

		POLICY		Page 1 of 34	Policy Number 14-2 CC
POLICY TITLE	SEXUAL ABUSE PREVENTION AND RESPONSE				
FSC EFFECTIVE DATE		March 16, 2018		FSC SUPERSEDES DATE	
				January 15, 2016	
s/PATRICK SWINDLE, CHIEF CORRECTIONS OFFICER			s/SCOTT D. IRWIN, GENERAL COUNSEL		
FACILITY NAME	HENDERSON TRANSITION CENTER				
FACILITY EFFECTIVE DATE		12/31/2018		FACILITY SUPERSEDES DATE	

14-2 CC.1 POLICY:

CoreCivic is committed to protecting residents from personal abuse, corporal punishment, personal injury, disease, property damage, and harassment. Sexual abuse in correctional facilities is a public safety issue that can impact facility order and security. It victimizes vulnerable residents, causes psychological trauma, can increase the spread of communicable diseases, and can elevate the risk of violence and tension in a correctional facility. This policy provides CoreCivic facilities with a mechanism for complying with the Prison Rape Elimination Act (PREA) and the PREA National Standards, and reducing the occurrence of sexual abuse and harassment.

CoreCivic has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. Such conduct is prohibited by this policy and will not be tolerated; to include resident-on-resident sexual abuse or harassment and employee-on-resident sexual abuse or harassment. When it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident. (115.262)

It is CoreCivic's policy to aggressively investigate all allegations, regardless of the source, and prosecute those who are involved in incidents of sexual abuse. Alleged victims of sexual abuse or harassment will be provided a supportive and protective environment.

Sexual activity between residents or employees/volunteers/contractors and residents, regardless of consensual status, is strictly prohibited and subject to administrative and criminal disciplinary sanctions.

14-2 CC.2 AUTHORITY:

CoreCivic Company Policy

14-2 CC.3 DEFINITIONS:

Civilian – A person who is not a paid CoreCivic employee. Such individuals may include visitors, volunteers, interns, delivery truck drivers, or service personnel repairing equipment in the facility. This does not include resident visitors.

Contractor – A person who provides services at the facility on a recurring basis pursuant to a contractual agreement with CoreCivic. Such individuals may include the contractor's employees who manage and operate facility departments such as health and/or food services, construction workers who are temporarily working on projects within the facility, medical professionals such as a psychiatrist or medical doctor, contract attorneys, or consultants such as a professional librarian.

Direct Staff Supervision – Security staff are in the same room with, and within reasonable hearing distance of, the resident.

Employee – A person employed by CoreCivic in an approved full-time or part-time position that is designated as such in the authorized staffing pattern. For the purposes of this policy, a paid

intern may be considered an employee.

Exigent Circumstances – Temporary and unforeseen circumstance(s) that require immediate action in order to combat a threat to the security and/or institutional order of a facility.

Facility Support Center (FSC) – CoreCivic's corporate headquarters where employees provide support, direction, and oversight in the management and operation of the company's correction, detention, residential and community correction facilities.

FSC PREA Committee – A committee comprised of senior operations, legal, and mental health managers who review issues related to PREA reporting, incident response, investigation, and prevention.

FSC PREA Coordinator – An upper-level management FSC employee designated to develop, implement, and oversee CoreCivic's companywide efforts to comply with the PREA National Standards and the company's Sexual Abuse Response and Prevention Program. He/she must provide supervisory oversight to all CoreCivic facilities ensuring coordination in the prevention, detection, intervention, investigation, and discipline/prosecution of sexual abuse as specified in this policy. (115.211(b))

Gender Non-Conforming – A person whose appearance or manner does not conform to traditional societal gender expectations.

LGBTI – Lesbian, Gay (Homosexual), Bisexual, Transgender, and Intersex. This acronym will include the term Gender Non-Conforming.

Intersex – A person who has sexual or reproductive anatomy or chromosomal pattern that does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Miranda and Garrity Warnings – Instructions provided at the start of an interview informing the interviewee of rights and liabilities outlined by the court decisions *Miranda v. Arizona* and *Garrity v. New Jersey*.

PREA – The Prison Rape Elimination Act 42 USC 15601 et seq

PREA Compliance Manager – An Administrative Duty Officer-level manager appointed by the Administrator/Director who maintains responsibility for the facility Sexual Abuse Response and Prevention Program.

PREA National Standards – Part 115 of Title 28 of the Code of Federal Regulations, the Prison Rape Elimination Act National Standards, including Subpart A, Standards for Adult Prisons and Jails

PREA Staffing Plan – An approved plan for staffing the facility in accordance with PREA guidelines developed by the facility in conjunction with the FSC PREA Coordinator.

PREA Staffing Plan Deviation – When any position designated as part of the PREA Staffing Plan is vacant for the period of an entire shift.

Preponderance of the Evidence Standard – An evidentiary standard under which an allegation is deemed substantiated if the weight of the available evidence indicates that the allegation is more likely than not be truthful or correct.

Qualified Health Care Professional (QHCP) – Includes physicians, physician assistants, nurse practitioners, nurses, dentists, mental health professionals, and others who, by virtue of their education, credentials, and experience are permitted by law within the scope of their professional practice to evaluate and care for patients.

Qualified Mental Health Professionals (QMHP) – Includes psychiatrists, psychologists, psychiatric social workers, psychiatric nurses and others who, by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.

Rape Crisis Center – 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.

Resident – Any adult or juvenile, male or female receiving services or supervision in a CoreCivic Community Corrections facility. Residents may also be referred to as participants, clients, or offenders depending on classification and in accordance with facility management contracts.

SAFE/SANE Provider – A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) is a specially trained registered nurse, physician assistant, or physician who provides comprehensive care, and timely collection of forensic evidence and testimony in sexual assault cases.

Sexual Abuse of a Resident by Another Resident – 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 (115.6):

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 a Resident by an Employee, Contractor, or Volunteer – Any of the following acts, with or without consent of the resident (115.6):

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 employee, 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 employee, 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 employee, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
6. Any attempt, threat, or request by an employee, contractor, or volunteer to engage in the activities outlined above in 1-5 of this section;
7. Any display by an employee, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a resident; and
8. Voyeurism by an employee, contractor, or volunteer.

Sexual Abuse Response Team (SART) – A team comprised of four (4) or more individuals having a primary role in responding to reported incidents of sexual abuse, victim assessment and support

needs, and ensuring policy and procedures are carried out that ensure resident safety.

Sexual Harassment – Includes any of the following acts:

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 resident directed toward another; and
2. Repeated verbal comments or gestures of a sexual nature to a resident, by an employee, contractor or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

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

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

14-2 CC.4

PROCEDURES:

PROCEDURES INDEX

SECTION	SUBJECT
A	Confidentiality
B	Hiring and Promotion
C	Training and Acknowledgement
D	Staffing
E	Supervision and Monitoring
F	External Victim Advocate and Support Services
G	Sexual Abuse Response Team (SART)
H	Resident Screening
I	Resident Orientation and Education
J	Housing and Program Assignments
K	Searches and Observation
L	Reporting Sexual Abuse and/or Sexual Harassment
M	Response Procedures
N	Post Investigation Review
O	Administration and Criminal Investigations
P	Incident Classification
Q	Resident Notifications
R	Disciplinary Procedures
S	Post Incident Classification Procedures
T	Collection and Use of Data
U	Quality Assurance Compliance
V	Upgrades to Facilities and Technologies

A. CONFIDENTIALITY

1. All information concerning an event of resident sexual abuse or sexual harassment is to be treated as confidential. Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and

management decisions. This information should never be shared with other residents.

2. Appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked pursuant to screening for risk of victimization and abusiveness in order to ensure that sensitive information is not exploited by employees or other residents to the resident's detriment. (115.241(i))
3. Security and management of documentation containing PREA information will be in accordance with CoreCivic and/or agency policy regarding records management, records retention, HIPAA, etc.

B. HIRING AND PROMOTION

Any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with residents. (115.217 (b))

1. To the extent permitted by law, CoreCivic will decline to hire or promote anyone who may have contact with residents, and decline to enlist the services of any contractor, who may have contact with residents, who:
 - a. 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);
 - b. 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
 - c. Has been civilly or administratively adjudicated to have engaged in the activity as outlined above in B.1.b. (115.217 (a)(1-3))

NOTE: To the extent permitted by law, CoreCivic may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. (115.217 (g))

2. All applicants and employees who may have direct contact with residents shall be asked about previous misconduct, as outlined above in B.1.a.-c., in written applications and in any interviews or written self-evaluations conducted as part of reviews of current employees. (115.217 (f))
 - a. The 14-2H-CC Self-Declaration of Sexual Abuse/Sexual Harassment form will be completed as part of the hiring process and as part of the promotional process.
 - b. The 14-2H-CC form shall be completed by current employees on an annual basis to serve as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy, and as outlined above in B.1.a.-c. (115.217(g))
 - c. The completed 14-2H-CC shall be retained in each employee's personnel file.
3. Background Records Check
 - a. Before hiring new employees who may have contact with residents, CoreCivic shall:

- i. Perform a criminal background records check; and
 - ii. Consistent with federal, state, and local law make its best effort 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 as defined by this policy. The 3-20-2B PREA Questionnaire for Prior Institutional Employers form shall be used to solicit such prior employment information. (115.217 (c)(1-2))
- b. CoreCivic in partnership with their oversight agencies, shall also perform a criminal background records check before enlisting the services of any unescorted contractor who may have contact with residents. (115.217 (d))
 - c. CoreCivic in partnership with their oversight agencies, shall conduct criminal background records checks at least every five (5) years of current employees and unescorted contractors who may have contact with residents or have in place a system for otherwise capturing such information. (115.217 (e))
 - d. Unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. (115.217 (h))

C. TRAINING AND ACKNOWLEDGEMENT

1. Employees

- a. All CoreCivic facility employees shall receive training on CoreCivic's zero-tolerance policy for sexual abuse and sexual harassment. (115.231 (a) (1)) Such training shall be tailored to the gender of the residents at the facility. (115.231 (b)) At a minimum, all employees shall receive pre-service and annual in-service training on the following: (115.231 (c))
 - i. The PREA National Standards and other applicable state or local laws imposing criminal liability for the sexual abuse of a person held in custody;
 - ii. An employee's duty to report any occurrence of sexual harassment or sexual abuse;
 - iii. How to fulfill employee responsibilities for sexual abuse/sexual harassment prevention, detection, reporting, and response in accordance with this policy;
 - iv. The right of residents to be free from sexual abuse and sexual harassment;
 - v. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 - vi. The dynamics of sexual abuse and sexual harassment in confinement;
 - vii. Locations, situations, and circumstances in which sexual abuse may occur;

- viii. The common reactions of sexual abuse and sexual harassment victims;
 - ix. Signs of victimization;
 - x. How to detect and respond to signs of threatened and actual sexual abuse;
 - xi. How to avoid inappropriate relationships with residents;
 - xii. How to communicate effectively and professionally with residents, including LGBTI and Gender Non-Conforming residents; and
 - xiii. How to comply with laws relevant to mandatory reporting of sexual abuse to outside authorities. (115.231 (a)(1-10))
- b. Specialized Training
- i. In addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs. (115.215 (f))
 - In addition to the general training provided to all employees and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. (115.234 (a)) The PREA Compliance Manager shall ensure that more than one (1) person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as a back-up during employee absences (e.g. leave, paid time off, sickness, offsite training, etc.) from work.
 - Specialized training shall include techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. (115.234 (b))
 - Documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with facility record retention policies. (115.234 (c))
 - In addition to the general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work regularly in the facility, shall receive specialized medical training as outlined below:

- ✓ How to detect and assess signs of sexual abuse and sexual harassment;
 - ✓ How to preserve physical evidence of sexual abuse;
 - ✓ How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
 - ✓ How and to whom to report allegations of sexual abuse and sexual harassment. (115.235 (a)(1-4))
- c. Employees transferring to a facility that houses a population whose gender is different from their previously assigned facility shall receive additional training specific to the population of the newly assigned facility. (115.231 (b))
- d. Employees shall be required to confirm, by either electronic or manual signature, via the 14-2A-CC Policy and Training Acknowledgement form their understanding of the received training. Signed documentation will be maintained in the employee's training file. (115.231 (d))
- e. The 14-2A-CC Policy and Training Acknowledgement form shall be completed by each employee serving as verification of the employee's review and understanding of the contents of this policy. The completed forms will be maintained by the Manager, Human Resources. A newly signed 14-2A-CC Policy and Training Acknowledgement form will be required for future revisions of this policy as determined by the FSC General Counsel or designee.
2. Volunteers/Contractors
- a. All volunteers/contractors who have contact with residents shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting, and response as outlined in this policy. (115.232 (a))
- b. The level and type of training provided to volunteers/contractors shall be based on the services they provide and level of contact they have with residents. All volunteers/contractors who have contact with residents shall be notified of the CoreCivic zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. (115.232 (b))
- c. Volunteers/contractors shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the volunteer or contractor's file. (115.232 (c))
- d. Volunteers/contractors who have contact with residents on a recurring basis shall be provided a copy of this policy prior to admission to the facility to begin their assignment or task.
- e. The 14-2A-CC Policy and Training Acknowledgement form serves as verification of the volunteer's or contractor's review and understanding of the contents of this policy and shall be completed by each volunteer or contractor who has contact with residents on a recurring basis. The

completed forms will be maintained by the Manager, Human Resources. A newly signed 14-2A-CC Policy and Training Acknowledgement form will be required for future revisions of this policy as determined by the FSC General Counsel or designee.

D. STAFFING

1. FSC will develop, in coordination with the facility, a staffing plan that provides for adequate levels of staffing to protect residents against sexual abuse. The location of video monitoring systems will be considered when determining adequate levels of staffing. (115.213 (a))
2. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration:
 - a. The physical layout of each facility;
 - b. The composition of the resident population;
 - c. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
 - d. Any other relevant factors. (115.213 (a)(1-4))
3. The facility shall make its best effort to comply, on a regular basis, with the approved PREA Staffing Plan and shall document and justify all deviations. (115.213 (b)) Deviations shall be documented and notification made on the 5-1B Notice to Administration via the Incident Reporting Database (IRD).
4. The Shift Supervisor is responsible for reviewing the PREA Staffing Plan in conjunction with the daily shift roster. If a position identified on the Staffing Plan is vacated for a shift, the Shift Supervisor shall notify the PREA Compliance Manager of the deviation. The PREA Compliance Manager shall:
 - a. Document and describe the deviation on the 5-1B Notice to Administration via the IRD, along with a thorough justification for the deviation; and
 - b. Notify the FSC PREA Coordinator of the deviation within seven (7) calendar days; to include a description of any corrective actions that were taken to resolve the deviation.
5. Annual PREA Staffing Plan Assessment

Whenever necessary, but no less frequently than once each year, for each CoreCivic facility, an annual PREA staffing plan assessment will be completed.

 - a. In conjunction with the PREA Coordinator, the Administrator/Director and the PREA Compliance Manager will complete the 14-2I-CC Annual PREA Staffing Plan Assessment. Upon completion, the 14-2I-CC Annual PREA Staffing Plan Assessment will be forwarded to the FSC PREA Compliance Coordinator.
 - b. In consultation with the respective Vice President/designee, the FSC PREA Coordinator shall assess, determine, and document whether adjustments are needed to:
 - i. Prevailing staffing patterns;
 - ii. The staffing plan established pursuant to this section;
 - iii. The facility's deployment of video monitoring systems and other

monitoring technologies; and

iv. The resources the facility has available to commit to ensure adherence to the staffing plan. (115.213 (c)(1-4))

c. Any changes to policy and/or procedure, physical plant, approved capital expenditures, video monitoring and/or technology, or staffing require the approval of the respective Business Unit Vice President.

E. SUPERVISION AND MONITORING

Employees shall conduct unannounced facility rounds to identify and deter sexual abuse and sexual harassment. The occurrence of such rounds shall be documented as an unannounced round in the applicable log (e.g. ADO, post log, shift report, etc.). This practice shall be implemented for all shifts and all areas where residents are permitted.

F. EXTERNAL VICTIM ADVOCATES AND SUPPORT SERVICES

1. CoreCivic shall maintain or attempt to enter into Memorandums of Understanding (MOU) or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. (115.253 (c)) Before developing or attempting to enter into an MOU, the facility shall contact the FSC Assistant General Counsel, Vendor Contracts. CoreCivic shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

2. Residents shall be provided 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. Such information shall be included in the facility's Resident Handbook. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. (115.253 (a))

3. Residents shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. (115.253 (b))

4. As requested by the victim, either the victim advocate, a qualified community-based organization staff member, or a qualified facility staff person 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. (115.221 (e))

G. SEXUAL ABUSE RESPONSE TEAM (SART)

1. Each facility will establish a SART which includes the following positions:

a. PREA Compliance Manager; and

b. Security supervisor;

2. The SART responsibilities shall include the following:

a. Responding to reported incidents of sexual abuse;

b. Responding to victim assessment and support needs;

c. Ensuring policy and procedures are enforced to enhance resident safety; and

- d. Participating in the development of practices and/or procedures that encourage prevention of sexual abuse and enhance compliance with PREA National Standards.
3. SART Member Responsibilities
- a. The PREA Compliance Manager will:
- i. Review the facility's response to sexual abuse allegations, with the Administrator/Director or designee, to ensure the policy is implemented effectively and victim needs are addressed;
 - ii. Serve as a primary liaison with local law enforcement or delegate this responsibility.
 - iii. Ensure the completion of the 14-2C-CC Sexual Abuse Incident Check Sheet; and
 - iv. Ensure that thirty/sixty/ninety (30/60/90) day monitoring is conducted by the designated staff, following a report of sexual abuse or sexual harassment, to protect against potential retaliation against residents or employees. This shall include periodic status checks of residents and review of relevant documentation. If an allegation is determined to be unfounded, retaliation monitoring will no longer be required. (115.267 (a) (c))

AT THIS FACILITY, THE POSITION THAT WILL SERVE AS THE DESIGNATED STAFF PERSON CONDUCTING THE 30/60/90 DAY MONITORING IS:

ASSISTANT FACILITY DIRECTOR(S)

- Monitoring shall be documented on the 14-2D-CC, PREA Retaliation Monitoring Report (30/60/90) form.
 - Monitoring shall continue beyond ninety (90) days if the initial monitoring indicates a continuing need. (115.267 (c))
- v. Ensure prompt actions are taken to remedy any identified retaliation. (115.267 (c))
 - vi. Ensure any other individual who cooperates with an investigation and expresses fear of retaliation is protected from retaliation. (115.267 (e))
 - vii. Attempt to obtain the services of a victim advocate from a rape crisis center to assist the alleged victim of sexual abuse.
 - Efforts to identify and utilize a victim advocate shall be documented on the 14-2C-CC Sexual Abuse Incident Check Sheet via the IRD.
 - If a rape crisis center is not available to provide victim advocate services, the PREA Compliance Manager will make available a qualified staff member from a community-based organization (115,221 (d)).
 - viii. Ensure that residents are aware they may access additional victim resources through community victim resource agencies; and

- ix. Ensure that alleged victims are informed of their rights to care and protection from further victimization.
- b. The security representative will:
 - i. Ensure resident safety needs are addressed, including separating the alleged victim and perpetrator; and
 - ii. Ensure employee responses to reports of sexual abuse and sexual harassment are timely and consistent with policy.

H. RESIDENT SCREENING

1. Initial

Within twenty-four (24) hours of arrival at the facility, and upon transfer from another facility, residents shall be screened by staff assigned to conduct the initial intake screening process in order to obtain information relevant to housing, cell, 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. The screening shall identify past victims and/or predators and assess vulnerability to sexual abuse victimization. (115.241 (a) and 115.242 (a))

- a. Initial Intake Screening will be completed and documented using the CoreCivic 14-2B-CC, Sexual Abuse Screening Tool.
- b. Staff shall complete the interview portion of the screening within twenty-four (24) hours of arrival at the facility. (115.241 (b))
- c. Initial Intake screenings shall also include a review of the resident's institutional file (or other documentation provided), which must be completed within seventy-two (72) hours of admission to the facility.

AT THIS FACILITY, THE FOLLOWING SCREENING TOOL IS USED IN LIEU OF THE 14-2B-CC SEXUAL ABUSE SCREENING TOOL:

NONE

- d. All completed 14-2B-CC forms, or agency equivalent, will be maintained in the resident's central file, with a copy forwarded to the resident's medical record (if applicable) and/or, where applicable, the resident's electronic records.
- e. Screening of residents should only be used as a guideline for determining appropriate housing and services and should never be used as the sole reason for the deprivation of a program or privilege.

2. Reassessment

A reassessment of the resident's risk level of victimization or abusiveness will be conducted by the appropriate Case Manager or a staff member designated by the Administrator/Director. The reassessment shall occur:

- a. Within thirty (30) days of the resident's arrival at the facility. The reassessment will include any additional relevant information received by the facility since the initial intake screening; and (115.241 (f))
- b. When warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the resident's risk of victimization or abusiveness. (115.241 (g))

NOTE: The 14-2B-CC Sexual Abuse Screening Tool will be used for completing the reassessment.

3. Resident Refusal to Disclose

Residents may not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions asked pursuant to the following:

- a. Whether the resident has a mental, physical, or developmental disability;
- b. Whether the resident is, or is perceived to be, LGBTI or Gender Non-Conforming;
- c. Whether the resident has previously experienced sexual victimization; or
- d. The resident's own perception of vulnerability. (115.241 (h))

4. Confidentiality

Appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked in order to ensure that sensitive information is not exploited by employees or other residents to the resident's detriment. (115.241(i))

I. RESIDENT ORIENTATION AND EDUCATION

1. During the initial intake process, all residents shall be provided with written information (e.g. resident handbook, 14-2AA-CC Preventing Sexual Abuse brochure, etc.) that includes but is not limited to the following topics:

- a. CoreCivic's zero tolerance policy regarding sexual abuse and sexual harassment;
- b. How to safely report incidents, threats or suspicions of sexual abuse or sexual harassment;
- c. A resident's right to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents; and
- d. Policy and procedures regarding sexual abuse prevention/intervention; (115.233 (a))

2. The resident must sign that he/she has received the written information and this documentation shall be kept in his/her file.

3. Video information on the topics above in 1a through 1d may be provided in lieu of written information upon arrival or may be used to supplement written information at a subsequent orientation held by the facility. The resident must sign and acknowledge that he/she has been shown the video.

4. Refresher information will be provided to residents who have been received after having been transferred from another facility. (115.233 (b))

5. Residents will be provided education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. (115.233 (c) and 115.216 (a))

- a. In the event that a resident has difficulty understanding provided information and/or procedures outlined in this policy, employees must ensure that such information is effectively communicated to such residents on an individual basis. (115.216 (b))

- b. Auxiliary aids that are reasonable, effective, and appropriate to the needs of the resident shall be provided when simple written or oral communication is not effective. (115.216 (b))
 - c. Residents will not be relied upon to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations. (115.216 (c))
 - 6. The facility shall maintain documentation of resident participation in educational sessions pertaining to sexual abuse and sexual harassment. (115.233 (d))
 - 7. In addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. (115.233 (e))
- J. HOUSING AND PROGRAM ASSIGNMENTS
 - 1. LGBTI and Gender Non-Conforming
 - a. In deciding whether to house a transgender or intersex resident in a male housing unit/area or a female housing unit/area, or when making other housing and programming assignments for such residents, the facility shall consider the transgender or intersex resident's own views with respect to his/her own safety and shall consider (115.242 (d)) on a case-by-case basis whether such a placement would ensure the resident's health and safety. Consideration should also be given as to whether the placement would present management or security problems. (115.242 (c))
 - b. The establishment of a unit or pod solely dedicated to the housing of LGBTI and/or Gender Non-Conforming residents is strictly prohibited unless required by consent decree, legal settlement, or legal judgment for the purpose of protecting that resident. (115.242 (f))
- K. SEARCHES AND OBSERVATION
 - 1. Cross-Gender
 - a. Cross-gender resident strip searches shall not be conducted except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when performed by medical practitioners. (115.215 (a))
 - b. Cross-gender resident frisk/pat searches of female residents by male employees is prohibited except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order). (115.215 (b))
 - c. Whenever a cross-gender pat search of a female resident or cross-gender strip search of any resident does occur, the search shall be documented on the 5-1B Notice to Administration (NTA). (Refer to CoreCivic Policy 5-1 Incident Reporting) (115.215(c))
 - 2. Searches or physical examination of a transgender or intersex resident for the sole purpose of determining the resident's genital status is prohibited. 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. (115.215 (e))

3. The gender of the staff member searching a transgender or intersex resident will depend on the specific needs of the individual resident and on the operational concerns of the facility. Under most circumstances, this will be a case-by-case determination that may change over the course of supervision and should take into consideration the gender expression of the resident.
4. Searches of breasts will be completed using the back and/or side of the hand.
5. Residents may shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when such viewing is incidental to routine living quarter checks. (115.215 (d))
6. Employees of the opposite gender must announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. (115.215 (d))
7. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. (115.242 (e))

AT THIS FACILITY, PROCEDURES FOR SHOWERING TRANSGENDER AND INTERSEX RESIDENTS SEPARATE FROM OTHER RESIDENTS ARE:

ALL SHOWERS AT THIS FACILITY ARE SINGLE STALL SHOWERS WITH A CONNECTED CHANGING AREA. IF A TRANSGENDER AND INTERSEX RESIDENT DOES NOT FEEL COMFORTABLE WITH SHOWERING IN A SINGLE STALL WITH OTHERS IN THE BATHROOM, THEN THE OPERATIONS SUPERVISOR WILL DEVELOP A SCHEDULE FOR SHOWERING.

L. REPORTING SEXUAL ABUSE AND/OR SEXUAL HARASSMENT

1. Resident Reporting
 - a. Residents shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other residents or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: (115.251 (a) and (b))
 - i. Calling the facility twenty-four (24) hour toll-free notification telephone number;
 - ii. Verbally telling any employee;
 - iii. Forwarding a letter, sealed and marked "confidential", to the Administrator/Director or any other employee;
 - iv. Calling or writing someone outside the facility who can notify facility staff;

- v. Forwarding a letter to the FSC PREA Coordinator at the following address:
Burton Hills Boulevard
Nashville, TN 37215
- vi. Electronically report allegations of sexual abuse and harassment to any department listed in the C-ORES system as a contact.
- vii. **AT THIS FACILITY, ADDITIONAL RESIDENT REPORTING METHODS REQUIRED BY THE CONTRACTING AGENCY ARE:**

DEPARTMENT OF CORRECTIONS INMATES CAN CALL THE DOC PREA HOTLINE. 1-877-DOC-TIPS-0

- b. **Unless otherwise mandated by contract, alleged PREA incidents will not be processed through the facility's resident grievance process. Should a report be submitted and received as a resident grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility Investigator or Administrative Duty Officer.**

2. Employee Reporting Duties

Employees must take all allegations of sexual abuse and harassment seriously, including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. (115.251 (c)) All reports of sexual abuse and sexual harassment will be reported to the PREA Compliance Manager/Investigator. (115.61 (e)) Employees having contact with the alleged victim should behave in a manner that is sensitive, supportive, and non-judgmental.

- a. All employees are required to immediately report:
 - i. Any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility in accordance with this policy, whether or not the area is under CoreCivic's management authority;
 - ii. Retaliation against residents or employees who have reported such an incident; and
 - iii. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. (115.261 (a))
- b. Employees who fail to report allegations may be subject to disciplinary action.
- c. Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions. (115.261 (b)) **When it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident.** (115.262)

- d. Employees may privately report sexual abuse and sexual harassment of residents by forwarding a letter, sealed and marked "confidential", to the facility Administrator/Director, or contact the CoreCivic ethics and compliance hotline. (115.251 (d))
- e. Unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined above in L.2.a. At the initiation of providing medical care, both medical and mental health professionals will inform residents of their professional duty to report and the limitations of confidentiality. (115.261 (c))
- f. If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the designated state or local services agency under applicable mandatory reporting laws. (115.261 (d))

AT THIS FACILITY, THE DESIGNATED STATE AND/OR LOCAL REPORTING AGENCY (IES) ARE:

ADAMS COUNTY SHERIFF'S DEPARTMENT AND DEPARTMENT OF CORRECTIONS.

3. Anonymous Reporting

Each facility shall provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of CoreCivic, or the contracting agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to facility officials, allowing the resident to remain anonymous upon request. (115.251 (b))

AT THIS FACILITY, THE FOLLOWING ANONYMOUS REPORTING MECHANISM AND PROCESS HAS BEEN ESTABLISHED:

DEPARTMENT OF CORRECTIONS HOTLINE AND PREA HOTLINE. 1-877-DOC-TIPS-0

4. Third Party Reporting

Each facility shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall post this information on the CoreCivic website. (115.254)

M. RESPONSE PROCEDURES

1. Any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished:
 - a. The alleged victim is kept safe, has no contact with the alleged perpetrator, and is immediately escorted to a private area. (115.264 (a) (1))
 - b. While in the private area, and if the abuse occurred within a time frame that allows for the collection of physical evidence, employees shall, to the best of their ability, ensure that the victim does not wash, shower, remove clothing, use the restroom facilities, eat, drink, smoke, or brush his/her teeth. (115.264 (a)(3)) The highest ranking authority onsite is immediately notified and will further ensure to protect the safety of the

- victim and the integrity of the crime scene and any investigation. (115.264 (a)(2))
- c. When the alleged perpetrator is a resident, he/she is secured in a separate area in the event evidence collection is required. (115.264 (4))
 - d. All acquired information concerning the allegation is kept confidential by discussing the information with only those employees who have a direct need to know.
 - e. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff. (115.264 (b))
 - f. An incident statement is written in accordance with CoreCivic Policy 5-1 Incident Reporting.
2. Upon notification of alleged sexual abuse, the highest ranking authority onsite shall ensure that the following actions are accomplished:
- a. If the abuse occurred within a time frame that allows for the collection of physical evidence, the alleged perpetrator is not allowed to wash, shower, brush his/her teeth, use the restroom facilities, change clothes, smoke, or eat and drink while secured in restrictive housing in a single cell (if available). (115.264 (a)(4))
 - b. The PREA Compliance Manager and the Administrator/Director or ADO are immediately notified of the allegation.
 - c. While in the private area, a brief statement is obtained from the alleged victim concerning the incident.
 - i. Based upon the alleged victim's statement regarding the location and time of the incident, ensure any crime scene is preserved. These actions shall include the following:
 - Sealing access to the immediate area of the scene, if possible;
 - Photographing the scene and visible evidence at the scene (e.g. tissue or blood); and
 - Securing any available recorded video footage of the affected area.
3. The PREA Compliance Manager, Administrator/Director, or Administrative Duty Officer will ensure that the following is completed:
- a. The PREA Compliance Manager, Administrator/Director or designee shall immediately report all allegations of rape, sexual assault, or employee on resident sexual misconduct to state or local law enforcement agencies for criminal investigation if the allegation would be considered a criminal act under federal, state, or local law. The reporting party should request guidance from the law enforcement agency(ies) in preserving the crime scene and coordinating an investigation.

AT THIS FACILITY, SUCH ALLEGATIONS ARE REPORTED TO THE FOLLOWING LAW ENFORCEMENT/GOVERNMENTAL ENTITY:

**ADAMS COUNTY SHERIFF'S DEPARTMENT AND DEPARTMENT
OF CORRECTIONS**

- b. Ensure the alleged perpetrator is separated from the other residents when possible, pending an investigation into the allegation. Ensure the alleged victim is separated/isolated from the alleged perpetrator until completion of the investigation.
 - c. If the allegation involves an employee, ensure steps are taken to place this person in a non-resident contact role.
 - d. Notify the applicable contracting governmental correctional agency.
 - e. Ensure that medical and mental health referrals are completed.
 - f. Ensure that an investigation is initiated and documented; however, investigations into allegations of sexual abuse must be investigated by an employee who has received training in the investigation of sexual abuse cases.
 - g. Review any video recordings of the alleged crime scene from the time period implicated by the allegation. Ensure all video recordings are secured and preserved from the time period implicated by the allegation.
4. Facilities not utilizing CoreCivic's computerized Incident Reporting Database (5-1 IRD) must use the following process when reporting PREA incidents internally in lieu of the IRD:
- a. The initial Incident Report must be documented on the 5-1A Incident Report or comparable partner form where required.
 - b. If the incident includes an allegation of sexual abuse, the "Initial Report or Allegations of Sexual Abuse" portion of the 14-2C-CC Sexual Abuse Incident Check Sheet will be completed and included with the 5-1A Incident Report.
 - c. Incidents of sexual harassment, with no component of sexual abuse, do not require completion of the Initial Report or Allegation of Sexual Abuse portion of the 14-2C-CC Sexual Abuse Incident check Sheet.
 - d. The initial incident report must be forwarded to the individuals listed below within twenty-four (24) hours, excluding weekends and holidays. Reports generated on weekends and holidays will be sent to the following positions by 11:00 a.m. (local time) the following business day:
 - i. Appropriate Vice President, Facility Operations;
 - ii. Appropriate Managing Director, Facility Operations;
 - iii. Appropriate Senior Director, Facility Operations;
 - iv. Senior Director, PREA Programs & Compliance;
 - v. Manager, Divisional Support, Operations;
 - vi. Senior Manager, Quality Assurance Systems & Compliance;
 - vii. Assistant General Counsel, Operations; and
 - viii. FSC PREA Committee Members.

- e. Each PREA incident will be assigned an incident number. The incident number for each PREA incident will be placed in the subject line of emails and in the message portion of emails.

Incident numbers will be assigned as follows:

- i. First Series of Digits;
- The first series of digits will indicate the year in which the incident occurred followed by a dash (i.e. 2008-).
- ii. Second Series of Digits
- The second series of digits will be the accounting code number assigned to each facility by the Facility Support Center, followed by a dash (i.e. 0201-).

AT THIS FACILITY, THE ACCOUNTING CODE IS:

1516

- iii. Third Series of Digits:
- The third series of digit(s) will be assigned consecutively to each incident packet and shall be assigned by the facility, followed by a dash (i.e. 35-). For example, the number thirty-five (35) reflects that this is the 35th incident for the calendar year to date.
 - The first incident packet in each calendar year will be given the number one (1). Each incident report following that will be consecutively numbered through midnight on December 31st.
- iv. Fourth Series
- The fourth series of digit(s) will include the reporting category of the incident as listed in 14-2BB-CC.

5. If the allegation involves events that took place while the alleged victim was not in CoreCivic custody (e.g. while housed at another provider's facility), the following actions shall be taken:
- a. The Administrator/Director that received the allegation shall contact the facility head or appropriate office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. (115.263 (a)(b))
- b. Determine whether the allegation was reported and investigated.
- i. If the allegation was reported and investigated by the appropriate officials, the facility shall document the allegation, the name and title of the person contacted, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur. (115.263 (c))
- ii. If the allegation was not reported or not investigated, a copy of the statement of the resident shall be forwarded to the appropriate official at the location where the incident was reported to have occurred.

- c. All such contacts and notifications shall be documented on the 5-1B Notice to Administration; including the allegation, any details learned from contact with the site where the alleged abuse took place, and the facility's response to the allegation. (115.263 (c))
 - d. If an allegation is received from another facility, the Administrator/Director will ensure the allegation is investigated. (115.263 (d))
6. A preliminary review of the incident and the response shall be conducted within seventy-two (72) hours (excluding weekends and holidays) following reportable PREA incidents of Employee-on-Inmate/Detainee Sexual Abuse (excluding Voyeurism) and Inmate/Detainee-on-Inmate/Detainee Sexual Abuse. Upon receipt of the electronic 5-1A Incident Report or hardcopy equivalent, the review will be convened by the FSC Manager, Operations Support, assigned to the facility. Review participants will include the staff positions listed below as identified under each incident type.
- a. Employee-on-Inmate/Detainee Sexual Abuse (excluding Voyeurism)
 - i. Required Participants
 - Managing Director/designee;
 - FSC PREA Coordinator/designee;
 - Warden/Facility Administrator;
 - Facility PREA Compliance Manager; and
 - Facility Investigator.
 - ii. Optional Participants
 - Staff identified by the Warden/Facility Administrator, if their participation is necessary to provide specialized information essential to complete the review; and
 - FSC PREA Committee Members.
 - b. Inmate/Detainee-on-Inmate/Detainee Sexual Abuse
 - i. Required Participants
 - FSC PREA Coordinator/designee;
 - Warden/Facility Administrator;
 - Facility PREA Compliance Manager; and
 - Facility Investigator.
 - ii. Optional Participants
 - FSC Managing Director;
 - Staff identified by the Administrator/ Director, if their participation is necessary to provide specialized information to complete the review; and
 - FSC PREA Committee Members.
 - c. Voyeurism, Employee-on-Inmate/Detainee Sexual Harassment, and Inmate/Detainee-on-Inmate/Detainee Sexual Harassment

- i. Upon receipt of the electronic 5-1 Incident Report and/or hardcopy equivalent, incidents in these categories will be reviewed by, at a minimum, the Warden/Facility Administrator, FSC PREA Coordinator/designee, Facility PREA Compliance Manager and Facility Investigator.
 - ii. These incidents do not require a telephonic review unless, in the judgment of the Warden/Facility Administrator or FSC PREA Coordinator, the details or nature of the incident require this level of review.
 - iii. If a telephonic review is required, additional report recipients may be invited.
 - d. Review Protocol - At a minimum, the review shall include:
 - i. Discussion of the incident, and whether the incident response meets applicable standards;
 - ii. Appropriate categorization of the incident report;
 - iii. Completion of required notifications;
 - iv. A request for law enforcement involvement (if appropriate);
 - v. Whether employee actions, or failures to act, contributed to the sexual abuse; and
 - vi. Initial discussion as to whether the incident is Substantiated, Unsubstantiated, Unfounded or will Remain Pending.
- 7. A Final Incident Report Packet must be forwarded to those individuals identified in 4d above within twenty-one (21) calendar days of the incident's occurrence or from the date the incident became known, unless an extension has been granted by the appropriate Managing Director, Facility Operations.
 - a. The Final Report will consist of the following completed documents:
 - i. 5-1A Incident Report or comparable partner form;
 - ii. 5-1C Incident Statements or comparable partner form (legibly written incident statements are not required to be typed);
 - iii. 5-1E Prison Rape Elimination Act (PREA) Reporting;
 - iv. 5-1G Incident Investigation Report or comparable partner form;
 - v. 14-2C-CC Sexual Abuse Incident Checklist*; and
 - vi. 14-2F-CC Sexual Abuse or Assault Incident Review Report or comparable partner form *.

**If the PREA allegation is Sexual Harassment only, the 14-2C-CC Sexual Abuse Incident Check Sheet and 14-2F-CC Sexual Abuse or Assault Incident forms DO NOT need to be included in the Final Report.*

AT THIS FACILITY, PARTNER FORMS USED IN LIEU OF CORECIVIC FORMS ARE:

NONE

N. POST INVESTIGATION REVIEW

1. The Administrator/Director will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. (115.286 (a))
 - a. In addition to the Administrator/Director, the incident review team shall include upper-level facility management, with input from line supervisors, investigators, and medical or mental health practitioners (if available). (115.286 (c))
 - b. Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation. (115.286 (b))
2. The review team shall:
 - a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - d. Assess the adequacy of staffing levels in that area during different shifts; and
 - e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. (115.286 (d)(1-5))
3. All findings and recommendations for improvement will be documented on the 14-2F-CC Sexual Abuse Incident Review Report. Completed 14-2F-CC forms will be forwarded to the Administrator/Director, the PREA Compliance Manager, and the FSC PREA Compliance Coordinator. (115.286 (d)(6))
4. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. (115.286 (e))

O. ADMINISTRATIVE AND CRIMINAL INVESTIGATIONS

The Administrator/Director shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse and sexual harassment. (115.222 (a))

1. Administrative Investigation

The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations shall be documented on the 5-1G Incident Investigation Report (or designated equivalent) agency via the 5-1 IRD (where applicable) and shall detail the following components: (115.271 (f)(1)(2))

- a. Investigative facts (i.e. specific details about what actually happened);
- b. Physical evidence (e.g. clothes collected, medical evidence, etc.);
- c. Testimonial evidence (e.g. witness statements);

- d. Reasoning behind credibility assessments (i.e. why is the person deemed credible or not credible. Credibility shall be assessed on an individual basis and shall not be determined by the person's status as a resident or employee.); (115.271 (f)(2))
 - e. Investigative findings (i.e. discovery or outcome of the investigation); and
 - f. Whether actions and/or failures of staff to act contributed to the incident, including an explanation as to what determined the conclusion. (115.271 (f)(1))
2. Roles within a Criminal Investigation
- a. Whenever feasible, the facility shall enter into a written Memorandum of Understanding (MOU) with the outside investigating agency or entity outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. Before developing or attempting to enter into an MOU, the facility shall contact the FSC Assistant General Counsel, Vendor Contracts. CoreCivic shall maintain copies of agreements or documentation showing attempts to enter into such agreements.
 - i. 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. (115.271 (l))
 - b. The facility staff member assigned to investigate PREA allegations, as delegated by the PREA Compliance Manager and/or Administrator/Director, shall establish a relationship with local law enforcement agencies and prosecutors to develop a clear understanding of the investigative guidelines and procedures during a criminal investigation of an alleged sexual abuse incident.
 - c. Discussions with state or local law enforcement should articulate a delineation of roles of the facility investigator and the law enforcement investigator.
 - d. Facility employees will assist the state or local law enforcement by preserving the integrity of the evidence so that cases are not lost based on lack of evidence, improper technique, and/or lack of credibility.
3. Contracting Governmental Agencies with Required Internal Investigation Processes
- a. If the contracting governmental correctional agency utilizes an internal investigative process required by contract, law, or regulation, that agency's investigative process will be invoked for allegations of sexual abuse.
 - b. **AT THIS FACILITY, ADDITIONAL CONTRACTING AGENCY REQUIREMENTS PERTAINING TO THE INVESTIGATION OF RAPE, SEXUAL ASSAULT, OR EMPLOYEE ON RESIDENT SEXUAL MISCONDUCT ARE:**
- ADAMS COUNTY SHERIFF'S DEPARTMENT**
4. Responsibilities of the Investigating Entity

Investigations conducted by a facility employee for allegations of sexual abuse will be handled in accordance with the Code of Federal Regulations, Title 28, Part 115.221, Evidence Protocol and Forensic Medical Examinations, as outlined below. (115.221 (a)) If the facility is not responsible for investigating such allegations, the facility shall request that the responsible outside agency or entity (i.e. state or local law enforcement, contracting agency, etc.) comply with these requirements. (115.221 (f))

- a. The investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (115.221 (a))
 - 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 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. (115.221 (b))
 - c. The victims of sexual abuse will be offered access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by a SAFE or SANE where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SAFEs or SANEs. (115.221 (c))
 - d. The facility shall attempt to make available, to the victim, a victim advocate from a rape crisis center. A rape crisis center that is part of a governmental unit may be used as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a non-governmental entity that provides similar victim services. (115.221 (d))
 - i. If a rape crisis center is not available to provide victim advocate services, the facility shall make available a qualified staff member from a community-based organization, or a qualified investigating entity staff member, to provide these services.
 - ii. The facility shall document efforts to secure services from rape crisis centers.
 - e. As requested by the victim, either the victim advocate, a qualified investigating entity 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. (115.221 (e))
5. In any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place. (115.272)

P. INCIDENT CLASSIFICATION

All allegations of sexual abuse shall be reported in accordance with CoreCivic Policy 5-1 Incident Reporting.

1. Incident Classification
 - a. Following completion of the investigation, the allegation will be classified as follows:
 - i. Substantiated – An incident shall be classified as substantiated if the results of the investigation determine that the allegation did occur.
 - ii. Unsubstantiated – An incident shall be classified as unsubstantiated if the results of the investigation determine that the evidence was insufficient to make a final determination of whether or not the allegation occurred.
 - iii. Unfounded – An incident shall be classified as unfounded if the results of the investigation determine the allegation did not occur.
 - b. The Administrator/Director will determine the appropriate classification of the incident and ensure that the 5-1E PREA Reporting form (refer to CoreCivic Policy 5-1 Incident Reporting) is completed and maintained with the incident packet.

Q. RESIDENT NOTIFICATIONS

1. Following an investigation into a resident's allegation that he/she suffered sexual abuse at the facility, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the resident. (115.273 (a)(b))
2. Following a resident's allegation that an employee has committed sexual abuse against the resident, the facility shall subsequently inform the resident (unless the facility has determined that the allegation is unfounded) whenever:
 - a. The employee is no longer posted within the resident's unit as a result of the findings of the investigation;
 - b. The employee is no longer employed at the facility;
 - c. The facility learns that the employee has been indicted on a charge related to sexual abuse within the facility; or
 - d. The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility. (115.273 (c)(1-4))
3. Following a resident's allegation that he/she has been sexually abused by another resident, the facility shall subsequently inform the alleged victim whenever:
 - a. The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
 - b. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. (115.273 (d)(1, 2))
4. All resident notifications or attempted notifications shall be documented on the 14-2E-CC Resident Allegation Status Notification. The resident shall sign the

14-2E-CC, verifying that such notification has been received. The signed 14-2E-CC shall be filed in the resident's institutional file. (115.273 (e))

5. The facility's obligation to notify the resident as outlined in this section shall terminate if the resident is released from CoreCivic's custody. (115.273 (f))

R. DISCIPLINARY PROCEDURES

1. Residents

a. Substantiated Incidents

- i. Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engages in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. (115.278 (a))
- ii. Because the burden of proof is substantially easier to prove in a resident's disciplinary case than in a criminal prosecution, a resident may be institutionally disciplined even though law enforcement officials decline to prosecute.
- iii. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. (115.278 (b))
- iv. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. (115.278 (c))
- v. A resident may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such contact. (115.278 (e))
- vi. All sexual activity between residents is prohibited in CoreCivic facilities and residents will be disciplined for engaging in such activity. Such activity, however, does not constitute sexual abuse if it is determined that it is not coerced. (115.278 (g))

b. Deliberate False Allegations

- i. Residents who deliberately allege false claims of sexual abuse can be disciplined. For the purposes of disciplinary action, a report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. (115.278 (f))
- ii. The Administrator/Director or designee should contact law enforcement to determine if a deliberately false accusation may be referred for prosecution.

c. Disciplinary Sanctions

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the alleged perpetrator to

participate in such interventions as a condition of access to programming or other benefits. (115.278 (d))

AT THIS FACILITY, THE FOLLOWING INTERVENTIONS MAY BE AVAILABLE TO THE ALLEGED PERPETRATOR:

NONE

2. Employees

- a. Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. (115.276 (a)(b))
- b. Disciplinary sanctions for violations of CoreCivic policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories. (115.276 (c))
- c. All terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees 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. (115.276 (d))
- d. Neither CoreCivic nor any other entity responsible for collective bargaining on CoreCivic's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the company's ability to remove alleged employee sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Nothing in this requirement shall restrict the entering into or renewal of agreements that govern: (115.266 (a)(b))
 - i. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions outlined above in Q.2.a-c. and a preponderance of the evidence in determining whether sexual abuse or sexual harassment are substantiated.
 - ii. Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the employee's personnel file following a determination that the allegation of sexual abuse is not substantiated. (115.266 (b)(1, 2))

3. Volunteers/Contractors

Any volunteer or contractor 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 any relevant licensing bodies. Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions. (115.277 (a) (b))

S. POST INCIDENT CLASSIFICATION PROCEDURES

1. Once the investigation is complete, the necessity of filing any resident “incompatible” or “keep separate” notices between the victim and perpetrator will be evaluated, such that the victim and perpetrator or potential perpetrator are kept separate while housed at the CoreCivic facility or recommend a transfer to another facility.
 2. The predatory resident shall be reclassified in accordance with the applicable classification procedures.
- T. COLLECTION AND USE OF DATA
1. Internal

All case records associated with claims of sexual abuse, including incident reports, investigative reports, /resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with the facility's record retention policies. (115.287 (d))

 - a. Allegation Tracking
 - i. Each facility will ensure that incidents of sexual abuse are entered into the IRD (where applicable) as required by CoreCivic Policy 5-1 Incident Reporting and 14-2BB-CC PREA 5-1 IRD Incident Reporting Definitions. (115.287 (a))
 - ii. At least annually, CoreCivic shall aggregate the incident-based sexual abuse data. (115.287 (b))
 - iii. The aggregated data will, at a minimum, include all categories of data necessary to respond to the Survey of Sexual Violence as directed by the Department of Justice. (115.287 (c))
 - iv. Data collected for this purpose shall be securely stored and retained in accordance with the facility's record retention policies. (115.289 (a))
 2. External
 - a. Upon request, CoreCivic shall provide all data as outlined above in T.1.a.ii.-iii. for the previous calendar year to the Department of Justice no later than June 30 or as otherwise directed by that agency (115.287 (f))
 - b. Any requests for information from an outside agency or entity (excluding the contracting governmental correctional agency) regarding incidents of sexual abuse/harassment shall be forwarded to and reviewed by the FSC General Counsel or designee, and the FSC PREA Coordinator, prior to sending the response to the requesting entity.
 - c. Public Access
 - i. The FSC PREA Coordinator shall make all aggregated sexual abuse data available to the public at least annually through the CoreCivic website. (115.289 (b))
 - ii. Before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers. (115.289 (c))
 3. Data Review

- a. The FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, to include:
 - i. Identifying problem areas;
 - ii. Taking corrective action on an ongoing basis; and
 - iii. Preparing an annual report of findings and corrective actions for each facility, as well as CoreCivic as a whole. (115.288 (a)(1-3))
- 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 CoreCivic's progress in addressing sexual abuse. (115.288 (b))
- c. CoreCivic's report shall be approved by the company's Chief Corrections Officer and made readily available to the public through the CoreCivic website. (115.288 (c))
- d. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated. (115.288 (d))

U. QUALITY ASSURANCE COMPLIANCE

1. Internal Audits

The FSC Quality Assurance Department shall conduct an annual audit of all CoreCivic facilities to ensure compliance with CoreCivic policy, the PREA National Standards, and federal law and regulations.

2. External Audits

An external audit of all CoreCivic facilities shall be conducted every three (3) years to ensure compliance with this policy, the PREA National Standards, and federal law and regulations. The FSC Quality Assurance Department will coordinate all such external audits in conjunction with the FSC PREA Compliance Coordinator, to include all aspects of the audit process as outlined in this section.

- a. The external audit shall be conducted by any of the following:
 - i. A member of a correctional monitoring body that is not part of, or under the authority of, CoreCivic (but may be part of, or authorized by, the relevant state or local government);
 - ii. A member of an auditing entity such as an inspector general's or ombudsperson's office that is external to CoreCivic; or
 - iii. Other outside individuals with relevant experience. (115.401 (a) (1-3))
- b. External Auditor Qualifications
 - i. 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. (115.402 (3) (b))

- ii. Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his/her ability to conduct an audit of CoreCivic. (115.403 (a))
 - iii. No audit may be conducted by an auditor who has received financial compensation from CoreCivic (except for compensation received for conducting prior PREA audits) within the three (3) years prior to CoreCivic's retention of the auditor. (115.403 (c))
 - iv. CoreCivic will not employ, contract with, or otherwise financially compensate the auditor for three (3) years subsequent to the company's retention of the auditor, with the exception of contracting for subsequent PREA audits. (115.403 (d))
- c. Audit Process
- i. The auditor shall review all relevant company-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type.
 - ii. The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one (1) year period.
 - iii. The auditor shall have access to, and shall observe, all areas of the audited facilities.
 - iv. The auditor shall be permitted to request and receive copies of any relevant documents (including electronically-stored information).
 - v. The auditor shall retain and preserve all documentation (including, e.g. video recordings and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.
 - vi. The auditor shall review a sampling of any available videotapes and other electronically available data (e.g. Watch tour) that may be relevant to the provisions being audited.
 - vii. The auditor shall interview a representative sample of residents and employees, supervisors and administrators.
 - viii. The auditor shall be permitted to conduct private interviews with residents.
 - ix. Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.
 - x. Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. (115.401 (f-o))
- d. Audit Report and Findings
- i. Audit reports shall state whether company-wide policies and procedures comply with relevant PREA National Standards. (115.403 (b))

- ii. For each PREA National Standard, the auditor shall determine whether the audited facility reaches one of the following findings:
 - Exceeds Standard (substantially exceeds requirement of the standard);
 - Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); or
 - Does Not Meet Standard (requires corrective action). (115.403 (c))
 - iii. The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level. (115.403 (a))
 - iv. 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. (115.403 (d))
 - v. Auditors shall redact any personally identifiable resident or employee information from their reports, but shall provide such information to CoreCivic upon request, and may provide such information to the Department of Justice. (115.403 (e))
 - vi. CoreCivic will ensure that the auditor's final report is published on CoreCivic's website in order to be readily available to the public. (115.403 (f))
- e. Audit Corrective Action Plan
- i. A finding of "Does Not Meet Standard" with one or more standards shall trigger a one-hundred-eighty (180) day corrective action period. The auditor and CoreCivic shall jointly develop the corrective action plan to achieve compliance. (115.404 (a)(b))
 - ii. 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. (115.404 (c))
 - iii. After the one-hundred-eighty (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. (115.404 (d))
 - iv. If compliance with each standard is not achieved, the FSC PREA Compliance Coordinator may request a subsequent audit (at its discretion and cost) once it is believed that compliance has been achieved. (115.404 (e))
- f. Audit Appeals
- i. An appeal may be filed with the Department of Justice regarding any specific audit finding believed to be incorrect. Such appeal

must be filed within ninety (90) days of the auditor's final determination. (115.405 (a))

- ii. If the Department of Justice determines that there is good cause for a re-evaluation, CoreCivic may commission a re-audit by an auditor mutually agreed upon by the Department of Justice and CoreCivic. CoreCivic shall bear the cost of this re-audit. (115.405 (b))
- iii. The findings of the re-audit shall be considered final. (115.405 (c))

V. UPGRADES TO FACILITIES AND TECHNOLOGIES

1. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the company's ability to protect residents from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations. (115.218 (a))
2. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect residents from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations. (115.218 (b))

14-2 CC.5 REVIEW:

This policy will be reviewed annually by the General Counsel or qualified designee.

14-2 CC.6 APPLICABILITY:

All CoreCivic Community Corrections Facilities

14-2 CC.7 APPENDICES:

- 14-2AA Preventing Sexual Abuse and Misconduct Brochure (English and Spanish)
- 14-2BB-CC PREA 5-1 IRD Incident Reporting Definitions

14-2 CC.8 ATTACHMENTS:

- 14-2A-CC Policy and Training Acknowledgement
- 14-2B-CC Sexual Abuse Screening Tool
- 14-2C-CC Sexual Abuse Incident Check Sheet
- 14-2D-CC PREA Retaliation Monitoring Report (30/60/90)
- 14-2E-CC Resident Allegation Status Notification
- 14-2F-CC Sexual Abuse Incident Review Report
- 14-2H-CC Self-Declaration of Sexual Abuse/Sexual Harassment
- 14-2I-CC Annual PREA Staffing Plan Assessment
- 3-20-2B PREA Questionnaire for Prior Institutional Employers Form
- 5-1A Incident Report
- 5-1B Notice to Administration (NTA)
- 5-1C Incident Statement

5-1E PREA Reporting
5-1G Incident Investigation Report
7-1B PREA Physical Plant Considerations

AT THIS FACILITY, THE FOLLOWING ADDITIONAL FORMS ARE UTILIZED:

PLEASE COMPLETE THIS AFT BOX

14-2 CC.9

REFERENCES:

CoreCivic Policy 5-1

CoreCivic Policy 7-1

PREA National Standards – Title 28 of the Code of Federal Regulations, Part 115, May 17, 2012

Bureau of Justice Statistics (BJS) Survey of Sexual Violence (SSV)