



PREA standards for community confinement facilities

Sullivan County Community Corrections (HHSE)

2018

Policies and Procedures

Community Residential Facility

REVISED 2018



PRISON RAPE ELIMINATION ACT NATIONAL STANDARDS – COMMUNITY CONFINEMENT

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Standards for Community Confinement Facilities

§ 115.5 General definitions.

For purposes of this part, the term—

Agency means the unit of a State, local, corporate, or nonprofit authority, or of the Department of Justice, with direct responsibility for the operation of any facility that confines inmates, detainees, or residents, including the implementation of policy as set by the governing, corporate, or nonprofit authority.

HHSE head means Hay House Inc.

Community confinement facility means a community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, or other community correctional facility (including residential re-entry centers), other than a juvenile facility, in which individuals reside as part of a term of imprisonment or as a condition of pre-trial release or post-release supervision, while participating in gainful employment, employment search efforts, community service, vocational training, treatment, educational programs, or similar facility-approved programs during nonresidential hours.

Contractor means a person who provides services on a recurring basis pursuant to a contractual agreement with the HHSE.

Detainee means any person detained in a lockup, regardless of adjudication status.

Direct staff supervision means that security staff is in the same room with, and within reasonable hearing distance of, the resident or inmate.

Employee means a person who works directly for the HHSE or facility.

Exigent circumstances mean any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

Facility means a place, institution, building (or part thereof), set of buildings, structure, or area (whether or not enclosing a building or set of buildings) that is used by an HHSE for the confinement of individuals.

Facility head means the principal official of a facility.



Full compliance means compliance with all material requirements of each standard except for de minimis violations, or discrete and temporary violations during otherwise sustained periods of compliance.

Gender nonconforming means a person whose appearance or manner does not conform to traditional societal gender expectations.

Inmate means any person incarcerated or detained in a prison or jail.

Intersex means a person who's sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Jail means a confinement facility of a Federal, State, or local law enforcement agency whose primary use is to hold persons pending adjudication of criminal charges, persons committed to confinement after adjudication of criminal charges for sentences of one year or less, or persons adjudicated guilty who are awaiting transfer to a correctional facility.

Juvenile means any person under the age of 18, unless under adult court supervision and confined or detained in a prison or jail.

Juvenile facility means a facility primarily used for the confinement of juveniles pursuant to the juvenile justice system or criminal justice system.

Law enforcement staff means employees responsible for the supervision and control of detainees in lockups.

Lockup means a facility that contains holding cells, cell blocks, or other secure enclosures that are:

- (1) Under the control of a law enforcement, court, or custodial officer; and
- (2) Primarily used for the temporary confinement of individuals who have recently been arrested, detained, or are being transferred to or from a court, jail, prison, or other agency.

Medical practitioner means a health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified medical practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Mental health practitioner means a mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified mental health practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Pat-down search means a running of the hands over the clothed body of an inmate, detainee, or resident by an employee to determine whether the individual possesses contraband.



Prison means an institution under Federal or State jurisdiction whose primary use is for the confinement of individuals convicted of a serious crime, usually in excess of one year in length, or a felony.

Resident means any person confined or detained in a juvenile facility or in a community confinement facility.

Secure juvenile facility means a juvenile facility in which the movements and activities of individual residents may be restricted or subject to control through the use of physical barriers or intensive staff supervision. A facility that allows residents' access to the community to achieve treatment or correctional objectives, such as through educational or employment programs, typically will not be considered to be a secure juvenile facility.

Security staff means employees primarily responsible for the supervision and control of inmates, detainees, or residents in housing units, recreational areas, dining areas, and other program areas of the facility.

Staff means employees.

Strip search means a search that requires a person to remove or arrange some or all clothing so as to permit a visual inspection of the person's breasts, buttocks, or genitalia.

Transgender means a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Substantiated allegation means an allegation that was investigated and determined to have occurred.

Unfounded allegation means an allegation that was investigated and determined not to have occurred.

Unsubstantiated allegation means an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

Volunteer means an individual who donates time and effort on a recurring basis to enhance the activities and programs of the HHSE.

Youthful inmate means any person under the age of 18 who is under adult court supervision and incarcerated or detained in a prison or jail.

Youthful detainee means any person under the age of 18 who is under adult court supervision and detained in a lockup.

§ 115.6 Definitions related to sexual abuse.
For purposes of this part, the term—

Sexual abuse includes—



- (1) Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident; and
- (2) Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer.

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;
- (3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- (4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;
- (3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1) -(5) of this section;
- (7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and
- (8) Voyeurism by a staff member, contractor, or volunteer.

Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

Sexual harassment includes—



- (1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and
- (2) Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.



Policies and Procedures – Implementation and Compliance

1. Authority: TCA 4-3-603, TCA 4-3-606, TCA 39-13-501, TCA 39-16-408, TCA40-39-202
2. Purpose: To prevent sexual abuse of inmates in residence under the jurisdiction of the Hay House Inc. Incorporated
3. Application: To all HHSE staff, residents, and volunteers and contractors if utilized. (currently HHSE does not utilize volunteers or contractors who work directly with the client population)

Policy § 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

It is the policy of Sullivan County Community Corrections (HHSE) that:

HHSE will provide a safe and humane an appropriately secure environment free from threat of sexual abuse and sexual harassment for all clients, by maintaining a program of prevention, detection, response, investigation, and tracking of all alleged and substantiated sexual assaults and sexual victimization.

- (a) **Any form of sexual abuse and sexual-harassment will not be tolerated.** The following policies have been developed in order to provide for the prevention, detection and responding to such misconduct.
- (b) The Board of Directors will appoint a PREA coordinator, who will be responsible for implementing, developing, overseeing, and monitoring HHSE's activities, policies, and training.
- (c) The HHSE PREA coordinator will ensure the facilities compliance with PREA standards.

Resident orientation and education:

- (a) All clients entering the HHSE the system shall receive verbal and written information concerning sexual abuse at intake. (See HHSE intake policy).
- (b) HHSE does not utilize contractors or volunteers for providing services to the offender. In the case that a volunteer is in the residential facilities, they will be shadowed at all time by HHSE personnel. Volunteers are not allowed in the resident bedding areas.
- (c) HHSE staff shall take appropriate steps to ensure that clients with disabilities have an equal opportunity to participate in and benefit from all aspects of the staff efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
- (d) Facility staff shall ensure that written materials are provided in formats or thorough methods that ensure effective communication with clients who have disabilities including clients with intellectual disabilities, limited reading skills, or who are blind or have low vision.
- (e) HHSE staff shall not rely on inmate or resident interpreters or readers.



- (f) Facility staff shall take reasonable steps to ensure meaningful access to all aspects of HHSE's efforts to prevent detect and respond to sexual abuse and sexual harassment to clients who are limited in English proficiency, including steps to provide interpreters who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary.
- (g) HHSE clients will be screened for sexual aggressor or sexual victim potential and any eventual actual indication as aggressor or victim shall be conducted in accordance with HHSE practices.
- (h) HHSE will monitor any sexual abuse or sexual harassment against inmates and residents in accordance with standard practices.
- (i) An unannounced PREA walk through will be conducted on a monthly basis, checking *91 client phones, check and update all PREA information in the facilities including but not limited to, hotline information, PREA brochures, break the silence posters, and any other items related to PREA standards and policy.
- (j) Random 45-minute rounds will be made in the facilities while on duty personnel during all shifts.

Employee training:

1. All HHSE employee shall be trained regarding:
 - (a) HHSE's zero-tolerance policy for sexual abuse and sexual harassment.
 - (b) How to fulfill their responsibility under H HHSE's sexual abuse and sexual harassment prevention, detection and response and the reporting of sexual abuse and sexual harassment.
 - (c) Clients rights to be free from sexual abuse and sexual harassment
 - (d) The right of client's employees to be ferried from retaliation for reporting sexual abuse or harassment.
 - (e) The dynamics of sexual abuse and harassment.
 - (f) The common reactions of sexual abuse and harassment victims.
 - (g) How to detect and respond to signs of threatened and actual sexual abuse.
 - (h) How to avoid inappropriate relationships with inmates.
 - (i) How to communicate effectively and professionally with clients, including lesbian, gay, bisexual, transgender, Intersex or gender nonconforming clients.
 - (j) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
2. Training will be tailored to the gender of the clients at the facilities. If the employee is reassigned to another facility he/she will receive additional training in that facility or vice versa.
3. HHSE personnel will only utilize the "pat down" search procedures and will be cognizant when searching HHSE transgender or Intersex clients. Female staff will search females using the Pat-down method and male staff will search the male clients using the Pat-down method. No other types of searches are allowed at HHSE facilities. In the case any type of other search is necessary HHSE personnel will contact the Kingsport Police Department for assistance.



4. Employee shall document through signature that they have received the training listed and that they understand the training that they have received.

Volunteers and Contractors:

- (a) HHSE does not utilize volunteers or contractors for direct client base services or supervision. Utilizing volunteers and contractors would mean that they would have direct contact and supervision of the client, currently, and to date, HHSE does not utilize volunteers or contractors for direct client services.
- (b) The Tennessee Dept. of Corrections does not currently fund for medical or mental health staff at the HHSE. HHSE may utilize the following service providers for services:
 - (a) Holston Halley Hospital emergency.
 - (b) Frontier Mental Health
 - (c) Bristol Crisis Center/other local (attached)
 - (d) Sexual Assault Center of East Tennessee
 - (e) Employees of these properly managed facilities received prior training and are certified to provide such services.
 - (f) In the case of physical assault, sexual harassment, or any type of sexual abuse HHSE will contact the district attorney's office of Sullivan County, Second Judicial District, Kingsport Police Department, Sullivan county Police Department for assistance and investigations. HHSE personnel are not licensed or certified to provide investigative services. HHSE will not attempt to investigate any type of illegal activity including sexual assault, harassment and or physical assault.

Data Collection and Research:

- (a) HHSE personnel will document all client activities and performance on a daily basis this information will be placed on client monitoring forms and turned in monthly. The monitoring forms will note all daily performance of HHSE clients. A PREA monitoring form will be utilized to document all PREA related incidences and turned in to the PREA coordinator monthly. An annual report and a finalized Monthly Statistical Report will document PREA issues of findings.
- (b) HHSE research evaluation and data policy may be found in the HHSE policy and procedures Manual.
- (c) Quarterly reports and annual reports Will be submitted to the Tennessee Department of Corrections.
- (d) HHSE will hold all information regarding PREA incidences for a period of 10 years after the date of the event unless Federal, state or local law require otherwise.



- (e) PREA audit documents shall be retained for 12 months following the deadline for HHSE audit appeal. Longer document retention may be requested by the U.S. Department of Justice.
- (f) The following forms are used for documentation and are located in each client's file at the intake. The intake process is completed once the offender arrives at the facility. Normally the intake process requires 4 hours for completion.
 - a. Admissions intake paperwork includes:
 - b. Client statement of understanding and agreements
 - c. Personal questionnaire.
 - d. TOMIS movement transaction form.
 - e. Needs assessment.
 - f. Offender background form.
 - g. Monthly monitoring form (PREA and Program)
 - h. Listing of allowed items.
 - i. PREA resident handbook
 - j. Grievance procedures
 - k. Behavior contract
 - l. Behavior and consequences policy
 - m. House rules
 - n. Intake checklist
 - o. Victim restitution form
 - p. Community service form
 - q. Consent and waiver for drug screenings
 - r. Treatment plan
 - s. Substance abuse subtle screening inventories or SASSI
 - t. Criminal history
 - u. TCU drug screen II
 - v. PREA designation form
 - w. PREA risk analysis
 - x. PREA statement of understanding
 - y. Notice of privacy practices for program participants.
 - z. Receipt and acknowledgement of notice of privacy practices.
 - aa. Release of information form
 - bb. Photography's and interview consent form
 - cc. Atty. Release and permission for interview
 - dd. Visitation log
 - ee. Fire and safety regulations/violation agreement in understanding
 - ff. Medical treatment refusal form
 - gg. Physician form
 - hh. Exemption application



- ii. Client payment history
- jj. Agreement to conditional nonresidential requirements
- kk. Client change and supervision levels form
- ll. Client medical information.
- mm. Chronological case history (daily entries while in residence)

Data Collection:

All data collection will be securely retained in offender files, under lock and key. PREA collection information will be maintained in the administrative office under lock and key, or on the Office Computer. All information will be eligible to the community however, personal identifiers shall be removed prior to the date of the information being made public. Names and personal information may not be released.

Client orientation and education:

1. Upon intake the orientation process for the client shall begin. The training shall include but not be limited to the following:
 - (a) Prevention.
 - (b) Self-protection.
 - (c) Reporting sexual assaults/harassment and protection from retaliation.
 - (d) Treatment and counseling
 - (e) HHSE zero-tolerance for sexual assault and sexual harassment
 - (f) Videos if provided by TDOC PREA coordinator.
 - (g) Use of PREA tip line and information about the telephone

The HHSE PREA resident handbook will be addressed with the client at a bony intake. The resident handbook shall include but is not limited to the following:

- (a) Terminology – prison rape definition, abuse by offenders, abuse by staff with explanation.
- (b) Sexual activity among clients.
- (c) Consensual sex among clients.
- (d) Coercive sex among clients
- (e) Violent sexual assaults among clients.
- (f) Inmate officer code of silence.
- (g) Sexual activity between staff and offenders.
- (h) Zero-tolerance.
- (i) Clients as victims.



- (j) Possible physical effects of sexual abuse and possible emotional or psychological effects.
- (k) Facts.
- (l) Who's at risk?
- (m) Red flags.
- (n) Permission to share information with outside agencies.
- (o) Filing complaints of sexual harassment or sexual abuse.
- (p) Grievance procedure.

At the end of a 30-day period the offender will be reassessed to make sure of that he/she fully understands the gravity of zero tolerance and sexual abuse or harassment within the confinement center. Further, to determine current status of the client and any future needs.

Ongoing education will be in a format accessible to all clients, including those who have limited English proficiency and or other disabilities.

HHSE will post signs, posters, rules and regulations, PREA phone access numbers throughout the facility and they will remain there at all times.

HHSE personnel will discuss PREA issues and concerns on a regular basis and re-instruct them randomly on PREA policy and procedure, their rights, their expectations, their requirements and responsibilities.

The PREA coordinator will check with the clients and the staff on a regular basis to determine needs problems or concerns and to address any issues with staff or clients.

Screening/assessing clients:

HHSE personnel will utilize the PREA risk analysis tool, developed with PREA auditor (2018) to determine each new intakes VULNERABILITY or potential for abusiveness. The PREA analysis will address an initial screening completed with the newly admitted client within 24 hours of intake. A 30-day review will be completed by HHSE personnel.

If the client has been transferred to another facility had an incident of sexual abuse or additional receipt of information that bears on the client's risk of victimization or abusiveness they will be restrained up on knowledge of either fact.

The instrument will address the following:

Potential aggressor:

- (a) Incidences sexually abusing other offenders.
- (b) Offender has prior acts of violent sexual abuse.



- (c) The offender has prior convictions for sexual offenses.
- (d) Offender has prior violence within jails or prisons.

Potential Victim:

- (a) Presents or identifies a mental physical or developmental disability.
- (b) History of prior sexual victimization – institution.
- (c) History of prior victimization – non-institutional
- (d) Offender is less than 21 or over 65 years old. Then deny own
- (e) Offender is of slight physical stature -male less than 5'6 less than 140 pounds female less than 5'0 feet 100 lb.
- (f) Offenders first time in confinement.
- (g) Criminal history is exclusively non-violent
- (h) Inmate is or is perceived to be gay, lesbian, bisexual, transgender Intersex or gender nonconforming.
- (i) Offender has a past prison sex offenses against a child.
- (j) Offender believes here she is vulnerable to be sexually victimized.

The screen will be held in the offender's file.

HHSE will also utilize the Strong-R screening tool as required by the TDOC.

In the event of the decline refuses to answer particular questions or is found to not disclose complete information he/she will shall not be disciplined. However, the following questions may be addressed:

- (a) Whether or not the client has a mental, physical or developmental disability
- (b) . Whether or not the client is or is perceived to be gay, lesbian, bisexual, transgender and Intersex, or gender nonconforming.
- (c) Whether or not the client has previously experienced sexual victimization.
- (d) The clients on perception of vulnerability.

Decisions concerning individual housing assignments and group activities for clients who enter an HHSE, and are identified as sexual aggressors or sexual victims are the responsibility of the management team. This includes the PREA coordinator, all members of the sexual assault response team (SART) and the offender's case worker. This information is strictly to need to know and efforts will be made to separate those clients at higher risk of being sexually victimized from those who are at higher risk of being sexually aggressive. If mental health intervention is indicated, a referral shall be made to Frontier Mental Health immediately.

Any client identified as a sexual aggressor shall be monitored closely by HHSE personnel as will any client who is considered to be a sexual offender. Rarely, are sex offenders placed on the HHSE for



program services. All sex offenders and those noted as sexual aggressors will meet with the PREA coordinator.

If an offender is transferred to another community corrections offender he/she is to be reassessed prior to the transfer. The receiving agency will to be made aware of the client's status.

Sexual contact/harassment between clients and employees/residents and employees/clients and clients:

1. Acts of sexual abuse against client's slash/residents, retaliation against clients/residents who refuse to submit to sexual activity, or intimidation of witnesses prohibited.
2. Retaliation against individuals because of their involvement in the reporting or investigation of sexual assault/sexual contact /harassment is prohibited.
3. All incidents of sexual abuse or related intimidation/retaliation will result in corrected and or disciplinary action up to and including termination. They're of employee to report incidents of sexual assault or sexual contact/for harassment will result in corrected and or disciplinary action.
4. Notification of all cases, regardless of confirmation, involving sexual abuse will be made a middling to the office of investigations and compliance (OIC). When appropriate, when appropriate the OIC section will refer such cases to the district Atty. For criminal prosecution.

Use of screening information:

1. Information from the risk assessment screening shall be utilized to provide safe housing, work, education and program assignments with the goal of keeping separate those clients are at high risk of being sexually victimized from those of being higher risk of sexually assaulted behavior.
2. Information from the risk screening shall be restricted to those employees whose duties require such access.
3. The program manager/ PREA coordinator will ensure that residents are screened within 72 hours of arrival at the facility. Further, that the documentation process regarding PREA education and notification to residents/clients is in effect.

Investigations and Sexual Abuse Response Team:

It is the policy of HHSE to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient and confidential matter in accordance with Federal guidelines.

Procedures:

1. **PREA allegations:**



- (a) All HHSE personnel 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 the facility, retaliation against clients or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- (b) HHSE personnel 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.
- (c) 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 to it and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, the initiation of services.
- (d) Facility staff shall report all allegations of sexual abuse and sexual harassment, including Third-party and anonymous reports, to the facilities designated investigators.

PREA Investigations:

Policy:

It is the policy of HHSE to intervene in all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential manner in accordance with Federal guidelines.

1. HHSE will provide multiple internal ways for clients 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) HHSE PREA tip line (*91)
 - (c) Third-party reporting.
 - (d) Written communication in PREA box.
2. HHSE will provide at least one way for clients to report abuse or harassment to an outside governmental entity that is not affiliated with the HHSE or that is operationally independent from HHSE leadership. Contact information is made available through the resident handbook and the HHSE resource book. (Handbook and resource book are provided to clients at intake)
3. HHSE personnel 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 monitoring form, and forwarded to the PREA coordinator.



4. No information related to PREA incident of sexual abuse or harassment shall be entered into TOMIS contact notes.
5. Personnel may privately report sexual abuse and sexual or harassment of clients to the central office tip line at 615 – 253 – 8178.
6. If facility staff receives information that the client is subject to a substantial risk of imminent sexual abuse, staff shall take the media action to protect the client. The client shall be moved to the administrative building and placed in the PREA counseling room. The PREA coordinator shall be contacted immediately.

Responsibilities of first responders:

1. The first staff responder is to instruct the alleged victim not take any actions that could destroy physical evidence and then immediately notify the Kingsport City Police Department, the staff will call 911 and request officers on the scene immediately.
2. The alleged victim shall be instructed not to wash their hands, shower, brush teeth, change close, urinate, defecate, drink, or eat, as will the abuser if he is still he/she is still on campus and has not absconded.
3. Security shall separate the alleged victim and abuser.
4. Security shall preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
5. Security staff shall notify all SAR Team members.
6. As with any other violent crime, the first officer on scene must ensure the victim receives medical attention. Paramedics must bring the victim to a hospital for medical care and a physical examination to establish the crime of rape or sexual assault. Investigators will take the victim's garments as evidence, so officers should bring a change of clothes for the victim to the hospital whenever possible. The time to plan for this is early in the interaction. Many victims will have an advocate or friend with them to call on their behalf. Give this person the assignment of getting a change of clothing for the victim. Maintaining the chain of evidence is crucial, and a police officer, preferably a female officer, should accompany the victim in the ambulance.
7. In addition to following normal procedures in protecting primary and secondary crime scenes, one of the first responders should conduct a preliminary interview with the victim in private to determine if he/she knows or can identify the person who abused them. The officer should obtain a physical description of the rapist and ask the victim to explain what happened. The investigator, a rape counselor, or another care provider will conduct a detailed follow-up interview in a setting most comfortable to the victim.

Goals for Protecting the Crime Scene for Police:



Remember: The crime scene encompasses all areas in which people connected with a crime were located shortly before and after the crime. Both the perpetrator and victim moved through physical locations in order for crime to be committed, while the crime was committed and after the crime was committed. In searching a crime scene, we operate under the premise that whenever human beings interact with any inanimate or animate object, something is either taken away or left behind. The objectives of the search of a crime scene in a forcible rape case are the same as in any other major case; authorities will:

1. Reconstruct what happened and establish that a crime occurred;
2. Identify, document and collect evidence of what occurred;
3. Link the victim and the suspect to the scene of the crime;
4. Identify and locate any witnesses; and
5. Identify and apprehend the person(s) who committed the crime.

Your role as a First Responder:

- 1. Identify yourself by name and badge – call 911**
- 2. Ensure the immediate safety and security of the victim.**
- 3. Assess the victim's well-being and express concern and assurance.**

Confirm or establish the following information:

- Victim's name
- Location, date, and time of assault
- Name and/or description of offender
- Direction and means of offender's flight
- If a weapon was used
- Brief description of the assault

Relay information regarding the offender to the dispatcher/Officer.

Preserve evidence on the victim. Do not allow the victim to drink, brush teeth, bathe or remove clothing.

Secure the crime scene.



Contact the local rape crisis center.

Transport the victim to a designated medical facility if an ambulance is not called or failed to arrive – follow the **POLICE OFFICERS LEAD!**

When the perpetrator is unknown:

A primary issue of the investigation is identification.

Physical description (facial features, identifying marks, appearance, clothing, odors, etc.)

When and where the assault occurred

How the victim was approached

Any use of force or weapon

Any threats made by the offender

Any objects used during the assault

Amount and type of restraint used

Type and sequence of acts

Verbal exchanges between the offender and the victim

Any possible witnesses before, during or after the assault

When the Perpetrator is known:

Key investigative issues in these cases are consent and use of force. (Force may be defined as forcible compulsion or physical helplessness.)

1. Identify the nature, duration and intensity of the relationship.
2. Document visible physical injuries and observations about the victim's emotional state.
3. Document details concerning the assault.

Evidence collection:

1. Encourage the victim and to have a physical medical examination immediately. Any Physician, SANE, or other appropriate personnel should collect the evidence.



2. Explain that medical personnel will check for injuries and discuss STD's and pregnancy prophylaxis. (Prophylaxis definition: Prevention of or protective treatment for disease)
3. Evidence collected during the exam may be useful for DNA identification of the offender.
4. Notify the hospital if the victim chooses to go.
5. Explain to the victim that his/her clothing may be taken as evidence and suggest bringing along extra clothing.
6. Transport the victim to the hospital in the case and ambulance or police officer is not available to transport them.

Some facts about drug facilitated sexual assault:

Sexual assaults can be facilitated by the use of drugs, though street and legal. While alcohol is often a factor in sexual assaults, illegal drugs (also called club drugs) can also be a factor. Some victims are drugged without their knowledge when the drugs are slipped into their drink.

The drug can produce an anesthesia-like effect, rendering the victim unconscious or unable to give consent. Watch for symptoms that may indicate drug facilitated sexual assault.

1. Victim thinks he/she has been assaulted, but is not sure (unexplained soreness or injuries, woke up in a different place, etc.)
2. Victim's recollection of the assault is patchy and confused: he/she may remember only parts of the assault, or none at all.
3. Victim remembers the assault, but was unable to move or speak. Experience may seem detached (it was like I was watching the whole thing, I tried to scream – but no words came out).
4. Victim felt his/her intoxication level did not correlate the amount of alcohol consumed.

Whenever drug facilitated sexual assault is suspected, arrange for the collection of blood and or urine specimens as soon as possible. It is important to determine whether ingestion of the drug occurred in the last 72 hours (three days).

Interviewing the Victim

Conducting the interview is the responsibility of the Police Investigator. However, if you find yourself in a position that have are required to do an investigation - please utilize us the following:

Conduct the in-depth interview only after the victim's immediate medical and emotional needs are met.



Goals of the in-depth interview should be to:

1. Determine how the crime occurred.
2. Maintain the victim's cooperation and emotional Well-Being.

The interviewer should:

1. They prepared for all types of emotional reactions, including calmness don't interpret composure as evidence that the assault did not occur.
2. Introduce himself /herself by name and title. As tell the victim would like to be addressed.
3. Explain why and how the interview will be conducted.
4. Conduct the interview in a profit and secure place.
5. Offer to contact a family member or friend of the victim.
6. Be aware of his/her body language and reactions. Demonstrate concern by placing himself/herself at or below the victim's level rather than standing over the victims who are seated.
7. Use short sentences and pauses.
8. Avoid clinical terminology. Use simple terms.
9. Use the victim's own terminology to ask clarifying questions.
10. Ask open-ended questions.
11. Avoid interrupting as the victim tells the story and allow the victim to express their emotions.
12. Be aware of the victim's body language (tone of voice, gestures and I contact).
13. Offer breaks if necessary.
14. Allow the victim to temporarily skip questions that are too upsetting to answer. Return to them later in the interview.
15. Avoid mentioning prosecution until after the interview is completed.
16. As the victim to write out a statement of exactly what happened and collect it at the next interview.

Concluding the interview

1. Explain the role of the investigative officer and what will happen next (filling out the report, investigation, subsequent interviews.)
2. Avoid making promises or predictions about the outcome. Inform the victim that the decision to arrest and prosecute is complex and will made by the police and the prosecuting Attorney.
Reassure the victim of law enforcement's role in the investigation.



3. Provide the victim with written information on how to contact the investigating officer.
Ask if the victim has any questions.
4. Encourage the victim to contact the investigating officer for questions or for other help.

Key Rules of SAR Investigation's:

1. The first responder, he/she, is required to instruct the alleged victim not take any actions that could destroy physical evidence and then immediately contact the Police and notify of the PREA coordinator.
2. The alleged abuser shall be instructed not to wash their hands, shower, brush teeth change close, urinate, defecate, drink, or eat.
3. Security shall separate the alleged victim and abuser
4. Security shall preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
5. Notify of all SAR members.

SART response:

HHSE shall coordinate actions taken in response to an incentive allege sexual abuse or harassment among staff first RESPONDER'S and SART, which includes medical and mental health practitioners.

1. Medical and mental health protocols related allegation shall be followed and documented relative to community standards of care if in the event of a sexual abuse allegation, SART members will determine if the victim should be transported to the emergency room.
2. Segregated housing will be used in this manner: remove the victim from the facility and take them to the PREA counseling office and or directly to the emergency room. The abuser is to be placed on residential lockdown until the police arrive.
3. Assignment to involuntary segregation at the administrative office PREA counseling room shall be only until an alternative means of separation from likely abuser can be arranged.
4. If the victim must be moved from the housing unit permanently SART members will document the specific are reasons as to reasoning:
 - (a) The basis for concern for the client safety.
 - (b) The reason why no alternative means of separation can be arranged.
 - (c) The need for emotional support services for clients are staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperation with investigations.
 - (d) Every 30 days, the HHSE staff shall afford each such client a review to determine whether the risk of a continuing need for separation from the general population in the residential setting.



Sexual abuse incident review:

HHSE shall conduct a sexual act 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 first Responders, SART Members, Case Officer, Director and legal counsel.

The review team will:

1. Consider whether the allegations were investigations indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse
2. . Consider whether the incident or allegation was motivated by race, ethnicity, gender identity; lesbian, gay, bisexual, transgender, or Intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility
3. Exam the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may in Abel abusers
4. Access the adequacy of staffing levels in that area during different shifts.
5. Assess whether monitoring technology should be deployed are augmented to supplement supervision by staff.
6. Prepare a report of its findings, including but not necessarily limited to the terminations made by this section and any recommendation for improvement such report to the HHSE Board of Directors and the TDOC – division of community corrections – Nashville Tennessee.
7. The facility shall implement the recommendations for improvement, or shall document the reason for not doing so.

Monitoring for Retaliation:

1. Clients 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 clients or staff. Pull for at least 90 days following a report of sexual abuse the HHSE shall monitor the conduct and treatment of clients or staff who reported the sexual abuse and of clients 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 meet monitored include but are not limited to the following:
 - (a) Client disciplinary reports
 - (b) Client housing or programming changes
 - (c) Negative performance reviews or reassignments of staff.



2. HHSE will employ multiple protection measures, such as housing changes or transfers for it for client victims or abusers from contact with victims, and emotional support service for clients or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
3. If any other individual who cooperates with an investigation expresses a fear of retaliation, HHSE shall take appropriate measures to protect that individual against retaliation. HHSE will terminate its obligation to monitor if the HHSE determines the allegation is unfounded.

Administrative allegations:

Administrative allegations 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.

Criminal investigations:

All criminal investigations shall be conducted by the police and the district attorney's office. Reports of the investigations will be completed by the police and the district attorney's office. In no case, will HHSE investigate or attempt to investigate criminal actions at the court or legal level. HHSE personnel are not qualified to act in such a manner. However, all HHSE personnel will cooperate fully with any investigation conducted by the police department and or the district attorney's office.

HHSE personnel and PREA coordinator will track, the investigations in conjunction with the police department and the district attorney's office, as permitted.

Reporting the status of allegations to clients:

1. Following the investigation into a client's allegation that he or she suffered sexual abuse at HHSE, the facility staff shall inform the inmate in writing of the following:
 - (a) As to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded
 - (b) Whenever HHSE staff learns that the alleged abuser has been indicated on a charge related to sexual abuse within the HHSE.
 - (c) When the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Following a client's allegation that a staff member has committed sexual abuse, the HHSE shall subsequently inform the client, unless the allegation has been determined to be unfounded in writing whenever;

- (a) The staff member is no longer posted within the facility unit.



- (b) 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.

All notification shall be done in writing and the client will lead knowledge by signature that the client has received such notification. The notification shall become part of the allegation file. If the client refuses to sign the knowledge that, to a staff member shall sign and date the client has refused to acknowledge the notification.

Disciplinary sanctions for staff:

Staff shall be subject to disciplinary sanctions up to and including termination for violating HHSE 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 the investigations.**

Sanctions shall be commensurate with the nature and circumstances of the acts committed, the staff members disciplinary history, and the sanctions imposed for compare bowl offenses by other staff in similar histories. All terminations for violation of the HHSE'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.

Disciplinary actions for clients:

Client 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 of the abuse. A warrant for the discharge from the program will be taken to the sentencing judge.

Section shall be commensurate with the nature and circumstances of abuse committed, the client's disciplinary history and the sanctions imposed for the parable offenses by other clients and with similar histories.

Clients may be disciplined for sexual contact with staff if it is found that the staff member did not consent to such contact.

Allegations occurring in other correctional settings:



Upon receiving an allegation that a client was sexually abused while confined at another facility, the program director of the facility that received the allegation shall notify the head of the facility where the alleged abuse occurred.

The notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The HHSE shall document that it has provided such notification.

The HHSE that receives such notification shall ensure that the allegation is investigated in accordance with TDOC and Federal guidelines.

Policy §115.212 Contracting with other entities for the confinement of residents.

It is the policy of Sullivan County Community Corrections (HHSE) that:

- (a) HHSE does not enter into a contract for the confinement of residents at outside agencies.
- (b) The contractual role of Sullivan County Community Corrections (HHSE) is under the supervision of the Tennessee Department of Corrections.
- (c) Residents who were placed in treatment facilities for special needs during their residential stay at Sullivan County Community Corrections will be under the supervision of said HHSE for their stay.
- (d) Sullivan County Community Corrections will work closely with the treatment HHSE to ensure that they have policies and standards developed under the PREA.
- (e) HHSE has ongoing dialogue with frontier mental health and the Sullivan county jail to monitor any PREA related incidents at either HHSE.
- (f) HHSE does not contract with any other HHSE or individual for client services.

Policy §115.213 Supervision and Monitoring

It is the policy of Sullivan County Community Corrections (HHSE) to:

Develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration:

- (1) The physical layout of each facility;
- (2) The composition of the resident population;
- (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (4) Any other relevant factors.



(b) In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

(c) Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to:

(1) The staffing plan established pursuant to paragraph (a) of this section;

(2) Prevailing staffing patterns;

(3) The facility's deployment of video monitoring systems and other monitoring technologies; and

(4) The resources the facility has available to commit to ensure adequate staffing levels

§ 115.214 Reserved.

§ 115.215 Limits to cross-gender viewing and searches.

Policy: The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening)

Procedure:

(1) HHSE, whose rated capacity does not exceed 50 residents, shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.

(2) HHSE shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female residents conducted by PD or other agencies. (HHSE personnel utilizes Pat-down searches only)

(3) The facility shall implement policies and procedures that enable residents 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Procedure:



1. HHSE facilities provide residential care for men and women at different locations. Male staff will be utilized at the male facility and female staff will be utilized at the female facility.
2. Showers are private and afford the offender privacy for daily hygiene needs and dressing.
3. Should a male or female staff be required to enter a facility – they will be allowed in and the on-duty security officers will remain with them until they leave the facility.

(4) HHSE personnel shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, 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.

Policy §115.216 Residents with disabilities and Residents who are limited English proficient

It is the policy of Sullivan County Community Corrections (HHSE) that:

(a) HHSE shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the HHSE's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the HHSE shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An HHSE is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

(b) The HHSE shall take reasonable steps to ensure meaningful access to all aspects of the HHSE's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

(c) HHSE shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective Interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations.

Procedure:



- (1) HHSE will provide bilingual staff to provide interpretation services.
- (2) HHSE will utilize outside services to aid in meeting all needs of offenders sentenced to the program with special needs.
- (3) If the client is unable to maintain himself in the residential setting, HHSE will contact the sentencing judge in recommend home placement for the new intake utilizing the Notification of Service non-availability.
- (4) HHSE does not have the ability to offer medical, mental health benefits or treatment for disabled residents as funds are not available to do so at this time.
- (5) HHSE will provide a TDD phone for any client who is hearing impaired. Historically, deaf or impaired of hearing clients are not placed in the residential setting by the Court.

Policy §115.217 Hiring and Promotion Decisions

It is the policy of Sullivan County Community Corrections (HHSE) that:

(a) HHSE shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—

(1) 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);

(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.

(b) The HHSE shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

(c) Before hiring new employees who may have contact with residents, the HHSE shall:

(1) Perform a criminal background yearly background records check; and

(2) 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.

(d) HHSE shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents in the event they are utilized for services.



(e) HHSE shall either conduct criminal background records checks at least every year - of current employee who have contact with residents or have in place a system for otherwise capturing such information for current employees.

(f) HHSE shall also ask all applicants and employees who may have contact with residents 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. The HHSE shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

(g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Forms: Prior Employment
Self-Declaration Form

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**Employee PREA
Statement Understanding
Policy 115.217**

I, _____, verify and confirm that I have not engaged in sexual abuse in prison, jail, lockup, community confinement center, juvenile facility, or other institutions as defined in U.S.C. # 1997.

I, _____ also understand and agree, that if I am found to violate any PREA standards or protocol which leads to termination – the standard and protocol violated will be placed on my employee separation notice and forwarded to other agencies as required under PREA protocol.

Further, I _____, have not 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 have been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.

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Policy §115.218 Upgrades to facilities and technologies

It is the policy of Sullivan County Community Corrections (HHSE) that:

- (a) When designing, or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the HHSE shall consider the effect of the design, acquisition, expansion, or modification upon the HHSE's ability to protect residents from sexual abuse.
- (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the HHSE shall consider how such technology may enhance the HHSE's ability to protect residents from sexual abuse.

Responsive Planning

Policy §115.221 Evidence protocol and forensic medical examinations

It is the policy of Sullivan County Community Corrections (HHSE) that:

- (a) HHSE **shall not** hold itself responsible for investigating allegations of sexual abuse; the HHSE shall utilize qualified professional organizations will utilize a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Procedure:

- (1) All incidents or reporting of any type of sexual abuse will be forwarded to the Sullivan County District Attorney's office for investigation.
 - (2) The HHSE first responder will call the Kingsport Police Department immediately in the case of an incident.
 - (3) Victims will be taken to Holston Valley Hospital with their agreement.
 - (4) Victim advocates will be contacted and brought in to work directly with the victim.
 - (5) In all cases the victim will be treated with respect and dignity.
 - (6) The crime scene will be blocked-off for the police investigation.
 - (7) The victim will be taken to 440 East Sullivan Street – Victims location room.
 - (8) HHSE will contact the Sexual Victims Assault Center for assistance.
- (b) The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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. HHSE does not house youthful offenders at this time.
- (c) HHSE shall offer all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault

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Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The HHSE shall document its efforts to provide SAFEs or SANEs.

(d) HHSE shall attempt to make available to the victim a victim advocate from the Sexual Assault Center of East Tennessee. If a rape crisis center is not available to provide victim advocate services, the HHSE shall make available to provide these services a qualified staff member from a community-based organization or a qualified HHSE staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The HHSE may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement HHSE) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

(e) As requested by the victim, the victim advocate, a qualified HHSE staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

(f) To the extent, the HHSE itself is not responsible for investigating allegations of sexual abuse; the HHSE shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

(g) The requirements of paragraphs (a) through (f) of this section shall also apply to:

(1) Any State entity outside of the HHSE that is responsible for investigating allegations of sexual abuse in community confinement facilities; and

(2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in community confinement facilities.

(h) For the purposes of this standard, a qualified HHSE staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

Policy §115.222 Policies to ensure referrals of allegations for investigations.

It is the policy of Sullivan County Community Corrections (HHSE) that:

(a) HHSE shall ensure that a criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

(b) HHSE shall have in place a policy 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,

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unless the allegation does not involve potentially criminal behavior. The HHSE shall publish such policy on its website or, if it does not have one, make the policy available through other means. The HHSE shall document all such referrals. HHSE will utilize the following agencies for all investigations and **will not attempt** to conduct investigations.

Kingsport Police Department
Sullivan County Sheriff's Department
Sullivan County District Attorney's Office

(c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the HHSE and the investigating entity.

(d) Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.

(e) Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.

Policy §115.231 Employee training

It is the policy of Sullivan County Community Corrections (HHSE) that:

All employees will be trained in regard to:

(a) HHSE shall train all employees who may have contact with residents regarding:

(1) Its zero-tolerance policy for sexual abuse and sexual harassment;

(2) How to fulfill their responsibilities under HHSE sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

(3) Residents' right to be free from sexual abuse and sexual harassment;

(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

(5) The dynamics of sexual abuse and sexual harassment in confinement;

(6) The common reactions of sexual abuse and sexual harassment victims;

(7) How to detect and respond to signs of threatened and actual sexual abuse;

(8) How to avoid inappropriate relationships with residents;

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(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and

(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

(b) Such training shall be tailored to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

(c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the HHSE shall provide each employee with refresher training every two years to ensure that all employees know the HHSE's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the HHSE shall provide refresher information on current sexual abuse and sexual harassment policies.

(d) The HHSE shall document, through employee signature or electronic verification that employees understand the training they have received.

Hiring Training Modules:

- ❖ ABC's of Prevention
- ❖ Cultural Diversity
- ❖ LGBT Training
- ❖ PREA- Over Familiarity
- ❖ Offender Manipulation
- ❖ Sexual Assault Response Training

Other as mandated or required

(TDOC designated the above treatment modalities for PREA certification)

Policy §115.232 Volunteer and contractor training

It is the policy of Sullivan County Community Corrections (HHSE) that:

(a) HHSE shall ensure that all volunteers and contractors who might have contact with residents have been trained on their responsibilities under the HHSE's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. (HHSE does not utilize outside contractors or volunteers for direct client supervision.)

(b) 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 residents, but all volunteers and contractors who have contact with residents shall be notified of the HHSE's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

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(c) The HHSE shall maintain documentation confirming that volunteers and contractors understand the training they have received.

Policy §115.233 Resident education

It is the policy of Sullivan County Community Corrections (HHSE) that:

(a) During the intake process, residents shall receive information explaining the HHSE's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding HHSE policies and procedures for responding to such incidents. (See intake policy)

(b) HHSE shall provide refresher information whenever a resident is transferred to a different facility.

(c) HHSE shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills.

(d) HHSE shall maintain documentation of resident participation in these education sessions.

(e) In addition to providing such education, the HHSE shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

(f) A resident/staff reference manual is prepared and placed in common areas for resident use.

(g) PREA Resident Handbook, brochures, contact information for PREA issues and a client – staff reference manual is placed throughout all HHSE facilities.

Policy §115.234 Specialized training: Investigations.

It is the policy of Sullivan County Community Corrections (HHSE) that:

HHSE shall utilize outside agencies – Kingsport Police Department, Sullivan County Sheriff's Department and the Sullivan County District Attorney's Office for all investigations and to investigate all complaints of sexual abuse and sexual harassment.

Procedure:

1. Upon complaint (verbal or written) HHSE will contact local authorities to investigate the allegation.

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2. HHSE will contact the Second Judicial District Attorney's office and provide all information to the DA's office.
3. HHSE Sexual Assault Response Team will work diligently to track the investigation while meeting all other requirements of the Prison Rape Elimination Act.

Policy §115.235 Specialized training: medical and mental health care.

It is the policy of Sullivan County Community Corrections (HHSE) that;

Medical and or mental health needs will be met by outside providers. HHSE does not have adequately trained personnel to meet medical and mental Health Care requirements. HHSE will utilize the following agencies as needed:

Holston Valley Hospital
Frontier Mental Health
Indian Path Hospital
Woodridge Psychiatric Hospital
Magnolia Ridge Treatment Center
Sexual Assault Center of East Tennessee (MOU attached)
Other as required or needed

Screening for risk of sexual victimization and abusiveness

Policy §115:241 Screening for risk of victimization and abusiveness

It is the policy of Sullivan County Community Corrections (HHSE) that:

- (a) All residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.
- (b) Intake screening shall ordinarily take place within 72 hours of arrival at the facility.
- (c) Such assessments shall be conducted using an objective screening instrument.
- (d) The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:
 - (1) Whether the resident has a mental, physical, or developmental disability;
 - (2) The age of the resident;
 - (3) The physical build of the resident;
 - (4) Whether the resident has previously been incarcerated;
 - (5) Whether the resident's criminal history is exclusively nonviolent;
 - (6) Whether the resident has prior convictions for sex offenses against an adult or child;
 - (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

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- (8) Whether the resident has previously experienced sexual victimization; and
- (9) The resident's own perception of vulnerability.

(e) The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the HHSE, in assessing residents for risk of being sexually abusive.

(f) Within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

(g) A resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

(h) Residents may not be 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.

(i) HHSE shall implement 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 resident's detriment by staff or other residents.

(j.) Housing Rosters will be marked with "P" (possible Aggressor) or "V" (possible Victim). Boards will be marked in "Blue" if the offender is a possible aggressor and "Yellow" if the offender is a potential victim.

Policy §115.242 Use of screening information

It is the policy of Sullivan County Community Corrections (HHSE) that:

(a) HHSE shall use information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

(b) The HHSE shall make individualized determinations about how to ensure the safety of each resident.

(c) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the HHSE shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

(d) A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

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(e) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

(f) HHSE shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such residents.

§ 115.243 Reserved.

Reporting

Policy §115.251 Resident reporting

It is the policy of Sullivan County Community Corrections (HHSE) that:

(a) HHSE shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

(b) HHSE shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the HHSE and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to HHSE officials, allowing the resident to remain anonymous upon request.

(c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

(d) The HHSE shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

Procedure:

1. Pay phones have a 1-800- number for direct contact to the PREA Reporting Center. Or they may dial *91 to reach the Center.
2. Phone numbers are posted by each pay phone.
3. A PREA drop box is located in the foyer of the downstairs area.
4. Offenders may approach any staff member with complaints.
5. HHSE is open 24 hours daily.
6. At intake – each new offender is given a PREA handbook that contains phone numbers of various agencies which provide victim services.
7. HHSE personnel will check the payphones monthly to ensure the *91 PREA number is working.

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Call *91 and ask the PREA representative to call the administrative office 423.578.3771 to confirm. the call was received.

Policy §115.252 Exhaustion of administrative remedies

It is the policy of Sullivan County Community Corrections (HHSE) that:

(a) An HHSE shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

(1) HHSE shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.

(2) HHSE may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

(3) HHSE shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

(4) Nothing in this section shall restrict the HHSE's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

(c) The HHSE shall ensure that—

(1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and

(2) Such grievance is not referred to a staff member who is the subject of the complaint.

(d)(1) HHSE shall issue a final HHSE decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

(2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

(3) HHSE may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The HHSE shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

(4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

(e)(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

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(2) If third-party files such a request on behalf of a resident, 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.

(3) If the resident declines to have the request processed on his or her behalf, the HHSE shall document the resident's decision.

(f)(1) The HHSE shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the HHSE shall 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, shall provide an initial response within 48 hours, and shall issue a final HHSE decision within 5 calendar days. The initial response and final HHSE decision shall document the HHSE's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

(g) The HHSE may discipline a resident for filing a grievance related to alleged sexual abuse only where the HHSE demonstrates that the resident filed the grievance in bad faith.

Policy §115.253, Resident access to outside confidential support services

It is the policy of Sullivan County Community Corrections (HHSE) will afford the offender access to outside confidential support services.

Procedure:

(a) HHSE shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. The offender handbook notes the name and number of local helping agencies.

(b) At intake, HHSE shall inform residents, 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.

(c) HHSE shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The HHSE shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

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Policy §115.254 Third-party reporting.

The HHSE shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

Procedure:

HHSE Third Party reporting forms will be located in each office and posted in common areas with all facilities. Third Party Reporting will be part of PREA training for the staff and offender.

Official response following and Resident Report

Policy §115.261 Staff and HHSE reporting duties

It is the policy of Sullivan County Community Corrections (HHSE) that all staff to report immediately and according to HHSE 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 HHSE; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Procedure:

(a) Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in HHSE policy, to make treatment, investigation, and other security and management decisions.

(b) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

(c) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the HHSE shall report the allegation to the designated State or local services HHSE under applicable mandatory reporting laws.

(d) HHSE shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Kingsport Police Department or Sullivan County Sherriff's Department and the Sullivan County District Attorney's Office.

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Policy §115.262 HHSE protection duties

It is the policy of Sullivan County Community Corrections (HHSE) that:

- (a) When HHSE learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

Procedure:

1. Offenders who are at risk will be relocated to the PREA room at 400 East Sullivan Street.
2. Case Officers will find suitable housing for the at - risk offender and report to the sentencing Judge.
3. The offender will be placed in suitable housing at another location and the authorities will be contacted immediately.

Policy §115.263 Reporting to other confinement facilities

It is the policy of Sullivan County Community Corrections HHSE will adhere to the following procedure in regard to reporting allegations of sexual abuse:

Procedure:

- (a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the HHSE where the alleged abuse occurred.
- (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
- (c) HHSE shall document that it has provided such notification.
- (d) The facility head or HHSE office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

Reporting Form: Notification of Alleged Abuse

Policy §115.264 Staff first responder duties

It is the policy of Sullivan County Community Corrections (HHSE) will meet the first responder requirements of the Prison Rape Elimination Act by carrying out the following procedure:

Procedure:

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(a) Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:

(1) Separate the alleged victim and abuser; **Contact the Kingsport Police Department immediately.**

(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.

(b) The responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

Policy §115.265 Coordinated response.

It is the policy of Sullivan County Community Corrections (HHSE) that:

HHSE shall develop 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.

Sexual assault can be terrifying and life-threatening. Victims may experience a wide variety of responses such as anger fear or confusion. Some may be unable to clearly recall all the details of assault during the initial interview. Injuries are not always immediately apparent.

Once the assault is over and the victim has survived, the struggle to recover and to take back control begins. It is of the utmost importance that acceptance and support be given to the victim, regardless of the HHSE for his/her emotional response.

The first responder's actions and attitudes may be critical to length of time to which the victim copes with the trauma and to the length of time it may take to recover. In order to gain the victims, trust and cooperation and to enable the victim to provide accurate, complete information about the crime, the first responder must make every effort to suspend judgment and to treat the victim with respect and unconditional support.

Procedure:

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First Responder Duties:

As with any other violent crime, the first officer on scene must ensure the victim receives medical attention. Paramedics must bring the victim to a hospital for medical care and a physical examination to establish the crime of rape or sexual assault. Investigators will take the victim's garments as evidence, so officers should bring a change of clothes for the victim to the hospital whenever possible. The time to plan for this is early in the interaction. Many victims will have an advocate or friend with them to call on their behalf. Give this person the assignment of getting a change of clothing for the victim. Maintaining the chain of evidence is crucial, and a police officer, preferably a female officer, should accompany the victim in the ambulance.

In addition to following normal procedures in protecting primary and secondary crime scenes, one of the first responders should conduct a preliminary interview with the victim in private to determine if he/she knows or can identify the person who abused them. The officer should obtain a physical description of the rapist and ask the victim to explain what happened. The investigator, a rape counselor, or another care provider will conduct a detailed follow-up interview in a setting most comfortable to the victim.

Goals for Protecting the Crime Scene for Police:

Remember: The crime scene encompasses all areas in which people connected with a crime were located shortly before and after the crime. Both the perpetrator and victim moved through physical locations in order for crime to be committed, while the crime was committed and after the crime was committed. In searching a crime scene, we operate under the premise that whenever human beings interact with any inanimate or animate object, something is either taken away or left behind. The objectives of the search of a crime scene in a forcible rape case are the same as in any other major case:

1. Reconstruct what happened and establish that a crime occurred;
2. Identify, document and collect evidence of what occurred;
3. Link the victim and the suspect to the scene of the crime;
4. Identify and locate any witnesses; and
5. Identify the person(s) who committed the crime.

Your role as a First Responder:

- 4. Identify yourself by name and badge – call 911**
- 5. Ensure the immediate safety and security of the victim.**
- 6. Assess the victim's well-being and express concern and assurance.**

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Confirm or establish the following information:

- Victim's name
- Location, date, and time of assault
- Name and/or description of offender
- Direction and means of offender's flight
- If a weapon was used
- Brief description of the assault

Relay information regarding the offender to the dispatcher/Officer.

Preserve evidence on the victim. Do not allow the victim to drink, brush teeth, bathe or remove clothing.

Secure the crime scene.

Contact the local rape crisis center.

Transport the victim to a designated medical facility if an ambulance is not called or failed to arrive –
follow the INVESTIGATOR - POLICE OFFICERS LEAD!

When the perpetrator is unknown:

A primary issue of the investigation is identification.

Physical description (facial features, identifying marks, appearance, clothing, odors, etc.)

When and where the assault occurred

How the victim was approached

Any use of force or weapon

Any threats made by the offender

Any objects used during the assault

Amount and type of restraint used

Type and sequence of acts

Verbal exchanges between the offender and the victim

Any possible witnesses before, during or after the assault

When the Perpetrator is known:

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Key investigative issues in these cases are consent and use of force. (Force may be defined as forcible compulsion or physical helplessness.)

4. Identify the nature, duration and intensity of the relationship.
5. Document visible physical injuries and observations about the victim's emotional state.
6. Document details concerning the assault.

Evidence collection:

7. Encourage the victim and to have a physical medical examination immediately. Any Physician, SANE, or other appropriate personnel should collect the evidence.
8. Explain that medical personnel will check for injuries and discuss STD's and pregnancy prophylaxis. (Prophylaxis definition: Prevention of or protective treatment for disease)
9. Evidence collected during the exam may be useful for DNA identification of the offender.
10. Notify the hospital if the victim chooses to go.
11. Explain to the victim that his\her clothing may be taken as evidence and suggest bringing along extra clothing.
12. Transport the victim to the hospital in the case and ambulance or police officer is not available to transport them.
13. Evidence will be collected by the local authorities upon arrival.

Some facts about drug facilitated sexual assault:

Sexual assaults can be facilitated by the use of drugs, though street and legal. While alcohol is often a factor in sexual assaults, illegal drugs (also called club drugs) can also be a factor. Some victims are drugged without their knowledge when the drugs are slipped into their drink.

The drugs can produce an anesthesia-like effect, rendering the victim unconscious or unable to give consent. Watch for symptoms that may indicate drug facilitated sexual assault.

5. Victim thinks he/she has been assaulted, but is not sure (unexplained soreness or injuries, woke up in a different place, etc.)
6. Victim's recollection of the assault is patchy and confused: he/she may remember only parts of the assault, or none at all.
7. Victim remembers the assault, but was unable to move or speak. Experience may seem detached (it was like I was watching the whole thing, I tried to scream – but no words came out).
8. Victim felt his/her intoxication level did not correlate the amount of alcohol consumed.

Whenever drug facilitated sexual assault is suspected, arrange for the collection of blood and or urine specimens as soon as possible. It is important to determine whether ingestion of the drug occurred in the last 72 hours (three days).

Interviewing the Victim

Conducting the interview is the responsibility of the Police Investigator. However, if you find yourself in a position that have are required to do an investigation - please utilize us the following:

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Conduct the in-depth interview only after the victim's immediate medical and emotional needs are met.

Goals of the in-depth interview should be to:

3. Determine how the crime occurred.
4. Maintain the victim's cooperation and emotional Well-Being.

The interviewer should:

5. Be prepared for all types of emotional reactions, including calmness don't interpret composure as evidence that the assault did not occur.
6. Introduce himself /herself by name and title. As tell the victim would like to be addressed.
7. Explain why and how the interview will be conducted.
8. Conduct the interview in a profit and secure place.
9. Offer to contact a family member or friend of the victim.
10. Be aware of his/her body language and reactions. Demonstrate concern by placing himself/herself at or below the victim's level rather than standing over the victims who are seated.
11. Use short sentences and pauses.
12. Avoid clinical terminology. Use simple terms.
13. Use the victim's own terminology to ask clarifying questions.
14. Ask open-ended questions.
15. Avoid interrupting as the victim tells the story and allow the victim to express their emotions.
16. Be aware of the victim's body language (tone of voice, gestures and I contact).
17. Offer breaks if necessary.
18. Allow the victim to temporarily skip questions that are too upsetting to answer. Return to them later in the interview.
19. Avoid mentioning prosecution until after the interview is completed.
20. As the victim to write out a statement of exactly what happened and collect it at the next interview.

Concluding the interview

Explain the role of the investigative officer and what will happen next (filling out the report, investigation, subsequent interviews.)

Avoid making promises or predictions about the outcome. Inform the victim that the decision to arrest and prosecute is complex and will made by the police and the prosecuting Attorney.

Reassure the victim of law enforcement's role in the investigation.

Provide the victim with written information on how to contact the investigating officer.

Ask if the victim has any questions.

Encourage the victim to contact the investigating officer for questions or for other help.

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Policy §115.266 Preservation of ability to protect Residents from contact with abusers.

It is the policy of Sullivan County Community Corrections (HHSE) that:

(a) Neither HHSE nor any other governmental entity responsible for collective bargaining on the HHSE's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the HHSE's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

(b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern:

(1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.272 and 115.276; or

(2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

Policy §115.267 HHSE protection against retaliation

It is the policy of Sullivan County Community Corrections (HHSE) that retaliation for reporting sexual abuse is strictly prohibited. The following procedures are set in place to deter any type of retaliation:

Procedure:

(a) HHSE shall protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation. The designated individuals are First, Second and Third shift supervisors, PREA Coordinator, Facilities Manager, Case Officers.

(b) HHSE shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations:

1. All victims will be taken to the PREA counseling room and receive care as needed.

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2. All abusers will be held in the Security Office – it should be noted that HHSE personnel do not the power to arrest the abuser or hold the abuser against his/her will. 911 will be contacted immediately for assistance.

(c) For at least 90 days following a report of sexual abuse, the HHSE shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the HHSE should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The HHSE shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

(d) In the case of residents, such monitoring shall also include periodic status checks.

(e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the HHSE shall take appropriate measures to protect that individual against retaliation.

(f) HHSE's obligation to monitor shall terminate if it is determined that the allegation is unfounded.

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Policy §115.271 Criminal and administrative HHSE investigations

It is the policy of Sullivan County Community Corrections (HHSE) shall abstain from conducting internal administrative investigations. In the case of sexual abuse - the District Attorney's office and local police will be responsible to perform the investigation:

Procedure:

(a) HHSE will not conduct investigations into allegations of sexual harassment at the legal level, Events will be reported promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports to the local police department and district attorney's pit of the office.

(b) Where sexual abuse is alleged, the HHSE shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234.

(c) Investigators 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.

(d) When the quality of evidence appears to support criminal prosecution, supporting agencies shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

(e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No HHSE shall require a resident who

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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.

(f) Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

(2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

(g) Criminal 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.

(h) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

(i) HHSE shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the HHSE, plus five years.

(j) The departure of the alleged abuser or victim from the employment or control of the facility or HHSE shall not provide a basis for terminating an investigation.

(k) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

(l) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Policy §115.272 Evidentiary standard for administrative investigations

It is the policy of Sullivan County Community Corrections (HHSE) that:

HHSE shall require all law enforcement agencies to impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Policy §115.273 Reporting to Residents.

It is the policy of Sullivan County Community Corrections (HHSE) that:

(a) Following an investigation into a resident's allegation of sexual abuse suffered in facility by local authorities, the HHSE shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

(b) HHSE does not conduct investigations, but, shall request the relevant information from the investigative HHSE in order to inform the resident.

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(c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the HHSE shall subsequently inform the resident (unless the HHSE has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident's unit;
- (2) The staff member is no longer employed at the facility;
- (3) HHSE learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) HHSE learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

(d) Following a resident's allegation that he or she has been sexually abused by another resident, the HHSE shall subsequently inform the alleged victim whenever:

- (1) HHSE learns that the alleged abuser has been indicted on a charge related to sexual within the facility; or
- (4) HHSE learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

(d) Following a resident's allegation that he or she has been sexually abused by another resident, the HHSE shall subsequently inform the alleged victim whenever:

- (1) HHSE learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) HHSE learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

(e) All such notifications or attempted notifications shall be documented.

- (g) HHSE's obligation to report under this standard shall terminate if the resident is released from the HHSE's custody.

Policy §115.276 Disciplinary sanctions for staff

It is the policy of Sullivan County Community Corrections (HHSE) that:

- (a) Staff shall be subject to disciplinary sanctions up to and including termination for violating HHSE sexual abuse or sexual harassment policies.
- (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse or sexual harassment.

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(c) All terminations for violations of HHSE 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.

Policy §115.277 Corrective actions for contractors and volunteers

Policy:

It is the policy of Sullivan County Community Corrections (HHSE) that volunteers and contractors will not be utilized as direct actors with any HHSE client. If a volunteer or visitor is on property, HHSE personnel will shadow the visitor or volunteer. Volunteers or visitors are not allowed in the sleeping areas of HHSE facilities.

Procedure:

(a) In the case that any volunteer or contractor might be utilized by HHSE, the contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

(b) HHSE shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of HHSE sexual abuse or sexual harassment policies by a contractor or volunteer.

Policy §115.278 Disciplinary action/sanctions for Residents

It is the policy of Sullivan County Community Corrections (HHSE) that:

(a) Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an investigative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

(b) Sanctions shall be commensurate with the nature and circumstances of the abuse committed by the Second Judicial District Criminal Court.

(c) All cases of alleged sexual harassment or sexual abuse will be referred to local authorities for investigation and will be adjudicated by the Criminal Court of Sullivan County. The presumptive sanction is removal from the HHSE by warrant process.

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Medical and Mental Care

§ 115.281 Reserved.

Policy §115.282 Access to emergency medical and mental health services

It is the policy of Sullivan County Community Corrections (HHSE) that:

- (a) Resident victims of sexual abuse shall 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.
- (b) Medical or mental health practitioners are not employed by HHSE - at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners transporting the victim or calling 911 for ambulance transportation to Holston Valley Hospital or the Hospital of their choice.
- (c) Resident of HHSE are not incarcerated and are free to come and go at their own will. Victims of sexual abuse while residing in the facility, shall be 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. Normally, the Kingsport Health Department will be utilized.

Policy §115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

It is the policy of Sullivan County Community Corrections (HHSE) that:

- (a) HHSE shall locate medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse.
- (b) The evaluation and treatment of such victims shall 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.
- (c) The facility utilized for client treatment shall provide victims with medical and mental health services consistent with available community level of care.
- (d) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests by the treating facility.
- (e) If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

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(f) Resident victims of sexual abuse shall be taken to an outside provider and offered tests for sexually transmitted infections as medically appropriate.

(g) The facility shall attempt to have a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners at Frontier Mental Health.

See: MOU with Frontier Mental Health

MOU with the Sexual Assault Center of East Tennessee

Data collections and review

Policy §115.286 Sexual abuse incident reviews

It is the policy of Sullivan County Community Corrections (HHSE) that:

(a) HHSE 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.

(b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

(c) The review team shall include upper-level management officials, with input from line supervisors, and other professionals. The following positions will make up the review team.

PREA Coordinator
Facilities Manager
Case Officers (4)
Administrative Assistant
Administrative Secretary
Program Specialist

(d) The review team shall:

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

Data collections and review

Policy §115.287 Data collection

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It is the policy of Sullivan County Community Corrections (HHSE) that:

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

(b) HHSE shall aggregate the incident-based sexual abuse data at least annually.

(c) The incident-based data collected shall 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.

(d) HHSE shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.

(e) Upon request, HHSE shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

(f) HHSE shall utilize the following reports to track information regarding the PREA collections and review process:

1. Annual Report

2. Monthly PREA Monitoring Reports

3. Monthly Statistical Report

Policy §115.288 Data review for corrective action

It is the policy of Sullivan County Community Corrections (HHSE) that:

(a) HHSE shall review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

(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 HHSE as a whole.

(b) Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the HHSE's progress in addressing sexual abuse.

(c) The HHSE's report shall be approved by the HHSE head and made readily available to the public through its website or, if it does not have one, through other means.

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(d) HHSE may redact specific material from the reports when publication would present a clear and specific threat

Policy §115.289 Data storage, publication, and destruction.

It is the policy of Sullivan County Community Corrections (HHSE) that:

- (a) HHSE shall ensure that data collected pursuant to § 115.287 are securely retained.
- (b) HHSE shall 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.
- (c) Before making aggregated sexual abuse data publicly available, the HHSE shall remove all personal identifiers.
- (d) HHSE shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Policy §115.293 Audits of standards

It is the policy of Sullivan County Community Corrections (HHSE) that:

Audits will be conducted pursuant to §115.401 – §115.405.

§ 115.401 Frequency and scope of audits.

- (a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the HHSE shall ensure that each facility operated by the HHSE is audited at least once.
- (b) During each one-year period starting on August 20, 2013, the HHSE shall ensure that at least one-third of each facility type operated by the HHSE, or by a private organization on behalf of the HHSE, is audited.
- (c) The Department of Justice may send a recommendation to an HHSE for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the HHSE with PREA-related issues.
- (d) The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.
- (e) HHSE shall bear the burden of demonstrating compliance with the standards.
- (f) The auditor shall review all relevant HHSE-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type.

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- (g) The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.
- (h) The auditor shall have access to, and shall observe, all areas of the audited facilities.
- (i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).
- (j) The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.
- (k) The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.
- (l) The auditor shall review a sampling of any available videotapes and other electronically available data that may be relevant to the provisions being audited.
- (m) The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.
- (n) Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.
- (o) Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

§ 115.402 Auditor qualifications.

It is the policy of Sullivan County Community Corrections (HHSE) that:

- (a) An audit shall be conducted by:
 - (1) A member of a correctional monitoring body that is not part of, or under the authority of, the HHSE (but may be part of, or authorized by, the relevant State or local government);
 - (2) A member of an auditing entity such as an inspector general's or ombudsperson's office that is external to the HHSE; or
 - (3) Other outside individuals with relevant experience.
- (b) All auditors shall be certified by the Department of Justice. The Department of Justice shall develop and issue procedures regarding the certification process, which shall include training requirements.

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(c) No audit may be conducted by an auditor who has received financial compensation from the HHSE being audited (except for compensation received for conducting prior PREA audits) within the three years prior to the HHSE's retention of the auditor.

(d) The HHSE shall not employ, contract with, or otherwise financially compensate the auditor for three years subsequent to the HHSE's retention of the auditor, with the exception of contracting for subsequent PREA audits.

§ 115.403 Audit contents and findings.

It is the policy of Sullivan County Community Corrections (HHSE) that:

(a) Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the HHSE under review.

(b) Audit reports shall state whether HHSE-wide policies and procedures comply with relevant PREA standards.

(c) For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.

(d) Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action.

(e) Auditors shall redact any personally identifiable inmate or staff information from their reports, but shall provide such information to the HHSE upon request, and may provide such information to the Department of Justice.

(f) The HHSE shall ensure that the auditor's final report is published on the HHSE's website if it has one, or is otherwise made readily available to the public.

§ 115.404 Audit corrective action plan.

It is the policy of Sullivan County Community Corrections (HHSE) that:

(a) A finding of "Does Not Meet Standard" with one or more standards shall trigger a 180-day corrective action period.

(b) The auditor and the HHSE shall jointly develop a corrective action plan to achieve compliance.

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(c) The auditor shall take necessary and appropriate steps to verify implementation of the corrective action plan, such as reviewing updated policies and procedures or re-inspecting portions of a facility.

(d) After the 180-day corrective action period ends, the auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.

(e) If the HHSE does not achieve compliance with each standard, it may (at its discretion and cost) request a subsequent audit once it believes that it has achieved compliance.

§ 115.405 Audit appeals.

It is the policy of Sullivan County Community Corrections (HHSE) that:

(a) An HHSE may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination.

(b) If the Department determines that the HHSE has stated good cause for a re-evaluation, the HHSE may commission a re-audit by an auditor mutually agreed upon by the Department and the HHSE. The HHSE shall bear the costs of this re-audit.

(c) The findings of the re-audit shall be considered final.

State Compliance

§ 115.501 State determination and certification of full compliance.

It is the policy of Sullivan County Community Corrections (HHSE) that:

(a) In determining pursuant to 42 U.S.C. 15607(c) (2) whether the State is in full compliance with the PREA standards, the Governor shall consider the results of the most recent HHSE audits.

(b) The Governor's certification shall apply to all facilities in the State under the operational control of the State's executive branch, including facilities operated by private entities on behalf of the State's executive branch.

Community Confinement Law & Legal Definition

Community confinement is a condition of probation or supervised release. It involves residence in a halfway house, restitution center, community treatment center, mental health facility, alcohol or drug rehabilitation center, or other community facility. It also includes participation in gainful employment, employment search efforts, vocational training, treatment, community service, educational programs, or similar other facility approved programs during their nonresidential hours. Basically, community confinement is imposed as a condition of prerelease custody and programming, before serving the last ten percent of the prison sentence. Community confinement is given for a period not exceeding six months.