

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

Interim       Final

**Date of Report**    11/06/18

**Auditor Information**

**Name:**    Talia Huff

**Email:**    talia360cc@gmail.com

**Company Name:**    Mid-America Correctional Consulting

**Mailing Address:**    PO Box 393

**City, State, Zip:**    Larned, KS. 67550

**Telephone:**    785-766-2002

**Date of Facility Visit:**    April 17-19, 2018

**Agency Information**

**Name of Agency:**

CoreCivic

**Governing Authority or Parent Agency (If Applicable):**

Georgia Department of Corrections

**Physical Address:**    10 Burton Hills Blvd

**City, State, Zip:**    Nashville, TN 37215

**Mailing Address:**    10 Burton Hills Blvd

**City, State, Zip:**    Nashville, TN 37215

**Telephone:**    615-263-3000

**Is Agency accredited by any organization?**     Yes  
 No

**The Agency Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Agency mission:**    We help government better the public good through:  
CoreCivic Safety- We operate safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety.  
CoreCivic Community- We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society, and keep communities safe.  
CoreCivic Properties- We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

**Agency Website with PREA Information:**    <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

**Agency Chief Executive Officer**

**Name:**    Damon Hininger

**Title:**    President and Chief Executive Officer

<b>Email:</b> Damon.hininger@cca.com	<b>Telephone:</b> 615-263-6915
<b>Agency-Wide PREA Coordinator</b>	
<b>Name:</b> Eric Pierson	<b>Title:</b> Senior Director, PREA Programs and Compliance
<b>Email:</b> Eric.pierson@corecivic.com	<b>Telephone:</b> 615-263-6915
<b>PREA Coordinator Reports to:</b> John Robinson, Vice-President, Correctional Programs	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 55 Indirectly/0 Directly
<b>Facility Information</b>	
<b>Name of Facility:</b>	Coffee Correctional Facility
<b>Physical Address:</b>	1153 North Liberty Street Nicholls, Georgia 31554
<b>Mailing Address (if different than above):</b>	
<b>Telephone Number:</b>	912-345-5058
<b>The Facility Is:</b>	<input type="checkbox"/> Military <input checked="" type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit <input type="checkbox"/> Municipal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison
<b>Facility Mission:</b> The Mission of the Coffee Correctional Facility is to provide for the safety of citizens by operating an efficient, adult male, medium security institution capable of housing convicted felons.	
<b>Facility Website with PREA Information:</b> <a href="http://www.corecivic.com/facilities/coffee-correctional-facility">http://www.corecivic.com/facilities/coffee-correctional-facility</a>	
<b>Warden/Superintendent</b>	
<b>Name:</b> Hilton Hall	<b>Title:</b> Warden
<b>Email:</b> Hilton.halljr@corecivic.com	<b>Telephone:</b> 912-345-5058 ext. 25401
<b>Facility PREA Compliance Manager</b>	
<b>Name:</b> R. Clay Wilkes	<b>Title:</b> Chief of Unit Management
<b>Email:</b> Rodney.wilkes@corecivic.com	<b>Telephone:</b> 912-345-5058 ext. 25404
<b>Facility Health Service Administrator</b>	
<b>Name:</b> Deborah Stewart	<b>Title:</b> Health Services Administrator
<b>Email:</b> Deborah.stewart@corecivic.com	<b>Telephone:</b> 912-345-5058 ext.24530

Facility Characteristics			
Designated Facility Capacity: 2992		Current Population of Facility: 2597	
Number of inmates admitted to facility during the past 12 months			1791
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			1791
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1791
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			196
Age Range of Population:	Youthful Inmates Under 18: NA	Adults: 18-79	
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			473 Days
Facility security level/inmate custody levels:			Minimum and Medium
Number of staff currently employed by the facility who may have contact with inmates:			386
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			72
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			1
Physical Plant			
Number of Buildings: 9		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		3	
Number of Open Bay/Dorm Housing Units:		5	
Number of Segregation Cells (Administrative and Disciplinary):		196	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Milestone System monitored by Central Control with 371 cameras. Recordings are maintained for 60 days.			
Medical			
Type of Medical Facility:		24 hour/medical observation	
Forensic sexual assault medical exams are conducted at:		Statesboro Regional Sexual Assault Center	

**Other**

**Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:**

68

**Number of investigators the agency currently employs to investigate allegations of sexual abuse:**

1

**Audit Findings**

**Audit Narrative**

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

CoreCivic contracted for a PREA audit to be conducted of the Coffee Correctional Facility (CCF), male prison, in Nicholls, Georgia. The contract was executed in January 2018 with Talia Huff. This audit was conducted by dual-certified PREA auditors Talia Huff and Maren Arbach. The onsite portion of the audit occurred 4/17/18-4/19/18. CoreCivic is a private correctional agency that is contracted to operate correctional facilities across the country; this one, for the Georgia Department of Corrections (GDC). According to CoreCivic's latest annual newsletter, the agency operates 54 safety facilities and 30 community facilities (includes leased, managed, and owned) and has a presence in 21 states. The Coffee Correctional Facility had its first PREA audit in 2015.

Approximately six weeks prior the onsite audit, audit notices (in English and Spanish) were posted in all living units, facility entrance, visitation areas, medical areas, mental health areas, and other common areas. The notices provided auditor contact information in which inmates, staff, and visitors can write confidentially regarding sexual abuse and sexual harassment at the facility. The notices were provided to the PREA coordinator, who relayed them to the facility. The audit notices were observed throughout the auditors' site review. No correspondence was received by the lead auditor. Pre-audit documentation; the *Pre-Audit Questionnaire* (PAQ) and additional supporting documentation, was provided via flash drive which was received by the auditor five weeks prior to arriving onsite. Pre-audit documentation was received in an efficient and organized manner, with standard-by-standard folders distinguishing relevant primary and secondary documentation. There were two PAQ's received; one that was completed by the PREA coordinator which primarily contained agency relevant information and one completed by the PREA compliance manager which primarily contained facility relevant information. Therefore, portions of each were blank. While most data and information were provided, there were several questions unanswered. It would be more ideal to have only one, comprehensive PAQ. Nevertheless, correspondence between the auditors, the PREA coordinator, and PREA compliance manager occurred throughout the pre-audit phase. During this time period, requests for additional information and clarification were addressed for the auditors. All requests for information and requests for documentation were promptly accommodated.

Prior to arrival, the auditor requested lists of staff and inmates to include: full inmate alpha roster (alphabetically and by living unit), full staff roster of security and non-security staff, lists for specialized staff interviews and targeted inmate interviews, pursuant to the PREA audit methodology:

#### Leadership Staff

- Agency head
- Facility head
- PREA coordinator
- PREA compliance manager

#### Specialized Staff

- Agency Contract Administrator
- Intermediate or Higher-Level Staff
- Medical and Mental Health
- Administrative (Human Resources)
- SANE/SAFE
- Volunteers and contractors
- Investigators
- Staff that supervise inmates in segregation
- Staff that conduct the screening for victimization and abusiveness
- Sexual abuse incident review team
- Staff that monitor retaliation
- First Responders
- Intake

#### Inmates

- Youthful inmates
- Inmates with Disabilities
- Inmates with Cognitive Impairments
- Inmates that are Hearing or Visually Impaired
- Inmates who are limited English proficient
- Inmates that identify as lesbian, gay, bisexual, transgender, or intersex
- Inmates in segregation
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization at intake

Other requests for information were made as well as other requests and preparation for interviews and onsite logistics. One particular request was for a comprehensive listing of allegations of sexual abuse and sexual harassment to include the allegation type (sexual abuse or sexual harassment), whether it was inmate-on-inmate or staff-on-inmate, and the case disposition. This information was received onsite and was provided in the form of two different spreadsheets which contained incident-specific information but not exactly a breakdown of the allegation data. CCF reported 50 allegations of inmate sexual abuse and sexual harassment during the pre-audit phase, on the PAQ. While onsite auditors actually counted 25 allegations of sexual abuse and 34 sexual harassment for a total of 59. This seemed to be an inadvertent discrepancy due to the data collection methods and because this number

included allegations up to the onsite audit; not just the pre-audit reporting period that was specified. A review and breakdown of the investigations in the 12-month pre-audit reporting period is as follows:

Sexual Abuse allegations (25 total)

- 14 inmate-on-inmate (one substantiated, 13 unsubstantiated)
- 11 staff-on-inmate (nine unfounded, two unsubstantiated)

Sexual harassment allegations (34 total)

- 23 inmate-on-inmate (two substantiated, 21 unsubstantiated)
- 11 staff-on-inmate (11 unsubstantiated)

Auditors reviewed investigative files while onsite as well as all other documentation requested. All requests for documentation were promptly accommodated. Documentation requests included inmate screenings (for 25 randomly selected or targeted inmates), education, medical, and mental health records; staff training records; personnel records to include background checks and hiring information. Investigative files were strategically selected for review. All (3) substantiated investigations were reviewed. Additionally, five unfounded cases were reviewed, and 17 unsubstantiated cases were reviewed for a total of 25. It was noted and discussed that nine cases were unfounded and all nine of these were allegations regarding an incident in which the Georgia Department of Corrections came to the facility to do a shakedown that entailed inmate strip searches. Some inmates alleged voyeurism and some alleged there was opposite gender viewing by staff, of inmates in a state of undress.

Prior to arrival and while onsite, the lead auditor contacted external entities such as the Satilla Advocacy Services; the entity designated for forensic examination, crisis intervention, and outside emotional support services. Just Detention International (JDI) was contacted as well and reported no inmate contact from CCF. A pre-audit internet search was conducted as well and nothing pertaining to sexual abuse or sexual harassment was discovered.

On 4/17/18 the auditors arrived at Coffee Correctional Facility (CCF) to initiate the onsite audit. An in-brief meeting was held the first morning with facility leadership and the agency PREA coordinator in which introductions were made and the audit process and methodology were discussed. Present for the in-brief was: Eric Pierson, PREA coordinator; Hilton Hall, warden; R. Clay Wilkes, PREA compliance manager; and other department heads and support staff.

Following the in-brief, the auditors conducted the site review (performance-based tour) of the facility, accompanied by facility leadership. The site review spanned the entirety of the facility which consisted of all inmate living units and common areas, recreation areas, kitchen and dining hall, visitation, office areas, greenhouse, masonry education area, horticultural education area, education, new and old medical, the vocational area, and laundry. PREA signage was observed throughout the facility ensuring that reporting information was adequately visible for all inmates, staff, and visitors. Through the site review, the auditors gleaned additional, more detailed information in areas such as intake (where inmates arrive and receive PREA information), inmate work areas, bathrooms and showers, camera monitoring areas, and case management. Video monitoring was abundant, covering the inmate living units, hallways, and common areas including ancillary programming and education areas. Camera views did not include the toileting or shower areas. Auditors looked for areas and angles in which inmates could potentially be viewed in a state of undress. Auditors asked control center staff to navigate through different camera views. There were none in which inmates could be seen in a state of undress.

Auditors tested the inmate phones during the site review making a test call to the posted PREA hotline. The recorded message was available in English or Spanish. The test call was successful, and auditors learned that the hotline is routed to GDC's PREA coordinator who forwards reports back to the CCF PREA compliance manager. Inmates at CCF are also issued electronic tablets. Inmates can play games, listen to music, receive correspondence from approved friends and family members, and have access to facility resources such as commissary and PREA reporting. Auditors asked an inmate to show the tablet and navigate to the PREA reporting resource, which was successfully shown.

Following the site review, (3) interviews of leadership and (15) interviews of specialized staff were conducted. The PREA coordinator and PREA compliance manager were available at all times for auditor clarification and consultation and helped to ensure an efficient audit. Inmate rosters were provided to auditors which were used to select random inmates for interviews. Thirty inmates were selected randomly for interviews and 20 targeted inmate interviews were conducted as well (four with cognitive/hearing/physical disability, six limited English proficient, five inmates who had reported sexual abuse, and five lesbian/gay/bisexual/transgender/intersex), pursuant to the PREA audit methodology. Fourteen random staff were chosen by the auditor for interview and included a cross-section of positions and ranks.

Reviews of files and documentation occurred throughout the onsite audit. Personnel files were requested and reviewed of all randomly selected staff. Training records were requested and reviewed for the same list of staff members in order to assess the lifecycle of documentation compiled and maintained by CCF. Inmate records were requested and reviewed as well in all phases of the audit; pre-onsite, onsite, and post-onsite. These records consisted of all randomly selected and targeted inmates as well as select inmates that were involved in investigations. Some such records were requested of inmates that were no longer being housed at the facility but were involved in an investigation. These records included medical and mental health records as pertinent to sexual abuse and sexual harassment investigations. This also consisted of PREA screening records of 25 randomly selected or targeted inmates. Inmate education records related to PREA were also requested and reviewed of all randomly selected and targeted inmates that were interviewed.

At the end of the onsite audit, an exit briefing was held with facility leadership and the PREA coordinator. Preliminary findings and observations were discussed, and the process of the post-audit phase was reiterated; issuance of the Interim Report, corrective action period, and Final Report.

The facility entered into a corrective action period; of up to 180 days from the date of issuance of the Interim Report which was 6/19/18. A summary of required corrective action is provided below in the Summary of Audit Findings and details regarding the facility satisfying each corrective action item as outlined in the respective standard below.

## **Facility Characteristics**

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

CCF is located in Nicholls, Georgia. The facility is a 2,992-bed facility owned and operated by CoreCivic and is contracted by the Georgia Department of Corrections to house 2,628 medium security adult male inmates. The facility currently employs 386 staff and have 68 contractors and volunteers who work within the facility.

CCF holds contact visitation for the inmates on Saturday and Sunday. Non-contact visitation is held at the facility Monday through Friday. The inmates have access to tablets within the facility that offer another option for maintaining contact with their families.

The facility operates under the unit management concept and is made up of eight general population units consisting of five open dorms and three closed dorms. There are also two restricted housing units and one isolation unit. The Units are named Unit 1 through Unit 8.

The gymnasium is a stand-alone building where recreational activities take place. The facility also has smaller open-air recreation areas adjacent to each of the housing units. The inmates have access to at least one hour of exercise outside of their cell and outdoors when weather permits.

The facility contracts their food service program through Trinity Services Group. Three employees supervise 45 inmates who are utilized to assist with meal preparation, sanitation, and serving. These three staff rotate throughout the area.

The facility has a 24-hour medical service. There are two medical areas within the facility. The first is located within the main building and has two medical observation cells and one negative pressure cell. Transgender and intersex inmates are offered the option to shower within this medical area. The second is located between Unit 7 and Unit 8. The second location has five observation cells. In addition, the facility has an examination room within the main restricted housing unit. If emergency or hospital services are needed, the inmates are transported to either Coffee Regional Medical Center in Douglas, GA or Memorial Satilla Health in Waycross, GA. Physical therapy is offered onsite twice per week, ultrasound services are provided onsite two times per month, optometry is offered onsite once per week, and x-ray services are offered onsite once per week. In addition, outside consultations with specialists are provided as needed. If outside transport is necessary, two staff are utilized to conduct the transport.

The facility offers educational opportunities for the inmates residing at the facility. The inmates have educational opportunities to earn their GED as well as certificates in carpentry, electrical, masonry, CDL, horticulture, and office technology. In addition, they have welding and diesel mechanic classes.

Unit 8 has a K-9 Training Program in one of the pods. This is a 58-person dorm where the canines also reside and are trained. This program focuses on training explosive detection.

Mental health services are offered to include intake assessments, crisis intervention, individual counseling, and group therapy. In addition, there are multiple group offerings within the facility to include, but not limited to, Anger Management, Family Violence, Motivation for Change, and Matrix Early Recovery Skills. They have a Lifer's Program that is designed to assist the inmates in accepting their current situation. This program is six months in duration and, upon completion, the Lifer's Support Group spends three months training to become a mentor.

Religious opportunities are offered to the inmates residing at CCF. Religious services are held seven days a week in the chapel and in other areas depending on needs.



## Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

**Number of Standards Exceeded:** 8

**Number of Standards Met:** 37

**Number of Standards Not Met:** 0

### Summary of Corrective Action (if any)

At the time of the Interim Report:

The Coffee Correctional Facility (CCF) has made many strides toward compliance with the PREA Standards and has a demonstrated investment from facility leadership in doing so. CoreCivic, as the agency, has established solid policy and practice for the implementation of PREA and to ensure inmate sexual safety. CCF has a few areas where some additional progress needs to be made in order to achieve compliance but has a strong support system with which to do it. This report reflects that nine standards have been exceeded (115.17, 115.18, 115.31, 115.33, 115.43, 115.66, 115.68, 115.81, 115.88), 32 standards have been met, and four require corrective action (115.34, 115.41, 115.53, 115.67).

At the time of the Final Report:

As of October 2018, CCF satisfied all required corrective action as detailed in standards discussion below; 115.34, 115.41, 115.53, 115.67. Collaboration via email correspondence and phone calls through the corrective action period occurred to achieve compliance and the lead auditor took measures to verify the corrective action that was implemented. All standards have been met and this Final PREA Audit Report details evidence, findings, and compliance of each standard and each provision.

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**The following evidence was analyzed in making the compliance determination:**

- *Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)*
- Organizational Charts; agency and facility
- PREA coordinator job description

**Findings:**

115.11(a)

CoreCivic is the primary agency as it pertains to the PREA Standards. Because the Georgia Department of Corrections (GDC) has contracted with CoreCivic to operate Coffee Correctional Facility (CCF), in some instances (as will be noted throughout this report), the GDC also functions as the “agency” for CCF. CCF adheres to CoreCivic’s *Sexual Abuse Prevention and Response Policy 14-2* as their zero-tolerance policy toward all forms of inmate sexual abuse and sexual harassment. Policy 14-2 establishes the agency’s zero tolerance against inmate sexual abuse and sexual harassment as it contains definitions of sexual abuse and sexual harassment on page 3-4 as well as other definitions related to sexual abuse and sexual harassment on pages 1-4. Examples of these are: transgender, intersex, LGBTI, gender nonconforming, voyeurism, exigent circumstances. Policy 14-2 addresses sanctions for engaging in prohibited conduct in the opening policy statement and in other areas throughout the policy; that sexual abuse is strictly prohibited and is subject to administrative disciplinary sanctions and referral for prosecution. Policy 14-2 is a comprehensive 33-page policy containing many agency-specific methods of compliance and outlines the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

115.211(b)

CoreCivic has appointed an upper-level PREA coordinator; Eric Pierson. Mr. Pierson reported that he has sufficient time and has authority to develop and oversee agency PREA compliance efforts. He works with each facility to address compliance issues, schedules and helps prepare for each PREA audit, and attends most audits as well. His position is dedicated full-time to PREA compliance efforts as the Senior Director for PREA Programs and Compliance. The auditor reviewed the agency organizational chart, which depicted Mr. Pierson as the PREA coordinator (PC) and showed his upper-level position within the agency structure. As well, his position description was provided for review which confirmed sufficient time and authority to develop and oversee agency PREA compliance. The PREA coordinator reports directly to the vice president of correctional programs.

115.11(c)

CoreCivic designates a PREA compliance manager at each of their facilities. At CCF, R. Clay Wilkes has been appointed the PREA compliance manager (PCM). Mr. Wilkes is also the chief of unit management and reports to the assistant warden. The facility organizational chart was provided for auditor review which depicts this structure. Mr. Wilkes reported that that he has sufficient authority to oversee facility compliance efforts and support from the warden. Finding sufficient time, at times, is challenging. Mr. Wilkes very knowledgeable about many aspects of PREA compliance and expressed a team approach in working toward compliance. Though substantial compliance is met, it is recommended

that the facility divvy up PREA responsibilities to better ensure sufficient time for the PREA compliance manager.

**Corrective Action:**

None required

**Standard 115.12: Contracting with other entities for the confinement of inmates**

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

**115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

**115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**The following evidence was analyzed in making the compliance determination:**

- *Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)*
- *Amendment to Contracts 467-019-055259-1 and 467-019-955259-2 between Georgia Department of Corrections and Corrections Corporation of America*

**Findings:**

115.12(a)

Policy language relevant to this standard was not provided. Pre-audit documentation indicated that this standard was not applicable, as CoreCivic does not contract for the confinement of inmates. Rather, this standard is applicable to the Georgia Department of Corrections (GDC) considering GDC as the agency since it contracts for the confinement of inmates *with* CoreCivic. Upon request, the contract between CoreCivic and GDC was provided and reviewed. This current contract is for the period of 7/01/17 to 6/30/18 and is up for renewal soon. Page two of the contract addresses PREA. It requires compliance with the PREA Standards, that CoreCivic is required to report any incidents of sexual abuse and sexual harassment, and that failure to do so is grounds for termination of the Agreement. The contract amendment provides for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

CoreCivic's PREA coordinator, designated as agency contract monitor pursuant to PREA, elaborated on contracts at the agency level and states that he is charged with overseeing and monitoring facility PREA compliance. He asserted that all CoreCivic-operated facilities have been audited and are PREA compliant (with the exception of current, ongoing audits). One newly acquired community confinement facility has not yet been audited but it will be scheduled soon. The CoreCivic PREA coordinator ensures that one-third of their facilities are audited each year. He was unsure of the current exact number of agency contracts but stated there are 60 facilities and all are PREA compliant.

**Corrective Action:**

None required.

**Standard 115.13: Supervision and monitoring**

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

**115.13 (a)**

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making the compliance determination:

- *Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)*
- *Contract Renewal Staffing Pattern*
- *Staffing Plan Narrative*
- *Annual Staffing Plan Assessment*

## Findings:

### 115.13(a)

Policy 14-2 outlines compliance with this standard. This policy asserts that CoreCivic will work in conjunction with the facility to develop a staffing plan that allows for adequate levels of staffing to protect inmates from sexual abuse. It addresses each provision of this standard with the addition of agency-specific language instructing practice and procedure. Consistent with this provision, the policy states that the staffing plan will consider: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The auditor received the *Contract Renewal Staffing Pattern* which outlines staff deployment by shift and position and a narrative explanation of how the facility considers these elements in their staffing plan. Some excerpts from the narrative explanation were as follows:

- 1. Facility physical layout - There have been no additions or modifications to the facility physical layout during this review period. Camera numbers and locations were reviewed.*
- 2. Composition of the resident population – The average daily population at Coffee for 2017 was 2,621 male inmates from the State of Georgia.*
- 3. Prevalence of substantiated and unsubstantiated incidents of sexual abuse – For the calendar year 2017 Coffee did not have any substantiated allegations of sexual abuse. There were two (2) substantiated cases of Inmate on Inmate Sexual Harassment. There were two (2) unsubstantiated allegations of Employee on Inmate sexual abuse, and nine (9) unsubstantiated allegations of inmate on inmate sexual abuse. A review of the incident report spreadsheet did not indicate any pattern as to incident location that would warrant any re-allocation or addition of staff.*
- 4. Other relevant factors – Other relevant factors considered included a review of the Sexual Abuse Incident Reviews (14-2 F) for facility incidents.*

The facility reported the average daily population, in the pre-audit reporting period, to be 2618 inmates and that the staffing plan was predicated on 2838 inmates. The facility head discussed considerations for staffing and that they at least maintain their minimum number of staff and are mandated to do this via their contract with Georgia Department of Corrections. The facility head felt staffing was adequate to ensure sexual safety but also discussed plans to increase supervisors in the dorms and having recently increased after-hours and weekend supervisory coverage. He also explained that CCF had implemented new recruitment measures to increase staffing numbers that had previously been low.

### 115.13(b)

Pre-audit documentation was blank regarding information, or the number of times, CCF deviated from their staffing plan. The facility head reported that one to two years ago the facility was struggling with



vacancies. He articulated recruitment measures that helped address the problem and that vacancies are no longer a problem operationally. Additionally, he stated that he is notified if such a deviation were to occur and that policy requires a *Notice to Authority* (NTA) form be completed and submitted in the instance of a staffing deviation.

#### 115.13(c)

Policy 14-2 (p 9) outlines compliance with this provision. It addresses annual reviews of the staffing plan; asserting that the PREA coordinator, facility head, and PREA compliance manager will assess the staffing plan annually by completing the 14-2 CC-I *Annual PREA Staffing Plan Assessment*. It further states that the annual assessment will be forwarded to the CoreCivic PREA coordinator, who will determine in conjunction with the respective CoreCivic vice president, whether there are adjustments needed pursuant to this provision. The 14-2 CC-I *Annual Staffing Plan Assessment* for the Carver Center was provided for auditor review. It was last completed on 2/20/18 and signed by the PREA coordinator and CoreCivic vice president of community corrections. The first page of the assessment captures the gender of the population and custody level, a checklist for the four required elements of 115.31(a), two questions regarding the use and placement of video monitoring. The second page captures the review at the agency level, which provides for a description of policy or procedural changes, physical plant changes, video monitoring changes, and staffing changes and documentation from the vice president of community corrections of whether the changes are approved, denied, or not applicable. The last completed assessment documented that additional cameras were placed in two different areas.

#### 115.13(d)

Policy 14-2 (p 9-10) states, "Supervisors shall conduct unannounced facility rounds to identify and deter employee 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 inmates/detainees are permitted. Employees shall be prohibited from alerting other employees that supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility."

Auditors verified this practice, through interviews with supervisory staff as well as by review of unit logs while performing the site review. Entries were noted on all shifts by staff that were intermediate-level supervisors and by higher-level supervisors. This has been a long-standing and well-established practice at CCF. The supervisory staff that was interviewed in relation to this duty affirmed that part of the purpose of these rounds is to be alert to staff sexual misconduct such a staff member and an inmate being too close, passing notes, whispering. He also affirmed the documentation procedures; logging rounds in the staff sign-in sheet. Additionally, he stated that staff are not permitted to alert others of supervisory rounds and that they would not know he was coming unless he is viewed on camera. He also stated that he changes his routine and route. He did not know of any instances of staff alerting others.

#### **Corrective Action:**

None required.

## **Standard 115.14: Youthful inmates**

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

#### **115.14 (a)**

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making the compliance determination:

- None

**Findings:**

115.14(a), (b)

No policy language was provided regarding the housing and placement of youthful inmates. CCF does not house youthful inmates (under the age of 18). The pre-audit documentation and *Pre-Audit Questionnaire* indicated the same. Therefore, there were no line staff or education staff that supervise youthful inmates that were interviewed. The warden confirmed in his interview that youthful inmates are not housed at CCF and that none have been placed there during his tenure.

**Corrective Action:**

None required.

**Standard 115.15: Limits to cross-gender viewing and searches**

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

**115.15 (a)**

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

**115.15 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

**115.15 (c)**

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  
 Yes  No  NA

**115.15 (d)**

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making the compliance determination:

- *Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)*
- 2017 PREA In-Service Training Curriculum
- Strip Search Logs

## Findings:

### 115.15(a)

On the PAQ, the facility reported they do not conduct cross-gender strip or body cavity searches and that no such searches occurred in the 12-month pre-audit reporting period. Policy 14-2 (p 15) Section K addresses searches and observation. It states that cross-gender strip searches shall not be conducted except in exigent circumstances or when performed by medical practitioners and further defines exigent circumstances as “temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order.”

A transgender inmate that was interviewed reported that a female officer conducted a strip search of him upon arrival to the facility. Auditor requested documentation of this incident and received a statement from the officer that conducted the search. It was a male officer.

### 115.15(b)

This provision is not applicable since CCF houses only male inmates.

### 115.15(c)

Policy 14-2 (p 15-16) mandates that whenever a cross-gender pat search of a female inmate or cross-gender strip search of any inmate does occur, it shall be documented on the 5-1B *Notice to Administration* form and this procedure is further outlined in CoreCivic’s Policy 5-1 *Incident Reporting*.

It is noted that, although agency policy references female inmates, CCF does not house female inmates.

At CCF, all strip searches are logged on a strip search log which documents the inmate name and number, who the search was conducted by, whether anal area was inspected, whether body cavity search was required, the reason for and result of the search. Examples of these search logs were provided for auditor review. Pursuant to the agency requirement that cross-gender searches (in exigent circumstances) be documented on the *Notice to Administration* form (Policy 5-1), this form was obtained and reviewed.

### 115.15(d)

The facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing them in a state of undress. Policy and procedure also requires staff of the opposite gender to announce their presence before entering a housing unit. Policy 14-2 (p 16) cites this language.

This practice is well institutionalized at CCF. Auditors noted that announcements of opposite gender staff were consistently made throughout the site review and onsite audit by line staff as well as by all other female staff. This was also unequivocally corroborated by random staff and inmate interviews; all confirming that these announcements are made each time a female staff enters an inmate room. They also confirmed that this has been a long-standing practice at the facility. Toilet and shower areas in the living units a wall or half-wall providing for some privacy when showering and toileting. Inmates are to

change clothing in the shower area. This minimizes viewing; namely opposite gender viewing. In addition, auditors confirmed that video monitoring did not capture the shower and toilet areas. Camera locations and angles were noted throughout the site review as well as in the video monitoring areas.

#### 115.15(e)

Policy 14-2 (*p 16*) prohibits the search or physical examination of a transgender or intersex inmates for the sole purpose of determining the inmate genital status and that if the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Of the 14 random staff interviewed, 11 responded and articulated this prohibition of examining a transgender or intersex to determine genital status. The facility reported one transgender inmate at the facility which was interviewed by an auditor. Through the course of random interviews, auditors discovered an intersex inmate (self-identified) in addition. One of these inmates reported that he was strip-searched by a female staff member upon intake, but it was not to determine genital status. Both inmates corroborated they were not strip-searched or physically examined for the sole purpose of determining genital status.

#### 115.15(f)

Policy 14-2 (*p 7*) prohibits addresses specialized training and states, "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 inmates/detainees, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs."

Except for three non-security random staff that were not responsible for inmate pat searches, the remaining 11 random staff interviews affirmed that staff have received pat search training, that it includes cross-gender pat searches, and that this training is delivered annually. Nine of the random staff articulated procedures for cross-gender searches and searches of transgender and intersex inmates while four had some knowledge but were not confident in searches of transgender/intersex inmates and some expressed that the search would be done by the gender of staff that the inmate was most comfortable with. Due to some inconsistencies, it is recommended that this portion of training be enhanced so that it receives additional focus.

Review of the search training curriculum revealed content for cross-gender pat searches. The content defined transgender and intersex, discussed respecting an inmate's dignity, states that when checking the breast area of any inmate, the back of the hand shall be used, and that a search "should never be conducted with the intent to harass or degrade an inmate." It also states that a transgender or intersex inmate will be searched according to their gender assignment at classification. Because this was not articulated by random staff or by leadership, auditors feel it meets substantial compliance. However, it is recommended that the curriculum be amended to reflect that transgender and intersex pat searches are not solely conducted according to the assigned gender.

#### **Corrective Action:**

None required.

## Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

#### 115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making the compliance determination:

- Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)
- Inmate Education Video: PREA: What You Need To Know
- Zero Tolerance acknowledgement form (English and Spanish)
- Inmate Handbook (English)
- Inmate Handbook (Spanish)



- PREA Signage (English and Spanish)
- Invoice: Language Line Services, Inc.
- Memo: Hearing-Impaired Inmates

## Findings:

115.16(a), (b)

Policy 14-2 (*p 14*) states that inmates will be provided education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The policy also states, “In the event an inmate/detainee has difficulty understanding provided information and/or procedures outlined in this policy, employees must ensure that such information is effectively communicated orally to such inmates/detainees on an individual basis.” Furthermore, it states, “Auxiliary aids that are reasonable, effective, and appropriate to the needs of the inmate/detainee shall be provided when simple written or oral communication is not effective.”

Auditors learned that the agency and facility has well established procedures to ensure inmates with disabilities (including 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 benefit from the agency’s PREA compliance efforts. Specifically, for inmates with hearing impairments, there is an inmate education video shown during orientation (title: *PREA: What You Need To Know*). Additionally, the facility has the use of a TTY machine and a memo was provided as well from the warden which indicated that a transfer request will be made, for inmates that are legally deaf, to an institution that is better equipped to manage this disability. Staff members are charged with providing individual assistance to inmates with vision impairment or who have limited reading skills.

The agency head spoke knowledgeably about procedures for inmates with disabilities and indicated that agency ensures an orientation in which critical information is effectively conveyed; so, the inmate can comprehend information provided but also to ensure the facility can obtain critical information *from* the inmate. Further, he states that the agency has contracts for translation services at each facility and ensures those translation services are of high quality.

Four such inmates were interviewed during the onsite audit; to include cognitive and hearing impaired and physically disabled. These inmates corroborated the facility’s stated practice and were able to articulate information provided to him regarding sexual abuse and sexual harassment. The cognitive and hearing-impaired inmates articulated receiving information via the video as well as with help staff and other inmates. There were no inmates with visual impairments at the facility during the onsite audit to interview.

Six limited English proficient (LEP) inmates were interviewed. All were able to articulate PREA information and that they received it in a language or format which they understood. Some reported that they had not needed a translator. Others said that staff interpreters were available upon request. The zero tolerance acknowledgement form is available in Spanish and the facility has a contract and access to Language Line Services, Inc. An invoice for the use of this language line service was provided as verification of practice. Auditors noted PREA signage throughout the facility in English and Spanish and were also provided an inmate handbook in Spanish. It was noted that this handbook contains PREA information on page 17 but is not the same as the English version and appears to be old. The English

version has 39 pages while the Spanish version has 27. The facility should consider review and update of the Spanish version.

115.16(c)

Policy 14-2 (*p 14*) addresses the limited use of inmate interpreters; only being allowed in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate/detainee's safety, the performance of first-responder duties, or the investigation of the inmate/detainee's allegations.

Eleven of the random staff were aware that inmate interpreters were not allowed and asserted that either bilingual staff members or the language line would be used. Three of the 14 random staff interviewed thought that the use of an inmate interpreter would be allowed even for reporting information about sexual abuse or sexual harassment. Nevertheless, most staff were consistent with this provision and the facility has ample resources in place for LEP inmates. Thus, substantial compliance is met. Enhanced training in this area is recommended.

**Corrective Action:**

None required.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

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

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making the compliance determination:

- *Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)*
- *Self-Declaration of Sexual Abuse/Sexual Harassment form*
- *Employee files*
- *Reference Check form*
- *PREA Questionnaire for Prior Institutional Employers*

### Findings:

The agency and facility exceed this standard for having demonstrated well-established procedures for compliance, beyond the requirements of this standard; conducting criminal background checks of officers and contractors annually and having clearly outlined and formalized all processes in policy and practice.

115.17(a), (c), (d)

Policy 14-2 (p 5) addresses hiring and promotions; stating that to the extent permitted by law, CoreCivic will decline to hire or promote anyone who may have contact with inmates/detainees, and decline to enlist the services of any contractor, who may have contact with inmates/detainees, 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.

When interviewed, the human resources (HR) assistant explained hiring practices as they relate to PREA and was very knowledgeable about the PREA Standards. The HR assistant explained that CCF conducts all criminal background checks for the facility. She verified that the background check process through entails state and national check; FBI, NCIC, fingerprints. She also stated that the process is the same for volunteers and contractors.

The lead auditor selected 21 employee files to review and verify the background check process. Each of the files contained documentation of criminal background checks. Two of the 21 applicants had criminal records but did not include charges prohibited by this provision.

Pursuant to Provision (c), Policy 14-2 (p 5) states, "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."

Five of the 21 employee files reviewed had prior institutional employers. None of which had contact with prior institutional employers. One exception was a former CoreCivic employee that indicated there was clearance for hire. The rest were all hired before the pre-audit review period; 2010, 2013, and 2014. There was a discrepancy noted between policy and practice in this case. Policy 14-2 states that the 3-20-2B *PREA Questionnaire for Prior Institutional Employers* will be used to solicit this information. As evidenced by file review, the facility uses a *Reference Check* form which captures the information required by this provision. It was asserted by the HR assistant, however, that the questionnaire form was implemented only about two months prior to the onsite audit. She was familiar with the form and provided an example of such for the auditor.

#### 115.17(b)

Policy 14-2 (p 5) requires that 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 inmates. The HR assistant asserted that any such incident would be deferred to the warden for review and consideration.

#### 115.17(e)

Policy 14-2 (p 6) states that CoreCivic shall conduct criminal background records checks at least every five (5) years of current employees and unescorted contractors. The HR assistant explained that background checks of officers and contractors are conducted each year and non-security staff are conducted every five years. Review of employee files supported this. Five of the employee files were of employees that had been employed at the facility longer than five years, all of which had subsequent background checks.

#### 115.17(f)

Policy 14-2 (p 5) cites this provision. The agency uses the *Self-Declaration of Sexual Abuse/Sexual Harassment* form to ask all applicants and employees who may have contact with inmates about previous misconduct described in provision (a) of this standard. The form cites the three required questions about previous misconduct. The HR assistant asserted that it is completed prior to hire as well as annually by current employees and is maintained in the personnel file. All but one of the employee files reviewed by the lead auditor contained this completed form and this was also

corroborated by random staff interviews. Employees sign this form each year as part of annual PREA training. Many files contained this completed form each year.

Furthermore, it was confirmed that the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct. Policy 14-2 (p 5) asserts that the self-declaration form serves as verification of an employee's fulfillment of this continuing affirmative duty.

115.17(g), (h)

Policy 14-2 (p 5) states that, to the extent permitted by law, CoreCivic may decline to hire or promote or may terminate an employee based on material omissions of misconduct or for providing false information.

Policy 14-2 (p 5) cites this provision regarding the providing information on substantiated allegations.

The HR assistant reported that no requests had been received, to her knowledge, inquiring about former facility employees being involved in substantiated allegations of sexual abuse. She stated that, if a signed release accompanied such a request, such information would be provided.

**Corrective Action:**

None required.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

### Auditor Overall Compliance Determination

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

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **The following evidence was analyzed in making the compliance determination:**

- *Pre-Audit Questionnaire (PAQ)*
- *Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)*
- *7-1B PREA Physical Plant Considerations form*

### **Findings:**

115.18(a), (b)

Policy 14-2 (p 32) cites this standard stating that the agency will consider their ability to protect inmates from sexual abuse when making substantial modifications or expansions or when new monitoring technology is installed. This policy states that this documentation shall be documented on 7-1B *PREA Physical Plant Considerations* form. A blank 7-1B form was provided for review. It specifies the facility, project, date, and provides explanation and justification for both provisions of this standard. The auditor was provided with a completed example for verification of practice as well.

The PAQ indicated that CCF had made no substantial modifications or expansions. However, the facility head explained that the diesel/welding vocational building was added within the last year or so. Furthermore, he explained how staffing with vocational instructors, security rounds and counts and video monitoring were considered. Throughout the facility, he added, there is camera coverage in most areas which afford supplemental supervision and post-incident review.

The Agency Head Designee Steven Conry articulated in a detailed manner the ways in which the agency considers their ability to protect inmates from sexual abuse regarding new facilities, modifications, expansions, and monitoring technology. He explained that the agency has a design team that is well exposed to the PREA Standards and implications thereof as it pertains to physical plant design. Mr. Conry as well as the PREA coordinator are involved in all builds, renovations, and expansions. He elaborated on the robust design process and its linkages to PREA; inmate safety, security, lines of sight. Specific to monitoring technology, he was again very knowledgeable about PREA implications and sexual safety, speaking about camera angles, lines of sight, and surveillance in specific areas such as near bathrooms. He explained that video monitoring near bathroom areas afford inmates adequate privacy while not blocking line of sight and not viewing inmates in a state of undress or using the toilet; to avoid cross-gender viewing by staff. He added that facilities have an ongoing ability to request additional cameras, though as part of the agency's capital expenditure process four to five

facilities are chosen each year to receive a complete review of existing and needed monitoring technology.

CoreCivic exceeds this standard due to the robust and formalized systems that are place which are well institutionalized and were well-articulated.

**Corrective Action:**

None required.

**RESPONSIVE PLANNING**

**Standard 115.21: Evidence protocol and forensic medical examinations**

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

**115.21 (a)**

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

**115.21 (b)**

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

**115.21 (c)**

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No



- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making the compliance determination:

- *Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)*
- *Sexual Assault Response Policy 13-79*
- *MOU between Statesboro Sexual Assault Center and CCA, Coffee Correctional Facility*
- *MOU between Satilla Advocacy Services and CCA/Coffee Correctional Facility*
- *Investigative Records*

### Findings:

#### 115.21(a)

The facility conducts administrative investigations of sexual abuse and sexual harassment. Criminal allegations are referred to the GDC who has the legal authority to conduct criminal investigations. Beginning on page 2, *Sexual Assault Response Policy 13-79* outlines triage and treatment secondary to sexual assault; requiring a uniform evidence protocol. This policy outlines protocol for recent sexual assaults (discovered within 72 of the incident) as well as sexual assaults that are discovered beyond 72 hours after the incident. The uniform evidence protocol that is outlined in *Sexual Assault Response Policy 13-79* consists of significant detail regarding physical evidence on the alleged victim, the alleged abuser, and the crime scene; maximizing the potential for obtaining usable physical evidence.

Interviews with random staff revealed an awareness of the uniform evidence protocol and staff knowledge of protecting and preserving physical evidence. It was noted and recommended at the out-brief meeting that training be enhanced in the area of physical evidence collection; i.e. that staff members should preserve and protect physical evidence but not attempt to collect it unless instructed to do so by the investigating authority. Some staff interviewed articulated incorrect methods of collecting evidence and did not express certainty of whether it was their responsibility. However, substantially, staff articulated their awareness to take actions to ensure that physical evidence was not destroyed. In addition, staff members had been issued a first responder card which they carried on them and many referenced it during their interview.

#### 115.21(b)

The agency indicated that its uniform evidence protocol was 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. Policy 14-2 cites this provision and Policy 13-79 that outlines the protocol, contains sufficient technical detail to aid responders in obtaining usable physical evidence, to include timing considerations for the collection of evidence, to obtain a forensic exam from certified SAFE/SANE's, consult medical and mental health staff, to have mental health available during interviews, etc.

115.21(c)

Policy 14-2 (p 25) cites this provision.

It was demonstrated in practice that the agency and facility offer all victims of sexual abuse access to forensic medical examinations, which are performed at the local hospitals by certified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The facility reported 50 allegations of sexual abuse and sexual harassment during the PAQ. Once onsite, auditors received investigations logs for 2017 and 2018, with a total of 56 investigations; 22 of which were sexual abuse (nine of those were voyeurism allegations). The remaining were sexual harassment. Auditors reviewed the 22 investigations of sexual abuse and determined that forensic exams were obtained or offered in each case where warranted. Although the number of forensic exams performed was not included on the PAQ, investigative file review revealed that forensic exams were warranted in five cases; two inmates refused, and exams were performed for the remaining three at local hospitals. The investigations were well documented and uniform; containing the following documents: *Incident Investigation Report*, *PREA Reporting form*, *Sexual Abuse Incident Check Sheet*, *Incident Checklist and Administrative Review*, *Incident Report*, as well as medical and mental health documents. The documentation indicated whether the incident was received within the 72 hours timeframe to warrant a forensic exam and whether a forensic exam was performed.

115.21(d)

Two MOU's were provided; one between Statesboro Sexual Assault Center and CCA/Coffee Correctional Facility and one between Satilla Advocacy Services and CCA/Coffee Correctional Facility. The Statesboro MOU was signed and effective 5/01/15 and automatically renews each year unless terminated. It outlined both forensic exams and emotional support services available to the facility. The sexual assault center provides a victim advocate for the inmate victim. The Satilla MOU was signed and effective 12/10/13 and automatically renews each year unless terminated.

Two inmates who had reported sexual abuse were still at the facility and were interviewed. In one case (which did not warrant a forensic exam due to the length of time elapsed since the incident) reported that he was not allowed to contact an advocate. Investigative documentation showed that he was evaluated by medical and mental health and the inmate stated that he saw a psychologist. However, he reported that it was long enough after the incident happened that he was no longer very interested in seeing the psychologist and that it was not worth the long walk (across the facility), in shackles that cut up his ankles, to see the psychologist. This type of situation was discussed with leadership at the out-brief. It is suggested that measures be taken by the agency and facility to ensure obtaining services are reasonable. It should be noted that this inmate requested protective custody (PC) and wishes to remain there for his safety. The second inmate who reported sexual abuse that was interviewed also reported that he did not contact an advocate but was seen by medical and a mental health counselor at the facility. It is recommended that the facility offer and make the advocacy phone line available to inmate victims.

115.21(e)

Policy 14-2 (p 25) cites this provision regarding victim advocacy.

It was demonstrated that a victim advocate accompanies and support the victim through the forensic medical examination process and is offered emotional support, crisis intervention, information, and referrals. This is done through one of the SANE services. Additional emotional support is provided by facility mental health staff. Two of the investigations reviewed documented that mental health staff accompanied the inmate victim through the interview as well. It is recommended that inmate victims be given the emotional support phone number that it outlined in the MOU, so inmates have an external source for emotional support.

115.21(f)

Policy 14-2 (p 24) states that if the facility is not responsible for investigating an allegation, it shall request that the investigating entity comply with the requirements in this standard.

Since the agency (GDC) conducts criminal investigations and CCF conducts the administrative investigations, this provision has bearing of compliance.

115.21(g), (h)

The auditor is not required to assess this provision.

**Corrective Action:**

None required.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

#### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### **115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making the compliance determination:

- Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)
- Investigative Records

### Findings:

115.22(a), (b)

Sexual Abuse Prevention and Response Policy 14-2 (p 23) cites this standard and addresses administrative and criminal investigations; stating that the warden ensures all allegations of sexual abuse and sexual harassment are investigated.

Review of the 25 investigative files and other potential report sources supported that all allegations of sexual abuse and sexual harassment are investigated. This was a well-institutionalized part of the facility culture as was articulated by the warden, agency head, other leadership, and random staff members. Repeatedly, it was stated and evidenced that every report or suspicion of sexual abuse or sexual harassment was investigated.

The PAQ indicated there were 50 allegations during the 12-month pre-audit reporting period, that all 50 were administratively investigated, and none were referred for criminal investigation. Once onsite auditors found 59 allegations and reviewed 25 strategically selected investigations. Most sexual abuse allegations were referred to the GDC for criminal investigation. And most were deferred back to the facility to investigate. The designated facility investigator affirmed that allegations are referred to an agency with legal authority to conduct such investigations; GDC.

The agency head corroborated the agency's practice and expectations to ensure that all allegations of sexual abuse and sexual harassment are properly investigated; asserting that is "absolute" and the agency has a uniform reporting/notification system they follow.

Review of the CoreCivic website revealed CoreCivic PREA policies. Information about agency investigations did assert that all allegations are referred to the appropriate law enforcement agency for investigation and prosecution and also that, "Criminal allegations are generally referred via agreement to Local Law Enforcement Agencies or Investigating bodies under the authority of the Contracting Agency." Review of the GDC agency website also revealed the agency PREA policy which includes agency investigative procedures.

115.22(c), (d), (e)

The auditor is not required to assess this provision.

**Corrective Action:**

None required.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making the compliance determination:

- Sexual Abuse Prevention and Response Policy 14-2
- CoreCivic "PREA Overview" lesson plan
- Georgia Department of Corrections "Prison Rape Elimination Act (PREA) Sexual Assault/Sexual Misconduct with Inmates" lesson plan
- Staff training records
- Staff policy acknowledgement forms
- Georgia Department of Corrections *Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgement Statement*

### Findings:

115.31(a)

Policy 14-2 states, "All CoreCivic facility employees shall receive training on CoreCivic's zero-tolerance policy for sexual abuse and sexual harassment."

CCF utilizes CoreCivic's "PREA Overview" for its staff. The lesson plan indicates this is a two-hour course. The rosters provided for documentary evidence indicate the course is typically held in one hour.

- 1) Introduction:
- 2) Zero Tolerance:
- 3) Fulfilling Responsibilities:
- 4) Inmate/Detainee and Employee Rights
- 5) Dynamics in Confinement
- 6) Common Reactions of Victims
- 7) Avoiding Inappropriate Relationships
- 8) Communication



- 9) Reporting to Outside Agencies
- 10) Summarization

During random staff interviews, it was evident the staff had received training and that the training received covered all the necessary elements of the standard. It would be beneficial to conduct additional training for staff covering evidence collection. Specifically, if the officers are not responsible for evidence collection, they need to understand their role in preserving and protecting potential evidence.

The staff did have a first responder card they could utilize to assist them with the steps of the first responder responsibilities. One staff interviewed had just begun employment at the facility. That person indicated taking an online course covering LGBTI inmates as well as receiving in person PREA training from unit management staff.

Further information was requested from the facility regarding an additional training course that was listed on the training records staff. CCF staff utilize the Georgia Department of Corrections *Prison Rape Elimination Act (PREA) Sexual Assault/Sexual Misconduct with Inmates* training course in addition to the CoreCivic course. The lesson plan for this course also covers all required topics under this standard and indicates it is one hour in duration.

#### 115.31(b)

Policy 14-2 states that their training shall be tailored to the gender of the inmates/detainees at the facility.

Under the *Training and Acknowledgement* section of policy 14-D, *Sexual Abuse Prevention and Response*, the policy states, "Such training will be tailored to the gender of the inmates/detainees at the facility." As this course covers the PREA information to male inmates and all staff are required to complete it at pre-service and in-service training, this information to being communicated appropriately to all staff.

#### 115.31(c)

Policy 14-2 states the following:

*At a minimum, all employees shall receive pre-service and annual in-service training on the following:*

- 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;  
At this facility, the applicable state or local laws governing sexual abuse of persons in custody in addition to PREA are:  
Georgia code annotated 16-6-5.1 Sexual Assault by Persons with Supervisory or Disciplinary Authority*
- 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 policy;*
- iv. The right of inmates/detainees to be free from sexual abuse and sexual harassment;*
- v. The right of inmates/detainees 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. *Signs of predatory behavior;*
- xii. *How to avoid inappropriate relationships with inmates/detainees;*
- xiii. *Circumstances that may lead to inappropriate sexual contact by an employee;*
- xiv. *How to communicate effectively and professionally with inmates/detainees, including LGBTI and Gender Non-Conforming inmates/detainees; and*
- xv. *How to comply with laws relevant to mandatory reporting of sexual abuse to outside authorities.*

PREA training is held for all staff both in pre-service and annual in-service training which exceeds this standards requirement of training every two years. The PAQ listed there were 389 staff who are employed by the agency who were training in PREA during the preceding 12-month period. This equates to 100% of the facility staff.

115.31(d)

CCF has each person sign the *Policy Acknowledgement* form. This form documents through signature that the person has read and fully understood the contents of CCA Policy 14-2 *Sexual Abuse Prevention and Response*. In addition, they also sign the *GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement*.

Training records were requested and reviewed from the facility for the 14 random staff selected for interview. For each record requested, both forms were included for each person.

**Corrective Action:**

None required.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making the compliance determination:

- *Sexual Abuse Prevention and Response Policy 14-2*
- *CoreCivic "PREA Overview" lesson plan*
- *Contractor/volunteer training records*
- *Policy acknowledgement form*
- *Georgia Department of Corrections Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgement Statement*

## Findings:

115.32(a)

Policy 14-2 asserts that all civilians/volunteers/contractors who regularly have contact with inmates shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting, and response as outlined in this policy.

The PAQ indicated 68 volunteers and contractors had been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

CCF divides their volunteers into two levels based on contact with the inmates. These levels are:

Level I Volunteer: A volunteer who provides regular or routine scheduled service(s) to the inmate/resident population, on behalf of a non-profit entity, and has attended a volunteer training program commensurate with his/her level of access and contact with inmates/residents and has been appropriately vetted for security purposes.

Level II Volunteer: A volunteer who provides irregular or occasional service(s) to the inmate/resident population, on behalf of a non-profit entity, and has attended a basic volunteer orientation, and been appropriately vetted for security purposes.

CCF utilizes CoreCivic's *PREA Overview* for its contractors and volunteers. The lesson plan indicates this is a two-hour course. The rosters provided for documentary evidence indicate the course is typically held in one hour.

- 1) Introduction:
- 2) Zero Tolerance:
- 3) Fulfilling Responsibilities:
- 4) Inmate/Detainee and Employee Rights
- 5) Dynamics in Confinement
- 6) Common Reactions of Victims
- 7) Avoiding Inappropriate Relationships
- 8) Communication
- 9) Reporting to Outside Agencies
- 10) Summarization

Documentation of training completion for contract and volunteer staff was provided upon request. All requested documentation received was complete and consistent with policy and this provision; documenting the PREA training provided.

#### 115.32(b)

Policy 14-2 cites this provision stating, "The level and type of training provided to civilians/volunteers/contractors shall be based on the services they provide and level of contact they have with inmates/detainees. All civilians/volunteers/contractors who have contact with inmates/detainees shall be notified of CoreCivic's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents."

The medical and food service staff at CCF are contract staff. Requests and review of training documentation included a random selection of volunteers and contractors. Also, interviews with contract workers confirm they are completing training as required by this standard. In reviewing the lesson plans for the PREA training, all required elements are covered. Since these staff work within the institution, they are trained at the same level as all staff.

CCF utilizes several religious volunteers within the facility. In the documentation provided pre-audit, there is a roster for training which was conducted for religious volunteers. This training ran from 7:00 am until 3:00 pm and covered the following topics:

- a. Introduction/Overview of the Facility/Company
- b. Identification, Dress Code, and Grooming
- c. Entry and Exit Procedures
- d. Volunteer Policy, documentation, and agreements
- e. The Games Inmates Play
- f. Cultural Awareness and Sensitivity (includes religious culture)
- g. Suicide Awareness
- h. PREA

#### 115.32(c)

Policy 14-2 states, "Civilians/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 civilian/volunteer or contractor's file."

CCF has each person sign the *Policy Acknowledgement* form. This form documents through signature that the person has read and fully understood the contents of Policy 14-2 *Sexual Abuse Prevention and Response*. In addition, they also sign the Georgia Department of Corrections *Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement*. Requests and review of training documentation included a random selection of volunteers and contractors. Also, interviews with contract workers confirm they are completing training as required by this standard.

**Corrective Action:**

None required.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.33 (c)

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  Yes  No

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making the compliance determination:

- *Pre-Audit Questionnaire (PAQ)*
- *Sexual Abuse Prevention and Response Policy 14-2*

- 2018 Inmate Handbook
- Inmate intake documentation
- Acknowledgement form (untitled)

## Findings:

### 115.33(a)

The PAQ indicates 1,791 inmate intakes were conducted at CCF for the reporting period.

All inmates are informed about their rights pertaining to sexual safety at intake. CCF has each inmate review a document regarding sexual abuse/assault at intake. This document explains that all allegations of sexual contact, sexual abuse, and sexual harassment involving inmates will be reported and fully investigated. In addition, it also covers how the inmate should report any information regarding sexual abuse and harassment of others or themselves. This documentation is signed and dated by the inmate and by the staff member who went through the information with them. In addition, they are each given an inmate handbook which also includes the information pertaining to their rights. The facility also utilizes a pamphlet which was created by CoreCivic covering *Preventing Sexual Abuse and Misconduct*. Review of the handbook shows it is a duplicate of the information covered at intake.

### 115.33(b), (e)

Policy 14-2 (p13) states that inmates shall receive comprehensive education during orientation which “is to occur within thirty (30) days of intake either in person or through video”. The policy goes further by outlining nine prescriptive education elements that include the required elements of this provision and beyond.

The PAQ indicated 1,791 inmates were admitted in the 12-month pre-audit period and 1,791 inmates received comprehensive education regarding their rights to be free from sexual abuse and sexual harassment and harassment as well as policy for responding to such incidents.

Intake staff reported that she/he meets with new inmates the day after they arrive, in unit 6X. It was reported that there is a group sign-in sheet, they watch a video and review the PREA pamphlet, then individually sign an untitled acknowledgement form. It is a GDC form that outlines definitions of sexual abuse and sexual harassment, prohibition on sexual activity, facility response, and captures the inmate’s understanding by signature. All random inmates, with the exception of two, that were interviewed corroborated the practice of providing comprehensive PREA education by video and in person. Of the two exceptions, one did not recall and one said he did not receive such information.

Inmates receive the 2018 Inmate Handbook which contains a section regarding “sexual abuse/misconduct/harassment” on pages 24-25. The content of that information includes definitions for prohibited acts, facility response, multiple methods of reporting, etc. It is recommended, however, there be more emphasis and inclusion of retaliation in this documentation.

Record review indicates this generally occurs within the first 24 hours they are in the facility. Inmate education records were obtained for 25 random and targeted inmates. For every requested file, the signed acknowledgement form was found.

### 115.33(c), (e)

Policy 14-2 states, "Upon arrival at the facility, all inmates/detainees shall be provided written information regarding sexual abuse prevention and reporting (e.g. inmate handbook, 12-2AA *Preventing Sexual Abuse* brochure, etc)."

The PAQ indicated there were no inmates that had not received comprehensive PREA education.

Intake staff reported that the orientation and comprehensive education process is the same for all inmates, whether they are new admits or transfers. One random inmate reported that he had admitted in 2008 and at that time he did not receive PREA information, though, since then the facility had provided such information.

Inmate education records were obtained for 25 random and targeted inmates. For every requested file, the signed acknowledgement form was found.

#### 115.33(d)

The PREA training materials utilized by the facility met this standard. While onsite, interviews were conducted with six inmates who were limited English proficient (LEP), one inmate who was hearing impaired, and one who was cognitively disabled. All these inmates understood their rights related to sexual abuse and sexual harassment, how to report, and how to remain safe.

Auditors learned that the agency and facility has well established procedures to ensure inmates with disabilities (including 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 benefit from the agency's PREA compliance efforts. Specifically, for inmates with hearing impairments, there is an inmate education video shown during orientation (title: *PREA: What You Need To Know*). Additionally, the facility has the use of a TTY machine and a memo was provided as well from the warden which indicated that a transfer request will be made, for inmates that are legally deaf, to an institution that is better equipped to manage this disability. Staff members are charged with providing individual assistance to inmates with vision impairment or who have limited reading skills.

Additional detailed information is above in Standard 115.16, regarding the content and format of materials for those who are LEP, hearing or vision-impairments, are otherwise disabled or have limited reading skills.

#### 115.33(f)

CCF exceeds standards as far as having reporting information readily available for the inmates. Throughout the facility there is signage posted. In addition, stencils have been permanently put onto the walls in many common areas covering reporting options.

The inmate handbook also provides the inmates with relevant information regarding PREA and reporting options and all inmates (with the exception of two) affirmed knowledge and awareness.

Finally, many of the inmates have tablets where they can access the PREA information, make PREA reports, access the inmate handbook, and access other facility information. The tablet resource, allowing for immediate access to information and reporting, also exceeds this standard.

#### **Corrective Action:**



None required.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making the compliance determination:

- *Sexual Abuse Prevention and Response Policy 14-2*
- *National Institute of Corrections (NIC) course: PREA: Investigating Sexual Abuse in a Confinement Setting*
- *Record Retention Policy 1-15*
- *Maintenance of Training Records Policy 4-2*
- *Investigator training records; transcripts, NIC certificate*

### Findings:

115.34(a), (c)

Policy 14-2 states, "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 setting. 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."

Pursuant to (c), Policy 14-2 states that documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with CoreCivic Policies 1-15 *Record Retention* and 4-2 *Maintenance of Training Records*.

Training records for investigators were reviewed which revealed the investigators had received general PREA training pursuant to Standard 115.31. Of the four records that were provided, however, only two training records indicated any specialized training for sexual abuse investigations in confinement. The primary PREA investigator had completed National Institute of Corrections (NIC) training, *PREA: Investigating Sexual Abuse in a Confinement Setting* 7/21/17 and he completes most of the facility investigations of sexual abuse and sexual harassment allegations. However, a review of investigation files showed investigations being conducted by staff who had not received specialized training in sexual abuse investigations. Such examples were investigations dated 02/23/2018 and 03/30/2018. The PREA compliance manager and another staff member had conducted investigations but had not completed the

required training. This is not consistent with the requirements of this provision and will require corrective action.

By interviewing the investigator, it was learned that he had also completed training through GDC for sexual abuse investigations in confinement.

115.34(b)

Policy 14-2 cites this provision and includes the required elements of specialized training.

Content for the National Institute of Corrections (NIC) course *PREA: Investigating Sexual Abuse in a Confinement Setting* was reviewed. This course complies with the training requirements as set forth by this standard. The investigator also reported that he had completed PREA investigations training through GDC and a review of his training transcript supported this; indicating he had completed "PREA Investigations" in November 2013 and another training "State of GA SART/PREA" in June 2017. This curriculum was not obtained for review, though, the investigator was able to articulate the required training elements. He discussed ways to approach victims of sexual abuse, such as trying to make them feel comfortable and not demanding information. He also discussed other aspects of his investigations, evidence collection and training thereof, and his implementation of preponderance of the evidence.

115.34(d)

The auditor is not required to assess this provision.

**Corrective Action:**

1. The facility shall ensure that all staff who conduct PREA investigations complete specialized training as outlined in this standard and that includes the required elements. It is recommended all potential investigators participate in this training.

Auditors were provided with documentation of the PREA compliance manager having completed NIC's *PREA: Investigating Sexual Abuse in a Confinement Setting*. The certificate of completion was provided via email 7/29/18 and was completed on 7/27/18. In addition, an intra-facility memorandum was provided, from Warden Hall dated 7/27/18, which designated two people with authorization to conduct PREA investigations at CCF; the PREA compliance manager and the facility investigator. Throughout the corrective action period, investigations were reviewed by the auditors. These investigations were completed by CCF's primary investigator.

Though not required by the PREA Standards, it is recommended that anyone conducting sexual abuse investigations in confinement also have a foundational knowledge and experience of investigations in addition to specialized training required by this standard.

No further corrective action needed.

**Standard 115.35: Specialized training: Medical and mental health care**

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

**115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**The following evidence was analyzed in making the compliance determination:**

- *Sexual Abuse Prevention and Response Policy 14-2*
- *NIC courses PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting and PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting*
- *PREA Contractor Training lesson plan*
- *CoreCivic "PREA Overview" lesson plan*
- *Medical and mental health staff training records*

**Findings:**

115.35(a)

Policy 14-2 states the following:

*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 who to report allegations of sexual abuse and sexual harassment.*

CCF currently has 28 staff who qualify under the definition of full and part-time qualified health care professionals and qualified mental health professionals. At the time of the completion of the PAQ, the facility indicated 100% training compliance.

In random interviews with qualified health care professionals and qualified mental health professionals, staff indicated they have been trained on all the requirements of this standard and were able to articulate what the required training elements of this provision.

Training records showed completion of three PREA courses. These are: *PREA: Specialty Training for Medical and Mental Health* (which are the courses available through the National Institute of Corrections), *PREA Overview*, and *PREA Contractor Training*. For each requested medical/mental health training records requested, this training completion verification was found.

115.35(b)

CCF staff do not conduct forensic medical examinations. They currently have a MOU with the Statesboro Regional Sexual Assault Center that will be discussed in another section. During interviews, staff indicated any involved persons would be transported to Waycross for an examination.

115.35(c)

Training records show completion of three PREA courses. These are: *PREA: Specialty Training for Medical and Mental Health*, *PREA Overview*, and *PREA Contractor Training*. For each requested medical/mental health training records requested, this training completion verification was found. In fact, CCF provided a training report that listed all medical and mental health staff and their completion of the specialized training course and the date in which it was completed. There was a total of 43 staff members on the report that had completed the specialized training.

115.35(d)

Policy 14-2 (p 7) asserts that medical and mental health practitioners must have specialized training “in addition to the general training provided to all employees...”

Comprehensive training reports were provided for two medical/mental health staff members which comprised a listing of the employee’s complete training record for their tenure. Both these training records confirmed that the staff had attended annual PREA training for all employees in addition to their specialized training.

**Corrective Action:**

None required.

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

**Standard 115.41: Screening for risk of victimization and abusiveness**

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

**115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

**115.41 (b)**

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

**115.41 (c)**

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

**115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

#### Auditor Overall Compliance Determination

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



## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making the compliance determination:

- *Sexual Abuse Prevention and Response Policy 14-2*
- Completed screening documentation
- Georgia Department of Corrections *PREA Sexual Victim/Sexual Aggressor Classification Screening/Sexual Abuse Screening Tool*
- Investigative files

### Findings:

#### 115.41(a)

CCF utilizes the Georgia Department of Corrections PREA Sexual Victim/Sexual Aggressor Classification Screening to assess for risk of sexual victimization and abusiveness. Random inmate interviews affirmed the screening questions were asked as part of their intake to the facility; generally, within the first day or two.

Copies of screenings for 25 randomly selected or targeted inmates were obtained and reviewed by the auditors. In each case, assessments were conducted within 72 hours of arrival, per policy and this standard.

In the interview with a staff member who completes initial screening, it was reported the screenings are all generally done within the first 24 hours and entered into the SCRIBE (computerized inmate information) system. For anyone who scores as a victim, aggressor, or both, a copy of the assessment is made and given to mental health and the PCM. The information that these are generally completed within the first 24 hours was consistent with interviews and based on the completed assessments that were reviewed.

#### 115.41(b)

Policy 14-2 *Sexual Abuse Prevention and Response* states that inmates will be screened within twenty-four (24) hours of arrival at the facility.

The PAQ indicates there were 5,600 inmates admitted during the preceding twelve months whose stay was longer than 72 hours and were screened within 72 hours. During the 30 random inmate interviews, it was consistently indicated the screening questions were asked as part of their intake to the facility; generally, within the first day or two.

In the interview with a staff member who completes the screenings, it was reported indicated the screenings are all generally done within the first 24 hours and entered into the SCRIBE system. For anyone who scores as a victim, aggressor, or both, a copy of the assessment is made and given to mental health and the PCM.

Copies of screenings for 25 randomly selected or targeted inmates were reviewed by the auditors. In each case, initial assessments were conducted per policy and the standard. The information that these are generally completed within the first 24 hours seems to be accurate based on the assessments that were reviewed.

115.41(c)

CCF utilizes the Georgia Department of Corrections PREA Sexual Victim/Sexual Aggressor Classification Screening which is an objective screening instrument in that it is an instrument that has a scoring mechanism that culminates in an overall determination of sexual risk.

CCF's screening tool utilizes both self-reported information from the inmate as well as staff observations. In the Sexual Victim Factors section, if an inmate scores three or higher on questions two- 10 or scores on question one, they are indicated as a victim. Under the Sexual Aggressor Factors, if the inmate scores on question one or scores two on questions two through four, they are indicated as an aggressor. The score is auto-generated.

Based on the fact this assessment includes a scoring method which can be consistently applied to determine the sexual risk, this screening tool meets the criteria to be objective. In addition,

115.41(d), (e)

The PREA Sexual Victim/Sexual Aggressor Classification Screening utilized by CCF accounts for all required screening elements; asking the following questions:

*Sexual Victim Factors:*

- 1) *Is the inmate a former victim of institutional (prison or jail) rape or sexual assault?*
- 2) *Is the inmate 25 years old or younger or 60 years or older?*
- 3) *Is the inmate small in physical stature?*
  - a. *Female- less than 110 lbs; Males- Less than 5'5" and/or less than 150 lbs.)*
- 4) *Does the inmate have a developmental disability/mental illness/physical disability?*
- 5) *Is this the inmate's first incarceration ever (prison or jail)?*
- 6) *Is or is perceived to be gay/lesbian/bi-sexual/transgender/intersex/gender nonconforming?*
- 7) *Does the inmate have a history of prior sexual victimization (sexual abuse)?*
- 8) *Is the inmate's own perception that of being vulnerable?*
- 9) *Does the inmate have a criminal history (conviction) that is exclusively non-violent?*
- 10) *Does the inmate have a conviction(s) for sex offenses against an adult or child?*

*Sexual Aggressor Factors:*

- 1) *Does the inmate have a past history of institutional (prison or jail) sexually aggressive behavior?*
- 2) *Does the inmate have a history of sexual abuse/sexual assault towards others (adult and/or child)?*
- 3) *Is the inmate's current offense sexual abuse/sexual harassment toward others (adult and/or child)?*
- 4) *Does the inmate have a prior conviction(s) for violent offenses?*

There is no question within the screening asking about detainment for civil immigration purposes. This is excluded from the assessment tool because CCF does not detain inmates for civil immigration purposes.

During the interview with the staff who conducted the screening, she indicated she does the initial screening by hand, one on one with the inmates as they arrive. For question six under Sexual Victim

Factors, she separately asks each inmate if they identify as gay, bisexual, transgender, intersex, and gender non-conforming.

CCF's screening tool utilizes both self-reported information from the inmate as well as staff observations. During the interviews with the staff responsible for conducting the assessments, they indicated, in addition to the assessment, they also have access to the classification document which will provide information on whether the inmate has an institutional history of violence or sexual abuse. For this information they can look at a specified screen referred to as B-11 on the inmate management system.

#### 115.41(f)

Policy 14-2 states, "A reassessment of the inmate/detainee's risk level of victimization or abusiveness will be conducted by the appropriate Case Manager or a staff member designated by the Warden/Facility Administrator. The assessment shall occur: Within thirty (30) days of the inmate/detainee's arrival at the facility. The reassessment will include any additional relevant information received by the facility since the initial intake screening."

CCF reported on the PAQ that 1,791 inmates were reassessed for the risk of sexual victimization or abusiveness within 30 days of arrival. The screening tool form has checkbox indicators at the top to indicate: initial, 30-day reassessment, new information. Auditors randomly selected 24 inmates from the facility and requested copies of all assessments and reassessments that had been conducted by CCF during their incarceration. Six of the inmates entered the facility prior to the release of the PREA standards and had assessments completed between 2014 and 2015 (prior to the first PREA audit of the facility). Of the remaining 18 inmates, 17 of the assessments were completed within 30 days after the initial intake assessment. The remaining inmate had not reached the 30-day reassessment deadline. Additional screenings were also requested and obtained throughout the corrective action period and review thereof supported substantial compliance that reassessments were conducted within 30 days of inmate arrival.

#### 115.41(g)

Policy 14-2 states, "When warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the inmate/detainee's risk of victimization or abusiveness."

Interviews with staff that conduct the screening indicated that reassessments would be done in circumstances in which an inmate was involved in a PREA allegation or if there was a change in their convictions or identification/status. However, investigation file review revealed that those inmates who were the victims of substantiated PREA investigations were not reassessed. This was discussed with leadership while onsite and during the out-brief on the last day of the onsite visit. Through the corrective action period, auditors requested reassessments of all inmates involved in substantiated sexual abuse investigations and that this become an institutionalized practice. The reassessments were completed for the inmates involved in substantiated allegations of sexual abuse (during the 12-month pre-audit reporting period) and were provided for auditor review. In addition, investigations that occurred throughout the corrective action period were also reviewed by auditors. The investigative files provided were detailed and thorough; indicative of a complete and thorough investigation and facility response. There was one substantiated sexual abuse investigation and reassessments of the inmate victim involved was completed and was part of the investigative file. Also, the PREA compliance manager advised (and attached for review) his tracking log showing the completion of the reassessment

screening for each allegation. In addition, he provided a sample of the packet checklist showing the same as well.

No further corrective action needed.

#### 115.41(h)

Policy 14-2 states that inmates will not be disciplined for refusing to answer screening questions, as outlined in this provision.

While onsite, an interview was conducted with the staff member who conducts the intake assessments. The staff person indicated she asks the inmates to be honest at the beginning of the assessment process but that there are no consequences for refusing to answer.

#### 115.41(i)

Based on information received from the staff member who conducts the intake assessments, the facility practice is that the intake assessments are done by hand for each incoming inmate. The information is entered into SCRIBE. If the inmate scores as a victim, aggressor, or both, a copy of the assessment is given to mental health and case management. The original form is forwarded to records.

Based on the information provided during interview, the intake staff person, the two classification staff, and one case manager who deals with placement have access to the assessments.

#### **Corrective Action:**

1. CCF shall review previous substantiated sexual abuse investigations and reassess the inmate victims for risk of sexual victimization or abusiveness. Such documentation, from investigations on the last 12 months, shall be provided for auditor review. In addition, CCF shall ensure that an inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of information that has bearing on an inmate's sexual risk level. See 115.41(g) for details on CCF satisfying this corrective action.

No further corrective action needed.

### **Standard 115.42: Use of screening information**

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

#### **115.42 (a)**

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**The following evidence was analyzed in making the compliance determination:**

- *Sexual Abuse Prevention and Response Policy 14-2*
- *Screening Tool*
- *Georgia Department of Corrections PREA Sexual Victim/Sexual Aggressor Classification Screening*

**Findings:**

115.42(a)

Policy 14-2 asserts that upon admission to the facility, inmates shall be screened by staff assigned to perform the initial screening process to obtain information relevant to housing, cell, work, education, and program assignments with the goal of keeping separate those inmates/detainees at high risk of being

sexually victimized from those at high risk of being sexually abusive. Also, that the screening shall identify past victims and/or predators and assess vulnerability to sexual abuse victimization. Housing assignments are made accordingly.

Site review observations, informal discussions with staff, and interviews with the PREA compliance manager indicated that CCF has designated certain housing units for certain inmate sub-populations to increase inmate safety. This is also the method in which inmates at high risk of being sexually victimized are kept separate from those at high risk of being sexually abusive. Additionally, the facility has designated safe housing beds for inmates deemed that are vulnerable. Based on information received in the interview with the staff person responsible for housing decisions, many of the inmates who are openly gay (and/or are otherwise vulnerable) are in the LL pod based on better observation and staff supervision of the area. The facility has safe housing beds designated which are generally located in the front of the unit where there is better camera and staff observation. He indicated he prefers not to house those who could potentially be victims in a cell house because the supervision is not as good.

Documentation review of those inmates who are assessed as victims or aggressors shows an effort to ensure safety whenever possible by keeping them in different areas of the institution.

#### 115.42(b)

Provision (b) is not specifically addressed in policy but CCF demonstrated they do make individualized determinations about inmate safety. Inmates undergo many assessments which are factored into safety determinations. Every inmate is assessed and assigned a general custody risk level (based on their criminal history, charges, convictions, and other factors) which determines the housing eligibility. Higher risk inmates are not housed in the same units as lower risk inmates. In addition, the Sexual Abuse Screening tool categorizes inmates as "PREA Aggressor", "PREA Victim", or "PREA Both". If an inmate scores as any of these, they are referred to behavioral health for follow up. If an inmate is classified as "PREA Both", the reviewing staff make a determination of the best possible placement based on totality of the circumstances.

#### 115.42(c)

Policy 14-2 states, "In deciding whether to house a transgender or intersex inmate/detainee in a male housing unit/area or a female housing unit/area, or when making other housing and programming assignments for such inmates/detainees, the facility shall consider the transgender or intersex inmate/detainee's own views with respect to his/her own safety and shall consider on a case-by-case basis whether such placement would ensure the inmate/detainee's health and safety. Consideration should also be given as to whether the placement would present management or security problems."

Georgia Department of Corrections Diagnostics makes the determination whether transgender or intersex inmates will be housed at a male or female facility prior to them being transferred. CCF is a contract facility who houses those the Georgia Department of Corrections deems to be appropriate for placement within the facility. Auditors learned that CCF has housed transgender inmates and has made specific shower and other needed accommodations. A transgender inmate would be housed in a designated safe housing bed.

#### 115.42(d)

Policy 14-2 states, "Placement and programming assignments for each transgender or intersex inmate/detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced by the inmate/detainee."

Assessments for an inmate who reported being transgender during interviews indicated he identified as gay at intake. A review of documentation affirmed this. The facility did not have knowledge of this inmate's identity. Therefore, reassessment twice a year would not have been warranted. The inmate had only been incarcerated at the facility for three months nonetheless. There was no other relevant and applicable documentation for auditors to review to verify this practice. The PREA compliance manager and policy language support this to be practice. The staff member that conducts screenings that was interviewed was not asked a question relevant to this provision.

#### 115.42(e)

Policy 14-2 states, "In deciding whether to house a transgender or intersex inmate/detainee in a male housing unit/area or a female housing unit/area, or when making other housing and programming assignments for such inmates/detainees, the facility shall consider the transgender or intersex inmate/detainee's own views with respect to his/her own safety and shall consider on a case-by-case basis whether such placement would ensure the inmate/detainee's health and safety."

Targeted interviews were conducted with two inmates who identified as transgender. Both inmates indicated they feel safe within the facility. They also indicated they have equal access to programming and activities within the institution. One indicated, at intake, the unclothed search was conducted by female staff. Further documentation was received on this statement and it was found a male completed the unclothed search at intake. Due to the fact this inmate identified as gay and not transgender at intake, there were no concerns with this search. Both inmates reported they have multiple ways to report issues to staff but neither has had an issue at this facility and that, to the extent possible, their views were taken into consideration.

#### 115.42(f)

Conversations with staff indicated transgender and intersex inmates have the opportunity to shower in the medical unit if they choose. In targeted interviews with transgender inmates, they were aware of this option but were not utilizing it at that time. One reported they shower after others go to bed.

During the site review, the shower area in medical was seen. This area is an area where a person would be able to shower privately without being seen by other inmates. Staff could see into the shower by approaching the area to conduct checks within the course of their official duties.

In addition, during the site review of the facility housing units, it was noted the shower areas have partial walls between the shower heads allowing for some privacy within the unit showers. There were no gang showers. Screening staff reported, regarding a transgender inmate that had been there, they ensured the inmate was in a dorm that had the more private shower area.

#### 115.42(g)

Of those interviewed who identified as LGBTI, most resided in Unit 8. While it may appear they are being separated based on their identification, it should be noted many of the inmates who are limited English proficient are also housed in this unit. Upon touring the unit, this area did seem to be the safest area of the institution in terms of staffing and inmate culture. One inmate interviewed stated he felt it was a "potential victim" pod. He also stated he felt this was the safest place for him to be housed within the institution. Inmates are not placed there on the basis of their identification or status.



In the interview with the staff who decides placement, he indicated he attempts to avoid placing those who may potentially be at risk within cell house units as the supervision is not as good as in the dorm units. To ensure the safety of those most at risk, he generally will also place them towards the front of the dorm units as supervision is generally better in those areas.

**Corrective Action:**

None required.

**Standard 115.43: Protective Custody**

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

**115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

**115.43 (b)**

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

**115.43 (c)**

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  
 Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making the compliance determination:

- *Sexual Abuse Prevention and Response Policy 14-2*
- *Protective Custody Investigation*
- *Confinement Review*

#### Findings:

115.43(a)

Policy 14-2 (p 15) cites this provision stating that inmates “at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary segregated housing for less than twenty-four (24) hours while completing the assessment.”

The PAQ indicates CCF staff have not placed an inmate in involuntary segregation within the past 12 months. In looking at the housing assignments for those deemed to be at high risk for victimization and speaking to several of the inmates, it appears the facility does not utilize involuntary segregation as a method of separation. In addition, interviews conducted with staff throughout all levels confirm this information as well. During the interview with the facility warden, he indicated he would never utilize involuntary segregation for an inmate who was at risk of victimization unless it was requested by them. He indicated that if the facility is not safe for the inmate, he, as warden, has the ability to transfer the inmate to another institution if there were no other alternatives.

The lead auditor requested specific segregation/PC placement records for two inmates. *Protective Custody Investigation* and *Confinement Review* documents were provided. These documented the justification and other details of inmate placement (original placement and subsequent review) into PC which included whether the request by the inmate to by staff. Such records for both inmates indicated that the request was made by the inmate himself.

#### 115.43(b)

Policy 14-2 (p 15) states, “Inmates/detainees placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility shall document the following:

- i. The opportunities that have been limited;
- ii. The duration of the limitation;
- iii. The reasons for such limitations.”

Based on information received during interviews and the site review, there do not seem to be any cases of inmates held in involuntary segregation due to a high risk of being sexually victimized. That said, it is recommended that the agency and facility establish a method of documenting the requirements of this provision.

#### 115.43(c), (d), (e)

The PAQ indicates there were no inmates held in involuntary segregation due to their risk of being sexually victimized. Files reviewed seem to confirm there have not been any cases of involuntary segregation of those at risk of being victimized. While there is no record of any inmates being held in involuntary segregation due to their risk of being sexually victimized, it is worth noting that every inmate housed in segregation, regardless of reason for placement, are reviewed every seven days. This is an exceptional practice the facility has in place.

A staff member that works the isolation/segregation unit (a sergeant) reported there were no inmates placed in his unit for risk of sexual abuse, to his knowledge, and that inmates had not been involuntarily segregated for that reason. This staff member also explained that for any inmate that has education on his program plan, education staff come once a day and the same with programs that an inmate is

enrolled in. He explained that inmates can have three library books at a time, by request, and have recreation for one hour a day Monday through Friday. Auditors learned and observed that inmates in the isolation/segregation units have electronic tablets like all other inmates. They have access to certain resources, can email approved sources, can make PREA reports, and have limited access to games. However, they are only afforded one phone call every 30 days.

**Corrective Action:**

None required.

<b>REPORTING</b>
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**Standard 115.51: Inmate reporting**

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

**115.51 (a)**

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

**115.51 (b)**

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

**115.51 (c)**

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  
 Yes  No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making the compliance determination:

- *Sexual Abuse Prevention and Response Policy 14-2*
- *PREA signage*
- *PREA Reporting Information*
- *File review*

#### Findings:

##### 115.51(a)

Policy 14-2 states the following:

*Inmates/detainees shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other inmates/detainees or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates/detainees 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:*

- i. *Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during sick call;*
- ii. *Calling the facility's twenty-four (24) hour toll-free notification telephone number;*
- iii. *Verbally telling any employee, including the facility Chaplain;*
- iv. *Forwarding a letter, sealed and marked confidential, to the Warden/Facility Administrator or any other employee;*

- v. *Calling or writing to someone outside the facility who can notify facility staff;*
- vi. *Forwarding a letter to the CoreCivic Managing Director, Facility Operations, at the following address:  
10 Burton Hills Boulevard  
Nashville, TN 37215*
- vii. *Electronically report allegations of sexual abuse and harassment to any department listed in the C-ORES system as a contact.*
- viii. *At this facility, additional inmate/detainee reporting methods required by the contracting agency are:  
\*7732(PREA) Which is the Georgia Department of Corrections PREA Reporting Hotline. This call can be made via inmate telephones.  
Electronically report allegations using the GOAL device to [PREA.REPORT@GDC.GA.GOV](mailto:PREA.REPORT@GDC.GA.GOV), in lieu of C-CORES system.*

Inmates have access to this list within their inmate handbook. In addition, each unit has signage posted with reporting options. In multiple locations throughout the facility, there is signage stenciled on the walls with the numbers for PREA reporting to GDC and the Statesboro Regional Sexual Assault Center.

During the onsite audit, interviews were conducted with the 14 random staff which all were able to articulate multiple avenues of reporting sexual abuse or sexual harassment; most citing the hotline, in writing, and telling any staff member. Across the board, all were able to articulate the different reporting options that were available to the inmates. Of the 30 random inmates interviewed, 24 confidently expressed awareness of multiple avenues including in writing, via phone or email on their tablet. The remaining knew how to report but did not offer awareness of the multitude of reporting avenues. Nonetheless, random inmate interviews supported substantial compliance.

#### 115.51(b)

CCF contracts to house inmates with the Georgia Department of Corrections (GDC). GDC enables inmates to report, external to the CoreCivic agency, to GDC either through the 7732-hotline number or through the email system available on their tablets. While onsite, a test call was made using the 7732 number. This phone number is active from noon until 11:30 pm each day. The email system is unavailable from 11:00 pm until 6:00 am as the Wi-Fi is shut off overnight. Inmates can compose an email during those night hours and it will be mailed as soon as Wi-Fi is turned on. The hotline number is directed to the GDC PREA director's office.

As listed on the *PREA Reporting Information* poster, there is an additional outside reporting listed; Statesboro Regional Sexual Assault Center. The poster indicates that it is a reporting avenue as well as for emotional support and aftercare services. The inmates have access to both an address and phone number to contact this resource. It should; be noted, however, that this organization is not a reporting avenue but is available for emotional support and crisis intervention for inmate victims of sexual abuse. This was verified through a phone interview with a representative from the center who reiterated that they would offer support and coordinate services but will not forward reports of sexual abuse for investigation. It is recommended that the poster be amended to more clearly delineate that.

The PREA compliance manager explained external reporting options and several informal discussions were had regarding this reporting. Information was shared about Statesboro not being an actual reporting mechanism but a resource for emotional support. He confirmed that the hotline calls go to the GDC PREA compliance office and that they are forwarded back to him for investigation.

CCF does not detain inmates for immigration purposes.

#### 115.51(c)

Policy 14-2 states, "Employees must take all allegations of sexual abuse seriously, including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports."

Interviews were conducted with the 14 random staff all articulated their duty to accept any and all reports of sexual abuse or sexual harassment, whether it be in writing, anonymous, or via third-party. Each staff was able to articulate they would accept a report of sexual abuse/sexual harassment no matter what medium was used to report.

Of the 28 random inmates that responded, 27 affirmed that staff accept verbal, third-party, and anonymous reports. Three inmates did disclose that they would not choose to make a verbal report due to lack of trust in staff. Substantially, though, inmates supported compliance with this provision.

Investigative files provided examples, in practice, in which verbal and third-party reports were accepted and responded to.

#### 115.51(d)

Policy 14-2 asserts that staff "may privately report sexual abuse and sexual harassment of inmates/detainees by forwarding a letter, sealed and marked 'confidential', to the Warden/Facility Administrator."

Through random staff interviews, auditors learned that staff have the option to contact the warden or to utilize the CoreCivic Ethics telephone line for making anonymous reports regarding sexual abuse or sexual harassment (or of other non-PREA related concerns). Staff consistently stated they would have no hesitation reporting an allegation to supervisors or leadership in the facility and that it could be done privately. While they were aware of the ability to make an anonymous report, they did not feel they would need to use that option.

#### **Corrective Action:**

None required.

## **Standard 115.52: Exhaustion of administrative remedies**

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

#### **115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA



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

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **The following evidence was analyzed in making the compliance determination:**

- *Sexual Abuse Prevention and Response Policy 14-2*
- *Georgia Department of Corrections Policy 227.02 Statewide Grievance Procedure (effective 02/26/18)*
- *2018 Inmate Handbook*

### **Findings:**

CCF is exempt from this standard as they do not have administrative procedures to address inmate grievances regarding sexual abuse. Policy language and discussion supported this to be the case.

*Sexual Abuse Prevention and Response Policy 14-2 states the following:*

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

CCF does have a grievance system; outlined in Georgia Department of Corrections Policy 227.02 Statewide Grievance Procedure. Policy 227.02 states, "Sexual Abuse and Sexual Harassment shall be forwarded to the Institutional Sexual Assault Response Team (SART) and processed according to SOP 208.06, Prison Rape Elimination Act: Sexually Abusive Behavior Prevention and Intervention Program."

Though in policy, it is equally as important to ensure the inmate population is also aware of the practice regarding grievances of sexual abuse or sexual harassment. Upon review of the 2018 Inmate Handbook inmate grievance section (p 33), it was noted that this information is provided to inmates: "Allegations of Sexual Abuse and/or Sexual Harassment shall be forwarded to the Sexual Abuse Response Team (SART) and processed in accordance with SOP 208.06, Prison Rape Elimination Act – PREA Sexually Abusive Behavior Prevention and Intervention Program."

During the site review, conversations were had with staff inquiring about the process of an inmate submitting a grievance form with alleging sexual abuse or sexual harassment. Staff all indicated the form would be treated as a written allegation notice and not processed through the grievance procedure. This information was confirmed during an interview with an inmate who mistakenly filled out a grievance to report a PREA allegation. He stated the information was not taken through the grievance process and was passed on directly to an investigator.

**Corrective Action:**

None required.

**Standard 115.53: Inmate access to outside confidential support services**

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

**115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

**115.53 (b)**

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

**115.53 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

**Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making the compliance determination:

- *Sexual Abuse Prevention and Response Policy 14-2*
- *Memorandum of Understanding between Statesboro Regional Sexual Assault Center and CCA of Tennessee, LLC, Coffee Correctional Facility*
- Signage located throughout the facility
- Inmate Handbook

### Findings:

#### 115.53(a)

Policy 14-2 cites the verbiage of this provision, "Inmates/detainees shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving inmates/detainees mailing addresses and telephone numbers, including toll-free numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for person detained solely for immigration purposes, immigrant services agencies. Such information shall be included in the facility's Inmate/Detainee Handbook. The facility shall enable reasonable communication between inmates/detainees and these organizations and agencies, in as confidential a manner as possible."

Inmates at CCF have access to confidential support services through the Statesboro Regional Sexual Assault Center. Inmates have both telephone and mailing information for this agency which is available to them in the inmate handbook or through their electronic tablet which is issued to every inmate. Most inmates reported awareness of this resource; most having seen it on their tablet. Of the five inmates that were interviewed who had reported sexual abuse, two recalled being offered outside emotional support while three did not recall if it was offered or not. Therefore, it is recommended that the practice of offering emotional support to inmate victims of sexual abuse be emphasized and even documented.

#### 115.53(b)

Policy 14-2 states, "Inmates/detainees 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."

Policy and the PAQ indicated this standard to in place. Inmates who had reported sexual abuse that were interviewed had mixed reports of the awareness of the monitoring of calls to outside emotional support and whether information would be forwarded to law enforcement. Two reported they were aware while three did not recall. Random inmates were generally aware that their conversations were recorded and monitored whether to outside emotional support services or not. It was noted by the auditors that there was no indication within the inmate handbook regarding the monitoring of contacts with the outside emotional support. Thus, corrective action will be required to shore up this practice and awareness.

After several communications between the auditor and the facility, the PREA compliance manager provided an amended PREA poster which enhanced language that read, "Telephone lines at Coffee Correctional Facility are recorded. Reports of allegations made by calling the GDOC PREA Hotline will be forwarded to Coffee Correctional Facility for investigation. Reports made to the Statesboro Regional Sexual Assault Center for emotional support will remain confidential as required by stated standards for crisis counselors and Agency policies and procedures."

This amended poster replaced the former posters in each housing unit.

No further corrective action is needed.

#### 115.53(c)

CCF has an active MOU with Statesboro Regional Sexual Assault Center. The MOU states that the center will:

- a. *Respond to requests from Facility to provide a Sexual Assault Nurse (SANE) for comprehensive care; prophylaxis treatment for sexually transmitted disease; timely collection of forensic evidence; and testimony, if necessary, in sexual assault cases of Facility inmates.*
- b. *Provide a toll-free hotline for emotional support services related to sexual assault, sexual abuse, and sexual harassment.*
- c. *Immediately contact the Facility PREA Coordinator, or highest ranking staff member available, of all reported received from Facility inmates.*
- d. *Maintain confidentiality as required by stated standards for crisis counselors and Agency policies and procedures; and*
- e. *Communicate any questions or concerns to the Facility PREA Coordinator.*
- f. *Work with designated Facility officials to obtain security clearances and follow all institutional guidelines for safety and security.*
- g. *Provide training for Facility staff and invite Facility staff to regular community SART meetings.*

The MOU with Statesboro Regional Sexual Assault Center that was provided in with the pre-audit questionnaire documentation shows an expiration date of 05/08/2015. During the post audit review, it was confirmed this MOU renews automatically each year if neither party provides a 30-day written notice to terminate the agreement.

#### **Corrective Action:**

1. CCF shall ensure that inmates are informed of the extent to which communications with outside emotional support services (Statesboro) are monitored. See 115.53(b) for details on the facility satisfying this corrective action.

No further corrective action needed.

## **Standard 115.54: Third-party reporting**

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

#### **115.54 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**The following evidence was analyzed in making the compliance determination:**

- Sexual Abuse Prevention and Response Policy 14-2
- Facility website

**Findings:**

115.54(a)

On the CCF website, <http://www.corecivic.com/facilities/coffee-correctional-facility>, there are three options listed for making a third-party report. These are:

- 1) Call or send a confidential letter to the Office of the Warden.
- 2) Call the Georgia Department of Corrections, Inmate Affairs (Ombudsman).
- 3) Send a letter to the CoreCivic, Managing Director, Facility Operations.

**Corrective Action:**

None required.

**OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

**Standard 115.61: Staff and agency reporting duties**

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

**115.61 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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### The following evidence was analyzed in making the compliance determination:

- Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)
- Investigative Records

### Findings:

#### 115.61(a)

Policy 14-2 (p 17) addresses this provision requiring all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, to treat all allegations as credible, and to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Each of the 14 random staff interviewed articulated this requirement and many reported awareness of disciplinary action for failure to follow the reporting requirements.

#### 115.61(b)

Policy 14-2 (p 17) cites this provision prohibiting staff from revealing information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Of the random staff that were specifically asked, all articulated the expectation of not telling other staff members or inmates about information related to an incident of sexual abuse, though, this question alone was not directly asked. Review of the staff training curriculum revealed training content about this provision.

#### 115.61(c)

Policy 14-2 (p 18) cites this provision as, "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 inmates/detainees of their professional duty to report and the limitations of confidentiality."

Interviews of medical and mental health staff were conducted. One reported that there is a confidentiality statement that informs inmates of limits to confidentiality and duty to report. The other thought the information was contained in an intake packet given to the inmates but was not certain. While substantial compliance is met, it is recommended that the agency and facility shore up this practice. Posted information in the medical and mental health areas is an option and/or a formal form or guideline for such staff to use.

#### 115.61(d)



Policy 14-2 (p 18) addresses this provision, although, the CCF does not admit inmates under the age of 18, therefore, the auditor is not required to assess this provision. The fact that CCF does not admit inmates under the age of 18 was verified and is further addressed in Standard 115.14 above.

115.61(e)

The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Policy 14-2 (p 17) states that all allegations shall be reported to facility investigators.

Document and investigation review verified this as practice and if further outlined in Standards 115.22 above and 115.71 below.

This practice was articulated by the PREA compliance manager; facility investigator, and by the facility head.

**Corrective Action:**

None required.

**Standard 115.62: Agency protection duties**

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

**115.62 (a)**

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**The following evidence was analyzed in making the compliance determination:**

- *Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)*

**Findings:**

115.62(a)

Policy 14-2 (p 1) cites this standard asserting that immediate action will be taken to protect an inmate that is imminent danger of sexual abuse.

All 14 random staff interviewed, as well as the agency head and facility head, explained they would take immediate action if they learned an inmate was subject to a substantial risk of imminent sexual abuse. Random staff reported they would keep the inmate separate from other inmates and ensure their safety until further direction from supervisors was provided. The facility head explained that the inmate would be kept separate from others and that a prompt facility transfer could be arranged, if needed.

There were no instances of an inmate being at risk of imminent sexual abuse during the reporting period.

**Corrective Action:**

None required.

**Standard 115.63: Reporting to other confinement facilities**

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

**115.63 (a)**

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

**115.63 (b)**

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

**115.63 (c)**

- Does the agency document that it has provided such notification?  Yes  No

**115.63 (d)**

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

**Instructions for Overall Compliance Determination Narrative**

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**The following evidence was analyzed in making the compliance determination:**

- *Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)*

**Findings:**

115.63(a) (b), (c)

Policy 14-2 (p 20) outlines compliance with this standard regarding reporting to another confinement facility and charges the warden with notification within 72 hours.

The PAQ indicated there were no such allegations during the 12-month pre-audit period in which an inmate alleged sexual abuse while confined at another confinement facility. This was also reported by the facility head; that he had no knowledge of such allegations.

115.63(d)

Policy 14-2 (p 20) cites the language of this provision asserting that any allegation, received from another facility, of sexual abuse that occurred at CCF, will be referred immediately for investigation. This again was confirmed by the facility head as well as by the agency head designee who asserted that such a notification would result in an investigation just as any other allegation.

**Corrective Action:**

None required.

**Standard 115.64: Staff first responder duties**

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

**115.64 (a)**

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
  - Yes  No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making the compliance determination:

- Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)
- Investigative files

#### Findings:

115.64(a), (b)

Policy 14-2 (p 19) cites the language of this standard, outlining first responder duties.

The PAQ indicated there were 50 allegations of sexual abuse and sexual harassment during the pre-audit reporting period and 50 allegations in which the first security staff member separated the alleged victim and abuser. The PAQ also indicated there were two allegations where staff were notified within a time period that still allowed for the collection of physical evidence and four allegations in which these first responder duties were followed. Review of the investigative documentation indicated that there were actually more incidents in which staff members appeared to have taken these required steps. The *Sexual Abuse Incident Check Sheet* in the investigative files specifically documents whether the first responder separated the alleged victim and abuser and documentation showed this occurred.

All 14 random staff articulated a knowledge of first responder duties; most expressed in-depth knowledge while approximately four had to be prompted for more detail regarding preserving physical evidence. Staff also showed and referred to the first responder cards they carry with them.

During the pre-audit reporting period, there were no non-security staff first responders.

**Corrective Action:**

None required.

**Standard 115.65: Coordinated response**

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

**115.65 (a)**

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**The following evidence was analyzed in making the compliance determination:**

- *Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)*
- Investigative Records
- *PREA Reporting form*
- *Sexual Abuse Incident Check Sheet*

**Findings:**

115.65(a)

Policy 14-2 outlines initial response and separation procedures; first responder duties, completion of forms that document and ensure a coordinated response among facility and agency leadership, investigators, medical, and mental health providers.

Policy 14-2 (*p 10*) further outlines the responsibilities of the SART (Sexual Assault Response Team) which is defined in the policy as a team of four or more individuals having a primary role in responding to sexual abuse incidents, victim assessment and support needs. The policy also expounds on SART team responsibilities and SART member responsibilities. The auditor was provided with a memo listing the staff members that comprise the SART at CCF.

The warden acknowledged a coordinated facility response to incidents of sexual abuse and sexual harassment and referenced the SART team as carrying out the coordinated response.

The *PREA Reporting form* and *Sexual Abuse Incident Check Sheet* that was found in investigative records review that documents these procedures

**Corrective Action:**

None required.

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

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

**115.66 (a)**

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

**115.66 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**The following evidence was analyzed in making the compliance determination:**

- *Pre-Audit Questionnaire (PAQ)*
- *Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)*

**Findings:**

115.66(a), (b)

Policy 14-2 (p 27-28) addresses this standard regarding collective bargaining agreements entered by the agency; ensuring the agency is not limited in the removal of staff members involved in inmate sexual abuse.

CCF has entered into collective bargaining agreements, though the CoreCivic agency head designee expressed knowledge and practice of these requirements from an agency level and as it relates to other facilities. In fact, the agency exceeds this standard as articulated by the agency head designee. It was explained that himself, the PREA coordinator, and other key players including the PREA team is part of the negotiating team when it comes to collective bargaining agreements. Further he explained that the PREA coordinator looks for PREA implications ensuring compliance with this standard and that the human resources lead labor negotiator has also been trained in PREA and requirements under this standard. At the agency level, the agency head designee asserted they have several union contracts and that when a new contract is under negotiation, there is often a learning curve that is undergone to ensure the understanding of PREA requirements under this standard.

**Corrective Action:**

None required.

**Standard 115.67: Agency protection against retaliation**

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

**115.67 (a)**

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No



- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  Yes  No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making the compliance determination:

- *Pre-Audit Questionnaire (PAQ)*
- *Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)*
- *Investigative Records and Documentation*
- *PREA Retaliation Monitoring Report form*

#### Findings:

115.67(a)

Policy language and facility-/agency-specific guidance regarding monitoring retaliation was found in Policy 14-2 (p 11). It asserts that at CCF, the mental health coordinator is the designated staff member charged with retaliation monitoring.

#### 115.67(b)

Though, Policy 14-2 addresses the monitoring of retaliation, specific policy language did not address (b). Nonetheless there were practices in place for employing multiple protection measures for those who fear retaliation and were articulated by several interviewees.

The agency head designee affirmed that the agency has a zero tolerance for retaliation, that after-action reviews look at retaliation, that communication from the staff or inmate victim is encouraged, and cited examples of what retaliation may look like.

The mental health coordinator was interviewed regarding this responsibility of doing the monitoring. He explained the protective measures in place for protecting staff and inmates from retaliation. Auditors gathered that he is in frequent and regular communication with inmates and is on the living units daily; very accessible to inmates and receptive to their needs. When an issue presents itself, he takes immediate action to ensure inmates' safety, put in a transfer request, or other measures as necessary. He cited things such as teaching positive coping skills, identifying triggers, and notifying the SART team of any issues.

The facility head affirmed that the mental health coordinator is charged with retaliation monitoring and that they ensure both the victim as well as the abuser receive the mental health support needed, removal from abuser, housing or transfer changes if necessary. He did not elaborate on specific knowledge of retaliation monitoring; items to monitor, process, or documentation.

Two inmates, who had reported sexual abuse and were in segregation (protective custody), were interviewed; one insisted that he remain in PC due to his own safety concerns. The other did not wish to remain in PC but reported that his request to come out had not yet been granted by the facility. Both inmates reported that the mental health coordinator often checked on them. One asserted that he is only asked if he is okay and nothing further.

The five inmates that reported sexual abuse reported that mental health did come by to check on them. It was not evident that they were aware they were being monitored for retaliation.

The *Sexual Abuse Incident Check Sheet*, in the investigative files, indicated that retaliation monitoring was assigned and the date in which that happened. However, no further specifics are documented on this form. The use of attachment D of Policy 14-2, *PREA Retaliation Monitoring* form is mandated in policy to document retaliation monitoring. One completed example of such documentation on this form was provided pre-audit, though, such documentation was not included in the investigative files for further analysis and verification of practice.

#### 115.67(c), (d)

On the PAQ, the facility indicated there were no reports or incidents of retaliation during the pre-audit reporting period.

Policy 14-2 addresses Provisions (c) and (d); stating there were two forms for documenting this process; *Inmate Protection Against Retaliation* and *Staff Protection Against Retaliation*.

The agency head designee affirmed that the agency has a zero tolerance for retaliation, that after-action reviews look at retaliation, that communication from the staff or inmate victim is encouraged, and cited examples of what retaliation may look like.

The mental health coordinator was interviewed regarding this responsibility of doing the monitoring. He explained the protective measures in place for protecting staff and inmates from retaliation. Auditors gathered that he is in frequent and regular communication with inmates and is on the living units daily; very accessible to inmates and receptive to their needs. When an issue presents itself, he takes immediate action to ensure inmates' safety, put in a transfer request, or other measures as necessary. He cited things such as teaching positive coping skills, identifying triggers, and notifying the SART team of any issues. He did not, however, speak to monitoring items that are prescribed in Provision (d): inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.

The facility head affirmed that the mental health coordinator is charged with retaliation monitoring and that they ensure both the victim as well as the abuser receive the mental health support needed, removal from abuser, housing or transfer changes if necessary. He did not elaborate on specific knowledge of retaliation monitoring; items to monitor, process, or documentation.

Two inmates, who had reported sexual abuse and were in segregation (protective custody), were interviewed; one insisted that he remain in PC due to his own safety concerns. The other did not wish to remain in PC but reported that his request to come out had not yet been granted by the facility. Both inmates reported that the mental health coordinator often checked on them. One asserted that he is only asked if he is okay and nothing further.

The *Sexual Abuse Incident Check Sheet*, in the investigative files, indicated that retaliation monitoring was assigned and the date in which that happened. However, no further specifics are documented on this form. The use of attachment D of Policy 14-2, *PREA Retaliation Monitoring* form is mandated in policy to document retaliation monitoring. One completed example of such documentation on this form was provided pre-audit, though, such documentation was not included in the investigative files for further analysis and verification of practice. Furthermore, the example documentation showed dates and periodic status checks (at 30, 60, and 90 days) but did not indicate that any items required in Provision (d) were reviewed or monitored. These items prescribed in (d) include: inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Therefore, corrective action will be required for this provision.

Throughout the corrective action period, many communications and discussion occurred between the auditor, PCM, and PC. It was determined that CCF would solidify their practice of monitoring retaliation by using the 14-2 D form; *PREA Retaliation Monitoring*. This form cites the requirements of this standard at the top and documents the following: incident date, inmate or employee name and ID, current date, reviewer and reviewer's position, type of periodic status check [first 30 days, 60 days, 90 days, beyond 90 days (as indicated)], and comments by the reviewer. Throughout the four to five month corrective action period, there were 10 unsubstantiated investigations and one substantiated investigation.

Documentation of retaliation monitoring was provided for auditor review for each of the 11 cases. For each case, the PREA Retaliation Monitoring form was completed. The forms documented 30/60/90-day monitoring; reflecting the status of each. Some inmates had been transferred at some point and some were still in the midst of the 90-day monitoring. Where warranted, the 90 days of monitoring was completed. The reviewer comments indicated an assessment of whether an inmate had been issued disciplinary reports, had housing changes, or had been transferred to another facility.

115.67(f)

The auditor is not required to assess this provision.

**Corrective Action:**

1. If further documentation exists of the practice of monitoring retaliation, the facility shall provide for auditor review and consideration.
2. The facility shall ensure that items prescribed in Provision (d) of this standard are monitored in addition to inmate status checks. If such documentation exists, the facility shall provide to the auditors. The facility can consider including such detail and process in the already existing retaliation monitoring form.

See above in 115.67(c), (d) for details on the facility satisfying this corrective action.

No further corrective action needed.

**Standard 115.68: Post-allegation protective custody**

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

**115.68 (a)**

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the*

facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**The following evidence was analyzed in making the compliance determination:**

- *Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)*
- *Protective Custody Investigation*
- *Confinement Review form*

**Findings:**

115.68(a)

This standard states, “Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of § 115.43.” Policy 14-2 (*p 15*) addresses Standard 115.43 (pertaining to inmates at high risk of sexual abuse) and, thus, this standard (pertaining to inmate victims of sexual abuse). Pre-audit documentation stated that CCF does not involuntarily segregate inmates that have alleged sexual abuse.

As further elaborated in Standard 115.43, Policy 14-2 cites each provision of the standard.

The PAQ indicates CCF staff have not placed an inmate in involuntary segregation within the past 12 months.

Interviews with staff and inmates indicated this information to be accurate. Document review does not show any placements in involuntary segregation. In addition, the facility head reported they would “never” lock up an inmate at high risk of sexual abuse, or who had reported sexual abuse, or subject an inmate to restrictive housing for this reason. That said, it is recommended that the agency and facility establish a method of documenting the requirements of this provision.

While there is no record of any inmates being held in involuntary segregation due to their risk of being sexually victimized, it is worth noting that every inmate housed in segregation, regardless of reason for placement, are reviewed every seven days. This is an exceptional practice the facility has in place.

The lead auditor requested specific segregation/protective custody placement records for two inmates. *Protective Custody Investigation* and *Confinement Review* documents were provided. These documented the justification and other details of inmate placement (original placement and subsequent review) into PC which included whether the request by the inmate to by staff. Such records for both inmates indicated that the request was made by the inmate himself.

A staff member that works the isolation/segregation unit (a sergeant) reported there were no inmates placed in his unit for risk of sexual abuse, to his knowledge, and that inmates had not been involuntarily segregated for that reason. This staff member also explained that for any inmate that has education on his program plan, education staff come once a day and the same with programs that an inmate is enrolled in. He explained that inmates can have three library books at a time, by request, and have recreation for one hour a day Monday through Friday. Auditors learned and observed that inmates in the isolation/segregation units have electronic tablets like all other inmates. They have access to certain resources, can email approved sources, can make PREA reports, and have limited access to games. However, they are only afforded one phone call every 30 days.

**Corrective Action:**

None required.

<b>INVESTIGATIONS</b>
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**Standard 115.71: Criminal and administrative agency investigations**

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

**115.71 (a)**

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

**115.71 (b)**

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

**115.71 (c)**

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

**115.71 (d)**

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

**115.71 (e)**

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making the compliance determination:

- *Sexual Abuse Prevention and Response Policy 14-2*
- *Sexual Assault Response Policy 13-79*
- *The Incident Investigation Report*
- Georgia Department of Corrections PREA Investigator training curriculum
- National Institute of Corrections online PREA Investigator training course
- Investigation file review
- Facility investigator training records

### Findings:

115.71(a)

CCF has designated investigators that conduct administrative sexual abuse and sexual harassment investigations. Criminal allegations are referred to GDC. There is a thorough policy, 13-79 *Sexual Assault Response*, which cover all the elements of this provision.

During the interview with the primary investigator, he indicated response time to an allegation which occurs Monday through Friday is generally within 30 minutes to an hour. For allegations reported on the weekends, unless it was a sexual abuse case that warranted immediate response, the investigation would begin Monday morning. If it is reported on the weekend, generally the PREA compliance manager is notified and he will make the determination if the investigation must begin immediately. The shift supervisor or captain would take the alleged victim to medical, separate the alleged victim and alleged perpetrator as needed, and get an initial statement.

Twenty-five investigative files were reviewed onsite and post-onsite which were indicative of prompt, thorough, and objective investigations. The investigator explained that third-party and anonymous reports are handled like all other allegations; all are investigated to the extent possible.

115.71(b)



The training records of the primary PREA Investigator indicated completion of PREA Investigator training in 2013. In addition to completing this training, he has completed the facility PREA training required of all staff on a yearly basis. More information about this specialized training is detailed in Standard 115.34 above.

The primary investigator reported he received training through the Georgia Department of Corrections. The curriculum provided for the training is the course developed by The Moss Group for the training of PREA Investigators. In addition, the investigation training from the National Institute of Corrections (NIC) was also utilized.

#### 115.71(c)

CCF investigators only conduct administrative investigations and do gather and preserve evidence, interview alleged victims and suspected abusers, and prior complaints of sexual abuse.

This provision is addressed in policy 14-2 states the following:

*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 5-1G Incident Investigation Report via the IRD and shall detail the following components.*

- 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 assessment (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 an inmate/detainee or employee);*
- 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.*

The investigator reported being trained on evidence collection and crime scene preservation, interviewing victims, gathering witnesses, evidence collection to include camera footage, interviewing witnesses for statements, clothing collection, and DNA. He cited examples in which he analyzed video and other evidence as part of his investigation which reportedly happens frequently. *The Incident Investigation Report* in which investigations are documented accounts for whether the incident was videotaped, whether evidence was recovered, chain of custody maintenance, and other details of the process. The *Incident Investigation Report* was noted and reviewed during investigative file review. Statements from alleged victims, suspected abusers, and witnesses were also found in every investigative file reviewed where applicable.

#### 115.71(d)

Policy language regarding this provision was not found or provided.

Criminal investigations are conducted by Georgia Department of Corrections for both staff-on-inmate and inmate-on-inmate criminal allegations. The investigator reported that any criminal allegation is referred to GDC for investigation and that he had not yet been involved himself in a case in which prosecution was pursued. He reiterated that he would not conduct compelled interviews, if the quality of evidence appeared to support prosecution. Further, GDC would have contact with prosecutors.

#### 115.71(e)

Policy 14-2 addresses this provision by outlining components that shall be detailed in an administrative investigation including, “*Reasoning behind credibility assessment (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 an inmate/detainee or employee);*”

The interview with the investigator and the review of the investigation files supported an unbiased approach to the investigations. There were no indications during the interviews with inmates who had reported that they were not seen as credible based on the fact they were an inmate. Interviews with inmates who have previously reported allegations indicated they were taken very seriously when they made their allegations and the allegations were followed up on.

#### 115.71(f)

Policy 14-2 addresses this provision stating:

*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 5-1G Incident Investigation Report via the IRD and shall detail the following components.*

- 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 assessment (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 an inmate/detainee or employee);*
- 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.*

The investigator supported compliance with this provision stating that he exhausts all efforts to determine what contributed to sexual abuse or sexual harassment. He discussed examples that demonstrated his understanding such as an inmate hanging a blanket that obstructs supervision, a staff member failing to direct the inmate to remove the blanket, and an act of sexual abuse occurs.

The 25 investigation files that were reviewed contained documentation that supported this practice. One such instance was an incident of sexual abuse in which staff failed to remove unauthorized inmates from an area and sanctions were issued to the staff.

#### 115.71(g)

CCF investigators only complete administrative investigations. There are no criminal investigations to review generated by the facility. The criminal investigations conducted by the GDC are documented in a standardized fashion on a standard investigative report form, according to the facility investigator. There were no such reports available for auditor review. It is recommended that CCF obtain these written reports upon conclusion of GDC’s investigation. The warden reported that there is a good partnership with the regional GDC investigator which provides for the relay of investigative information. However, it is strongly recommended that GDC provide the actual report with detailed findings.

#### 115.71(h)

The PAQ indicated that CCF had no substantiated criminal allegations that were referred for prosecution during the pre-audit reporting period. Onsite review of investigative files revealed three substantiated investigations (all inmate-on-inmate). None warranted referral for prosecution. Many allegations were referred to GDC for criminal investigation and it is GDC that is responsible for referring for criminal prosecution. There was one investigation of sexual abuse which was referred to GDC that appeared to be criminal. In this case, however, the alleged victim was uncooperative with the investigation, so the finding could not be substantiated. Without the cooperation of the alleged victim and a forensic medical exam, GDC felt there was insufficient evidence to refer the allegation for prosecution.

#### 115.71(i)

CCF maintains all documentation pertaining to all allegations and investigations. No policy language was provided or found that addressed this provision. However, onsite discussion and file review supported the retention of investigative reports. The PAQ indicated that administrative or criminal investigations of alleged sexual assault or sexual harassment are maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

#### 115.71(j)

CCF follows through with investigations regardless of whether the alleged abuser is still employed or under their custody. This was affirmed by the investigator saying any interviews that could still be conducted, would be, and that any feasible part of the investigation would still be followed through.

During the file review, there was an allegation made against a staff member and an investigation initiated. The officer was no longer employed by the agency, yet file review showed the facility investigator conducted the investigation to the best of his abilities even without the alleged abuser working for the agency.

#### 115.71(k)

The auditor is not required to assess this provision.

#### 115.71(l)

Policy 14-2 addresses this provision stating, "When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the status of the investigation."

Georgia Department of Corrections conducts the criminal investigations at CCF. During investigation file review, there was documentation of communication between the facility and the department.

During specialized staff interviews, it was evident there is a cooperative working relationship between CCF staff and GDC investigative staff. The warden reported that there is a good partnership with the regional GDC investigator which provides for the relay of investigative information. The investigator articulated that he would take an assistive role in an investigation being led by GDC. He would assist as requested and would endeavor to remain informed by maintaining contact with GDC investigators. The PREA compliance manager also confirmed a productive working relationship with the GDC.

While the facility is in substantial compliance with this standard, it is recommended the CCF and GDC standardize the method in which information will be relayed back to the facility regarding an investigation of inmate sexual abuse. It is recommended the facility begin keeping thorough documentation of all

communications with GDC in the investigative file to include the written GDC investigative report and investigation findings.

**Corrective Action:**

None required.

**Standard 115.72: Evidentiary standard for administrative investigations**

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

**115.72 (a)**

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**The following evidence was analyzed in making the compliance determination:**

- Sexual Abuse Prevention and Response Policy 14-2
- Interview with investigative staff
- Investigation file review

**Findings:**

115.72(a)

Policy 14-2 addresses this standard by stating, 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.”

The interview with the primary investigator revealed appropriate knowledge as far as the definitions of case dispositions; substantiated, unsubstantiated, and unfounded. In addition, investigation files for the

previous two years were reviewed. The findings in each of the investigations were appropriate based on the information gathered during the investigation. See the narrative section of this report and standards 115.22 and 115.71 for detailed information about investigations and review thereof.

**Corrective Action:**

None required.

**Standard 115.73: Reporting to inmates**

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

**115.73 (a)**

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

**115.73 (b)**

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

**115.73 (c)**

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes  No

### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making the compliance determination:

- Pre-Audit Questionnaire (PAQ)
- Sexual Abuse Prevention and Response Policy 14-2
- Investigation Records and Documentation

### Findings:

#### 115.73(a)

Policy 14-2 (p 26) states, "Following an investigation into an inmate/detainee's allegation that he/she suffered sexual abuse at the facility, the inmate/detainee 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 inmate/detainee.”

According to the PAQ, the facility had 50 sexual abuse/sexual harassment allegations within the past 12 months. It is indicated in the questionnaire that all 50 victims from these investigations were notified of the finding of the investigation.

A strategic selection of 25 investigation files was requested from CCF; mostly sexual abuse. In each of the files is an *Inmate/Detainee PREA Allegation Status Notification* form which is either signed by the inmate or witnessed by another staff if the inmate refused to sign.

The warden articulated the use of a form to notify inmates. The investigator affirmed the use of the notification form, there is a checkbox that indicates the case disposition, the inmate signs and retains a copy. Of the three inmates who had reported sexual abuse that were interviewed that responded to this question, none recalled whether they had been notified. However, documentation was located during file review.

115.73(b)

According to the PAQ, there were no investigations conducted by an external agency in the past 12 months.

Review of investigation files showed that investigations had been referred to GDC as required by contract and by this standard, but all were referred back to the facility investigator.

115.73(c), (e)

Policy 14-2 (p 26) states:

*Following an inmate/detainee’s allegation that an employee has committed sexual abuse against the inmate/detainee, the facility shall subsequently inform the inmate/detainee (unless the facility has determined the allegation is unfounded) whenever:*

- a. The employee is no longer posted within the inmate/detainee’s unit as a result of the findings of the investigation;*
- b. The employee is no longer employed at the facility as a result of the allegation;*
- c. The facility learns that the employee has been indicted on a charge related to sexual abuse within a facility; or*
- d. The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.*

Inmate victims are informed of the status of the investigative findings on the *Inmate/Resident PREA Allegation Status Notification* form. This form contains checkboxes for each of the four required elements of this provision. It indicates the case disposition, has a place for the inmate to sign and date (or documents a refusal), and a place for the notifying staff member to sign and date.

As part of the review of investigation files, there were three investigations of staff-on-inmate sexual abuse. The findings of these cases were unsubstantiated. The findings of these cases were unsubstantiated. Copies of the status notification sheets for these three cases were requested from the facility and in all three cases, documentation of the investigation status notification was reviewed with the alleged victim and found in the investigative file.

115.73(d), (e)

Policy 14-2 (p 26) states the following:

*Following an inmate/detainee's allegation that he/she has been sexually abuse by another inmate/detainee, the facility shall subsequently inform the alleged victim whenever:*

- a. The facility learned that the alleged abuser has been convicted 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.*

Inmate victims are informed of the status of the investigative findings on the *Inmate/Resident PREA Allegation Status Notification* form. This form contains checkboxes for each of the required elements of this provision. It indicates the case disposition, has a place for the inmate to sign and date (or documents a refusal), and a place for the notifying staff member to sign and date.

As part of the review of investigation files, there were 14 investigations of inmate-on-inmate sexual abuse. The findings of these cases: one was substantiated and 13 were unsubstantiated. Copies of the status notification sheets for these cases were requested from the facility and documentation of the investigation status notification was reviewed with the alleged victim.

115.73(f)

Policy 14-2 (p 26) addresses this provision stating that the facility's obligation to notify inmate victims terminates if the inmate is released from custody.

The auditor is not, however, required to assess this provision.

**Corrective Action:**

None required.

<b>DISCIPLINE</b>
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**Standard 115.76: Disciplinary sanctions for staff**

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

**115.76 (a)**

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

**115.76 (b)**

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

**115.76 (c)**



- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making the compliance determination:

- Sexual Abuse Prevention and Response Policy 14-2
- Investigative Records and Documentation

#### Findings:

115.76(a)

Policy 14-2 asserts that employees are subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse or sexual harassment policies. The PAQ indicates this as well.

115.76(b)

Policy 14-2 states that termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse.

CCF reported they had no violations of the agency sexual abuse and sexual harassment policy within the past 12 months. Investigation file review of three allegations against staff were unsubstantiated which appeared to be justified. Therefore, termination was not warranted.

#### 115.76(c)

Policy 14-2 states, "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 comparable histories."

CCF reported they have had no violations of the agency sexual abuse and sexual harassment policy by staff within the past 12 months. There were sexual abuse and sexual harassment allegations against staff. None were substantiated; warranting disciplinary action. Three such investigative files were reviewed and corroborated this. There was, however, documentation of staff failures to act that warranted and resulted in staff disciplinary action. There is more information about staff actions or failures in Standard 115.71(f) above.

#### 115.76(d)

Policy 14-2 asserts that 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.

CCF reported they have had no violations of the agency sexual abuse and sexual harassment policy by staff within the past 12 months. Investigation file review supported that potentially criminal allegations were reported to GDC (the entity with the legal authority to conduct criminal investigations). There was no indication of any allegation that warranted a report to relevant licensing bodies.

#### **Corrective Action:**

None required.

## **Standard 115.77: Corrective action for contractors and volunteers**

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

#### **115.77 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### **115.77 (b)**

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **The following evidence was analyzed in making the compliance determination:**

- Sexual Abuse Prevention and Response Policy 14-2
- Investigative Records and Documentation

### **Findings:**

115.77(a)

Policy 14-2 asserts that any civilian or contractor who engages in sexual abuse shall be prohibited from contact with inmates/detainees and shall be reported to law enforcement agencies and to any relevant licensing body.

CCF reported no investigations into violations of the sexual abuse or sexual harassment policies by volunteers or contractors. No such allegations were noted in the incident-based investigative information and no such information provided to auditors otherwise. Additionally, no such investigations were noted or found during the file review.

115.77(b)

Policy 14-2 states that any other violation of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in further prohibitions.

CCF reported no investigations into violations of the sexual abuse or sexual harassment policies by civilians or contractors. No such allegations were noted in the incident-based investigative information and no such information provided to auditors otherwise. Additionally, no such investigations were noted or found during the file review.

The warden did not recall violations of PREA policy by contractors or volunteers but affirmed that necessary remedial measures would be taken if such an instance occurred.

**Corrective Action:**

None required.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

#### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
 Yes    No    NA

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **The following evidence was analyzed in making the compliance determination:**

- *Sexual Abuse Prevention and Response Policy 14-2*
- *Prohibited Acts/Inmates Disciplinary Codes SOP 209.01*
- *Investigative Records and Documentation*

### **Findings:**

115.78(a)

Policy 14-2 states, "All inmates/detainees found guilty of sexual abuse shall be institutionally disciplined in accordance with facility disciplinary procedures. Because the burden of proof is substantially easier to prove in an inmate/detainee's disciplinary case than in a criminal prosecution, an inmate/detainee may be institutionally disciplined even though law enforcement officials decline to prosecute."

The PAQ reported there have been no criminal or administrative findings of inmate-on-inmate sexual abuse that had occurred at the facility during the 12-month pre-audit reporting period but the facility had an allegation that was investigated after the PAQ was submitted. The abuser in this substantiated allegation was subject to discipline but the disciplinary report was incomplete, so it was unclear as to what discipline was issued but it appears that due to the fact the disciplinary report was incomplete, the report against the abuser was dismissed.

CCF practices a formal discipline process for issuing inmate sanctions. This is outlined in a very detailed fashion in SOP 209.01 and in the 2018 Inmate Handbook (p6-15). Prohibited acts are specified and laid out in a matrix and broken down by severity level. Following that is an extensive list of authorized discipline sanctions for the "greatest severity offenses", "high severity offenses", "moderate severity offenses", and "low severity offenses".

115.78(b)

Policy 14-2 states that sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate/detainee's disciplinary history, and the sanctions imposed for comparable offenses by other inmates/detainees with similar histories.

CCF practices a standardized and formal discipline process for issuing inmate sanctions. This is outlined in a very detailed fashion in SOP 209.01 and in the 2018 Inmate Handbook (p6-15). Prohibited acts are specified and laid out in a matrix and broken down by severity level. Following that is an extensive list of authorized discipline sanctions for the "greatest severity offenses", "high severity offenses", "moderate severity offenses", and "low severity offenses".

There was one substantiated inmate-on-inmate sexual abuse case. The investigation file was very thorough. The disciplinary report for the aggressor was requested from the facility to check compliance with this standard. Due to the fact the disciplinary report was incomplete, the report against the abuser was dismissed. The *PREA Reporting* form which documents aspects of facility response to an allegation and is part of each investigative file indicates whether institutional discipline was issued.

115.78(c)

Policy 14-2 states that the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.

Review of all investigations showed only one substantiated inmate-on-inmate allegation during the past 12 months. The alleged perpetrator in the case was issued a disciplinary report but the report was dismissed due to procedural errors. Therefore, there were no sanctions imposed so the committee did not have to consider any possible mental disabilities or illnesses. There was no documentation otherwise for auditor review, to verify this practice. The investigative files that were reviewed did not contain documentation inconsistent with this provision. The *PREA Reporting* form which documents aspects of facility response to an allegation and is part of each investigative file indicates whether institutional discipline was issued, but no form accounts for mental disabilities or illnesses. Thus, although evidence supports substantial compliance at this time, it is recommended that CCF implement documentation to demonstrate that an inmate's mental disability or illness is accounted for in the discipline process.

115.78(d)

Policy 14-2 cites this provision stating, "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."

Medical and mental health staff that were interviewed along with other gathered information indicated that CCF does not offer therapy or intervention services for addressing underlying causes of perpetrating sexual abuse. Therefore, they do not consider whether participation in such interventions is a condition of access to programs or privileges. 115.78(e)

Policy 14-2 asserts that inmates may be disciplined for sexual conduct with an employee only upon finding that the employee did not consent to such contact.

CCF has not had any substantiated staff-on-inmate sexual abuse allegations during the 12-month pre-audit reporting period. Review of three staff-on-inmate investigative files did not contain documentation or information that inmates were disciplined for sexual contact with staff.

115.78(f)

Policy 14-2 states, "Inmates/detainees who deliberately allege false claims of sexual abuse can be disciplined. The Warden/Facility Administrator or designee should contact law enforcement to determine if a deliberately false accusation may be referred for prosecution."

There was no indication through inmate interviews or investigative file review that inmates were disciplined for making an allegation if it was in good faith. In fact, there was no indication or documentation that inmates were issued discipline for making allegations in bad faith either.

The PAQ asserted that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78(g)

Policy 14-2 asserts that sexual activity between inmates is prohibited and that discipline is issued for such activity. The policy also states that such activity will not be deemed sexual abuse if it is determined the activity is not coerced.

The 2018 Inmate Handbook clearly states that sexual activity in any fashion is prohibited at CCF.

**Corrective Action:**

None required.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

##### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes    No    NA

##### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making the compliance determination:

- *Pre-Audit Questionnaire (PAQ)*
- *Sexual Abuse Prevention and Response Policy 14-2*
- *Random PREA Sexual Victim/Sexual Aggressor Classification Screening forms*
- *Medical and Mental Health Documentation*



## Findings:

### 115.81(a)

Policy 14-2 states the following:

*Inmates/detainees identified during the intake screening as at risk for sexual victimization with a history of prior sexual victimization whether it occurred in an institutional setting or the community are assessed by mental health or other qualified professional within fourteen (14) days of the intake screening. Inmates at risk for sexual victimization will be identified, monitored, and counseled.*

The PAQ indicated that all inmates who disclose any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner. This was supported through review of PREA screening records. Screening records were obtained for 25 randomly selected or targeted inmates.

Staff members that complete the PREA screenings affirmed that if an inmate is categorized as a “PREA Aggressor”, “PREA Victim”, or “PREA Both” they are automatically referred to mental health for follow up. Specifically, one of the staff members stated that when an inmate scores as such, a copy of the screening is hand-delivered to mental health and to the PREA compliance manager.

### 115.81(b)

Policy 14-2 states the following:

*Inmates/detainees identified during the intake screening as high risk with a history of sexually assaultive behavior, whether it occurred in an institutional setting or in the community, shall be offered a follow-up meeting with a medical or mental health or other qualified professional within 14 days of the intake. Inmates with a history of sexually assaultive behavior will be identified, monitored, and counseled.*

The PAQ indicated that all inmates who disclose perpetration of sexual abuse during a screening pursuant to §115.41 are offered a follow-up meeting with a mental health practitioner. Screening records were obtained for 25 randomly selected or targeted inmates. Ten of the 25 indicated either prior institutional history of sexual violence or general history of sexual abuse. Documentation of mental health follow up visits was not requested or obtained by auditors as verification of practice. Substantial compliance for this provision is based on triangulation of other evidence.

Staff members that complete the PREA screenings affirmed that if an inmate is categorized as a “PREA Aggressor”, “PREA Victim”, or “PREA Both” they are automatically referred to mental health for follow up. Specifically, one of the staff members stated that when an inmate scores as such, a copy of the screening is hand-delivered to mental health and to the PREA compliance manager.

### 115.81(c)

CCF is a prison not a jail. This provision is not applicable.

### 115.81(d)

Policy 13-74 Privacy of Protected Health Information states, “Protected health information (PHI), whether in the form of prescription, medical chart (hard copy of electronic), vital signs or conversations between a patient inmate/resident and a health care provider, is strictly confidential and may be disclosed only within the procedures set out in this policy. Health Services Staff will share with other correctional staff members’ only information that has a potential impact on classification, institutional security, ability of the

patient inmate/resident to participate in programs or other facility activity or for the health and safety of the patient inmate/resident or others. Only the “minimum necessary” protected health information will be disclosed to correctional staff to satisfy the particular instance or circumstance.”

Policy 13-58 Medical Records states, “A confidential medical record will be maintained for each patient inmate/resident to provide accurate chronological documentation of inpatient and outpatient medical, dental, and psychological care rendered during the period of incarceration and in such a manner as to comply with all state and federal statutes and national medical/correctional standards. Only qualified medical personnel can make clinical entries into the patient medical record.”

Policy 13-61 Mental Health Services states:

*Mental health appraisals will be conducted for all intersystem inmate/resident patients by a qualified mental health professional within fourteen (14) days of admission to the facility as follows:*

*a. Prisons and ACI Accredited Facilities*

*b. Jails, Detention Facilities, and ALDF Accredited Facilities.*

*At a minimum, the comprehensive mental health evaluation will include the following components and will be documented on the 13-61A Comprehensive Mental Health Evaluation or other contractually required equivalent form*

*k. Review of history of sexual abuse-victimization and predatory behavior...*

Discussions with staff and interviews with medical and mental health staff supported that information related to an incident of sexual abuse was kept confidential as much possible. Staff members, other than those making pertinent decisions, were not privy to such information.

115.81(e)

Policy 14-2 cites this provision stating, “Medical and mental health practitioners shall obtain informed consent from inmates/detainees before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate/detainee is under the age of 18.”

Medical and mental health staff interviewed were aware of the policy to obtain informed consent prior to reporting to law enforcement information about prior sexual victimization and had not made such reports. CCF admits no inmates under the age of 18. It is recommended, however, that medical and mental health practitioners have more awareness of this requirement and that access to an informed consent form is available.

**Corrective Action:**

None required.

**Standard 115.82: Access to emergency medical and mental health services**

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

**115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?

Yes  No

### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making the compliance determination:

- Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)
- Sexual Assault Response Policy 13-79
- Statesboro Sexual Assault Center MOU
- CoreCivic PREA pamphlet
- Medical/mental health documentation
- Investigative Records and Documentation

## Findings:

### 115.82(a)

Sexual Assault Response Policy 13-79 (*p 1*) cites this standard; mandating that inmates have access to timely and unimpeded emergency medical services and crisis intervention. CCF offers round-the-clock inmate medical services. Inmates can also be transported to one of the local hospitals for emergency medical services including forensic exam. Crisis intervention services are provided via an MOU with Statesboro.

Review of investigative records and documentation verified that the facility consistently obtained timely and unimpeded emergency medical services both from the facility medical staff and from local hospitals when warranted. The five inmates that were interviewed, who had reported sexual abuse, all affirmed immediate access to medical services. Medical staff affirmed this as well and articulated this process very well.

### 115.82(b)

Policy that addresses this specific provision was not provided but was evidenced in practice.

Evidence of this practice was reviewed in investigative records and documentation. Immediate and preliminary steps were taken by first responders to ensure inmate safety which was articulated by first responders in interviews and reviewed during investigative file review. Immediate notifications were made to the PREA compliance manager and subsequent notifications in accordance with agency policy and the coordinated response. This process was well documented on the incident reports, *PREA Response Checklist, Sexual Assault Report, and Serious Incident Database Report*.

### 115.82(c)

Policy 13-79 (*p 3*) addresses this provision; STI testing and prophylaxis. This policy provides detailed guidance on timely access to emergency contraception and sexually transmitted infections (STI) prophylaxis. Initial STI testing is performed as part of the forensic exam and then subsequent testing is performed at the facility per doctor's orders. Of the two responses from inmates interviewed who had reported sexual abuse, both indicated a practice consistent with policy and this provision. Medical and mental health staff reported that follow up for these services would be done and would be ordered by the facility physician.

### 115.82(d)

Policy 13-79 (*p 1*) asserts that treatment services are provided without cost to the inmate. The MOU with the Statesboro Sexual Assault Center specifies that no payment shall be exchanged. Also, CoreCivic's PREA pamphlet informs inmates that fees for medical services related to sexual misconduct are waived.

## Corrective Action:

None required.

## Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

**115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

**115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

**115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

**115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

**115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

**115.83 (f)**

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

**115.83 (g)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

**115.83 (h)**

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making the compliance determination:

- *Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)*
- *Sexual Assault Response Policy 13-79*
- *Statesboro Sexual Assault Center MOU*
- *Medical/mental health documentation*
- *Investigative records and documentation*

### Findings:

115.83(a), (b), (f)

*Sexual Assault Response Policy 13-79 outlines emergency medical and mental health treatment.*

In practice, ongoing medical services are generally provided by facility medical mental health staff. Often, crisis intervention and emotional support is provided by facility mental health staff as well, but this is also established via an MOU with the Statesboro Sexual Assault Center. The MOU outlines these services.

Of the inmates who had reported sexual abuse; two affirmed receipt of evaluation and treatment as necessary, one reported it was not necessary or needed, one did not respond, and one reported he was not provided evaluation and treatment as needed.

Mental health staff elaborated on evaluation and treatment services available and offered as appropriate: crisis counseling, survivor groups, appointment with psychiatrist if needed, weekly therapy.

File review revealed documentation of a well institutionalized practice of offering medical and mental health follow up. It is recommended, however, that documentation be enhanced in terms of details of actual follow up services pursuant to an incident of sexual abuse, treatment plans, referrals for continued care (when necessary) upon their transfer to another facility.

115.83(c)

*Sexual Assault Response Policy 13-79 (p 1) mandates a level of medical and mental health care*

consistent with a community level of care.

As previously indicated, medical and mental health services are generally provided onsite. Policy and document review indicate that these services will be provided by qualified mental health professionals. Completed *Sexual Assault Check Sheet* forms documented the mental health visit and offering of advocacy services.

Medical and mental health staff were interviewed and indicated that the level of care available to inmates likely exceeds that of the community due to the proximity and availability of medical and mental health staff. Review of documentation included medical and mental health documentation.

115.83(d), (e)

These provisions are not applicable since CCF is an all-male facility.

115.83(g)

*Sexual Assault Response Policy 13-79 (p 1)* asserts that treatment services are provided without cost to the inmate. The MOU specifies that no payment shall be exchanged as does CoreCivic's PREA pamphlet.

115.83 (h)

*Sexual Assault Response Policy 13-79 (p 4)* cites this provision regarding the evaluation of known inmate abusers but also states that if the inmate refuses this mental health evaluation, it shall be documented on the 13-49B *Refusal to Accept Medical Treatment* and then placed in the inmate's file.

Mental health staff explained that known abusers are evaluated within 72 hours.

**Corrective Action:**

None required.

<b>DATA COLLECTION AND REVIEW</b>
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**Standard 115.86: Sexual abuse incident reviews**

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

**115.86 (a)**

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

**115.86 (b)**

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the*



facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**The following evidence was analyzed in making the compliance determination:**

- *Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)*
- *Instructional Memorandum dated 10/05/17*

**Findings:**

115.86(a), (b)

Policy 14-2 (p22-23) addresses post investigation review. It cites this provision mandating a review of substantiated and unsubstantiated sexual abuse allegations. Policy charges the warden with the responsibility of ensuring this is accomplished. This process is documented on the *Sexual Abuse or Assault Incident Review Form*. These reviews were noted consistently during the review of investigative records and documentation.

Policy 14-2 requires these reviews to be completed ordinarily within 30 days of the conclusion of the investigation. Documentation review, of the *Sexual Abuse or Assault Incident Review Form*, verified this to be an established practice.

115.86(c), (d), (e)

Policy 14-2 (p 22-23) mandates the involvement of staff per 115.86(c) and outlines all required elements of the review per 115.86(d).

A health services administrator was interviewed as a review team member and explained the review process; looking for changes that need to be made to prevent such incidents from occurring. They discuss possible patterns and also involves communication with the SART team. The warden discussed the purpose of such reviews being to uncover any possible adjustments needed to procedures. Both the PC and PCM are also part of every sexual abuse incident review.

*Sexual Abuse or Assault Incident Review* forms capture the case number, type of allegation, review team members, an assessment of the location of the incident, an assessment of the motivation for the incident, staffing levels in the area, the need for deploying or augmenting monitoring technology, need for changes to policy or practice, recommendations and timeframe for implementing, and reasons for not implementing recommendations (if applicable). Thus, the form captures all required elements of this standard.

A review of completed incident reviews confirmed facility/agency practice and indicated that the PREA coordinator and PREA compliance manger were part of the review and the document was signed by the facility head. Specified by the warden in an *Instructional Memorandum* dated 10/05/17, the PCM, a medical representative, a mental health representative, a security representative, and victim services coordinator shall be part of the review team. It was noted, upon review of incident review documentation that some reviews lacked the security and victim services representative. While substantial compliance has been met, it is recommended that the warden and PCM ensure adequate representation by security as this standard requires “input from line supervisors”.

**Corrective Action:**

None required.

## Standard 115.87: Data collection

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

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

### The following evidence was analyzed in making the compliance determination:

- *Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)*
- *Survey of Sexual Victimization (SSV)*
- *Sexual Assault Report*
- *Sexual Abuse or Assault Incident Review*

### Findings:

115.87(a), (b), (c), (d)

Policy 14-2 (p 28) addresses the collection and aggregation of sexual abuse data as well as specifying that it shall include, at minimum, all categories of data necessary to respond to the *Survey of Sexual Victimization (SSV)*.

This data was collected and was reviewed. It indicates whether the incident is: inmate-on-inmate sexual harassment, inmate-on-inmate nonconsensual sexual act, inmate-on-inmate abusive sexual contact, staff sexual misconduct, or staff sexual harassment. These categories comprise what is necessary to complete the SSV. The *Sexual Abuse or Assault Incident Review* document captures the same categories. The most recent completed *Survey of Sexual Victimization (2016)* was provided for review as well.

The PREA coordinator collects and aggregates all department sexual abuse and sexual harassment data on an ongoing basis. This data was provided during the pre-onsite and onsite phases as requested by the PAQ and/or by the auditors.

115.87 (f)

This provision has no bearing on compliance since the Department of Justice has not requested sexual abuse data.

### Corrective Action:

None required.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making the compliance determination:

- *Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)*
- *CoreCivic 2016 PREA Annual Report*
- CoreCivic Agency Website

## Findings:

115.88(a), (b), (c)

Policy 14-2 (p 29) addresses data review pursuant to this standard; identifying problem areas, taking corrective action, and preparing an annual report.

The auditor was provided with the CoreCivic's *2016 PREA Annual Report*. The report contains information on the scope of the report, definitions of sexual abuse and sexual harassment (as defined in the PREA Standards), data collection methods and efforts, audits completed, corrective action taken, and data comparison between 2014, 2015, and 2016. It is a detailed report that contains detailed data; breaking it down by facility type (prisons/jails and community confinement) and then by incident type (staff-inmate sexual abuse, staff-inmate sexual harassment, inmate-inmate sexual abuse, inmate-inmate sexual harassment) and then by case disposition (substantiated, unsubstantiated, unfounded). The report includes narrative portions explaining agency PREA efforts and the collection, review, and trends in data. The report also depicts trends in substantiated incidents; showing a minor increase from 2014 to 2015 and again from 2015 to 2016. The detail, data, and information contained in this report exceeds this standard.

The report was created by the CoreCivic PREA coordinator. The first page and summary of the *2016 PREA Annual Report* contains the signature of the executive vice president and chief corrections officer; Harley G. Lappin.

CoreCivic PREA Annual Reports from 2013-2016 are posted on the agency public website: <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

The agency head designee, Steven Conry, elaborated on the agency's use of sexual abuse and sexual harassment data to continually improve PREA efforts. He further explained the type of data that is collected; expressing familiarity with the annual report data, and the agency's data-driven approach; detecting trends and using that to identify needed corrective action.

115.88(d)

Policy 14-2 (p 29) cites this provision, stating the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The PREA coordinator indicated that it has not yet been necessary to redact information from the annual reports.

## Corrective Action:

None required.

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making the compliance determination:

- Sexual Abuse Prevention and Response Policy 14-2 (effective 11/15/17)
- CoreCivic Agency website

#### Findings:

##### 115.89 (a)

Policy 14-2 (p 28) states, "Data collected for this purpose shall be securely stored and retained in accordance with the facility's record retention policies."

##### 115.89(b)

Policy 14-2 (p 29) states, "The FSC PREA Coordinator shall make all aggregated sexual abuse data available to the public at least annually through the CoreCivic website." Review of the CoreCivic website affirmed the availability of the sexual abuse data and the data was made available annually as evidenced by the *PREA Annual Reports* from 2013-2016.

115.89(c)

Policy 14-2 (p 29) states, "Before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers."

Review of the data on the GDC website revealed no personal identifiers.

Review of the data on the CoreCivic website revealed no personal identifiers.

115.89(d)

Policy 14-2 (p 28) states, "Data collected for this purpose shall be securely stored and retained in accordance with CoreCivic Policy 1-15 Retention of Records." The PAQ indicated that CoreCivic retains data for at least years, in accordance to this provision.

**Corrective Action:**

None required.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

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

##### 115.401 (b)

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

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making the compliance determination:

- None



## Findings:

Through discussions with the PREA coordinator, the auditor learned that the agency, CoreCivic, ensures that one-third of their facilities are audited each year and the PREA coordinator is charged with this responsibility. The PREA coordinator and auditor discussed some logistics and challenges related to making this happen.

The auditor observed all areas of the facility, which included all areas in which the auditor requested to see. The agency and facility were very accommodating with all documentation requests. Interviews were conducted in private settings; without being heard by others. All information obtained and observation by the auditor supported the fact that inmates were permitted to send confidential correspondence to the auditor, although, no correspondence was received.

## Corrective Action:

None required

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**The following evidence was analyzed in making the compliance determination:**

- Final PREA audit reports on agency website

**Findings:**

Upon review of the agency website, the auditor confirmed that all PREA auditor reports, from all CoreCivic facilities, are posted publicly.

**Corrective Action:**

None required.

<b>AUDITOR CERTIFICATION</b>
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I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

**Auditor Instructions:**

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Talia Huff \_\_\_\_\_

11/6/18 \_\_\_\_\_

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.