelled to incriminate yourself. I further wish to advise you that refusal to testify or to answer questions relating to the performance of your departmental duties could result in your dismissal from the department. If you do answer, neither your statements nor any information or evidence which is gained by reason of such statements can be used against you in any subsequent criminal proceeding. However, these statements may be used against you in relation to subsequent departmental charges.

At this time I am going to question you regarding _____

This questioning concerns administrative matters relating to the official business of the department. I am not questioning you for the purpose of instituting any criminal proceeding against you. During the course of the questioning, even if you do disclose information which indicates that you may be guilty of criminal conduct, neither your statements nor the fruits (products, results, etc.) of any statement you make may be used against you in any criminal proceedings.

Do you understand that this interview may be recorded in its entirety? Yes No

I have read and fully understand the advisement.

EMPLOYEE SIGNATURE	DATE / TIME
WITNESS SIGNATURE	DATE / TIME