

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

☐ Interim ☒ Final

Date of Report August 14, 2018

Auditor Information

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Mailing Address: 2617 Xavier Ave.	City, State, Zip: McAllen, TX 78504
Telephone: 956-566-2578	Date of Facility Visit: June 26-28, 2018

Agency Information

Name of Agency: CoreCivic		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 10 Burton Hills		City, State, Zip: Nashville, TN 37215	
Mailing Address: SAA		City, State, Zip: SAA	
Telephone: 615-263-3000		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<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

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://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

Agency Chief Executive Officer

Name: Damon Hininger	Title: President and Chief Financial Officer
Email: Damon.Hininger@corecivic.com	Telephone: 615-263-3301

Agency-Wide PREA Coordinator

Name: Eric Pierson	Title: Senior Director PREA Programs and Compliance		
Email: Eric.Pierson@corecivic.com	Telephone: 615-263-6915		
PREA Coordinator Reports to: Bill Dallius, Vice-President, Correctional Operations	Number of Compliance Managers who report to the PREA Coordinator 63		
Facility Information			
Name of Facility: Otay Mesa Detention Center			
Physical Address: 7488 Cazada De La Fuente, San Diego, CA 92154			
Mailing Address (if different than above): P.O. Box 438150, San Diego, CA 92143			
Telephone Number: 619-671-8750			
The Facility Is:	<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
Facility Type:	<input checked="" type="checkbox"/> Jail		<input type="checkbox"/> Prison
Facility 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."			
Facility Website with PREA Information: http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea			
Warden/Superintendent			
Name: Fred Figueroa		Title: Warden	
Email: Fred.Figueroa@corecivic.com		Telephone: 619-671-8701	
Facility PREA Compliance Manager			
Name: Craig Frappiea		Title: Assistant Warden	
Email: Craig.Frappiea@corecivic.com		Telephone: 202-321-4865	
Facility Health Service Administrator			
Name: Deborah Schneider		Title: Health Service Administrator	
Email: Deborah.m.schneider@ice.dhs.gov		Telephone: 202-321-48645	
Facility Characteristics			
Designated Facility Capacity: 1572		Current Population of Facility: 1461 (494 USMS, 967 ICE)	

Number of inmates admitted to facility during the past 12 months		2916	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		63	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		63	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		N/A date of occupancy 10/15/15	
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 19-65	
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:		N/A	
Facility security level/inmate custody levels:		Low, Moderate, High	
Number of staff currently employed by the facility who may have contact with inmates:		334	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		71	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		14	
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 1- Medical	
Number of Multiple Occupancy Cell Housing Units:		4	
Number of Open Bay/Dorm Housing Units:		1	
Number of Segregation Cells (Administrative and Disciplinary):		38	
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.):			
The facility has 234 cameras with data retained for up to three months. The Control Room is located in the administration area.			
Medical			
Type of Medical Facility:		Ambulatory Care Clinic	
Forensic sexual assault medical exams are conducted at:		Palomar Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		14 Trinity Food Service Contractors	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		1	

Audit Findings

Audit Narrative

The PREA on-site audit of the Otay Mesa Detention Center was conducted June 26-28, 2018, by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. The Otay Mesa Detention Center is located at 7488 Calzada De La Fuente, San Diego, California and is owned and operated by CoreCivic. The facility receives placement from Immigration Customs Enforcement (ICE) and the United States Marshal Services (USMS). This PREA audit was conducted for USMS only.

PRE-AUDIT PHASE

Pre-audit preparation included a thorough review of agency policies, procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. During this review period, questions were answered by Craig Frappiea, Assistant Warden, who is designated at the facility's PREA Compliance Manager. CoreCivic provided facility notices in English and Spanish informing residents of the upcoming audit dates with my name and address if they wished to send correspondence to me. Residents are informed on the notices that correspondence sent to me would be confidential. One letter was received from a detainee of the Otay Mesa Detention Center.

The facility provided housing rosters, *PREA Statistic* reports, one for detainees at risk for victimization or abusiveness and one for detainees who self-disclosed being LGBTI, and a listing of security and non-security staff who were scheduled to work during the on-site audit visit. From this information, detainees and staff were selected to be interviewed.

ON-SITE AUDIT PHASE

On the first day of the audit, a brief entrance meeting was held with the following persons attending:

- Fred Figueroa, Warden
- Craig Frappiea, Assistant Warden/PREA Compliance Manager
- Beverly Soria, Quality Assurance Manager
- Janet Hogue, Acting Unity Manager
- Rita Ayers, Assistant Chief of Security
- Ron McNair, Assistant Chief of Security
- Reginald Murrell, Recreation Supervisor
- Virginia Sawyer, Chief of Unit Management
- Liliana Mileto, Grievance Coordinator
- Deborah Schneider, HSA
- Rupert Rivera, Facility Investigator
- Juanita Lucero, HR Generalist
- Eric Pierson, Senior Director PREA Compliance and Programs

Following the entrance meeting, a site review of the facility was conducted with the following persons accompanying me on the site review:

- Fred Figueroa, Warden
- Craig Frappiea, Assistant Warden/PREA Compliance Manager
- Beverly Soria, Quality Assurance Manager

Virginia Sawyer, Chief of Unit Management
Liliana Mileto, Grievance Coordinator
Sherry Brinkley, Records Supervisor
Rita Ayers, Unit Manager
Ron McNair, Assistant Chief of Security
Eric Pierson, Senior Director PREA Compliance and Programs

During the review the locations of cameras and mirrors, room layout, restrooms and the placement of PREA posters and information was observed. Facility Notices provided during the Pre-Audit phase were found displayed in various locations throughout the facility with the date posted noted as 5/10/18. Correspondence received during the Pre-Audit Phase was found to be from an ICE detainee and was given to the Warden for follow-up. Another letter was received from an ICE detainee in reference to medical issues. The letter was forwarded to medical personnel for follow-up.

USMS housing general population housing units Pods B, F, L and M and Pod C-2, a female restrictive housing unit (RHU) for both ICE and USMS females and Pod D a male restrictive housing units for ICE and USMS males were visited during the site review. PREA posters in both English and Spanish were found posted in all housing units and in common areas in various locations throughout the facility. Facility notices in English and Spanish were posted throughout the facility with the date posted noted as 5/10/18. Signs above the entry doors into the housing units remind staff to make opposite gender announcements.

Reporting telephone speed-dial numbers were posted on all detainee telephones. On the first day of the audit, calls were made from a detainee telephone to the internal reporting line (#9), the California Coalition against Sexual Assault (#5), the RAINN National Advocacy Hotline (#4), and the Emergency Hotline (#6) and to the Office of the Inspector General (800-869-4499). When calls are made to the internal reporting line, a PREA alert email is forwarded to the Warden, Assistant Wardens, Chief of Security, Chief of Unit Management, Facility Duty Officer, Facility Investigator and Shift Supervisors. Callers to the California Coalition against Sexual Assault are instructed to call the RAINN National Advocacy Hotline and given that number. Calls to RAINN are forwarded to the Center for Community Solutions where an advocate informs the caller of resources and counseling services available to them. Callers to the DOJ Office of the Inspector General are instructed to put their complaint in writing and are given the mailing address. All reporting numbers were found to be accessible to detainees. There were other reporting options posted on the telephones that were for reporting for ICE detainees.

During the site review, I spoke informally to detainees questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting. On the first day of the audit, there were 494 USMS detainees assigned to the Otay Mesa Detention Center. Twenty-nine detainees were interviewed, which included those with the following special designations:

Number	Special Designation
1	Bisexual
1	Bisexual/Limited English Proficient
1	Gay
3	Gay/Limited English Proficient
1	Lesbian/Risk of Victimization
12	Limited English Proficient
2	Risk of Victimization
1	Alleged Sexual Abuse

Limited English proficient detainees who were Spanish speaking were interviewed with translation provided by a staff member. One limited English detainee spoke Punjabi and was interviewed with Language Line Services providing translation. At the time of the on-site audit visit, there were no detainees who were blind, with low vision, deaf, hard of hearing, with cognitive deficits or low reading skills. There were none who screened at risk of abusiveness and none that self-disclosed being transgender or intersex.

Twenty-one specialized staff and 27 random staff were interviewed. The agency's PREA Coordinator and the Executive Vice President and Chief Corrections Officer (agency head designee) were both interviewed at an earlier date by telephone. The Assistant Warden/PREA Compliance Manager was not interviewed as he had a medical emergency on the first day of the audit and was not able to return to the facility during the onsite visit. Staff interviewed were knowledgeable of their responsibilities of detecting, preventing and responding to sexual abuse and sexual harassment allegations. Staff interviewed confirmed receiving PREA refresher training annually and were knowledgeable of the agency's zero-tolerance policy and their responsibilities as first responders to an allegation of sexual abuse.

I reviewed the personnel files of 25 random employees and 5 random contractors with the Human Resource Generalist, Field Support Business Unit 2, to determine compliance with criminal background check procedures. Files reviewed showed criminal background checks are performed by ICE Personal Security Unit (PSU) for pre-employment and for those promoted and transferred in the past 12 months and every five years per agency policy and the PREA standards.

The same 25 random employees and 5 random contractor-training files were reviewed to determine compliance with PREA training requirements. Files were found to be complete with documentation of PREA training maintained by the facility.

Five random volunteer files were reviewed with the Chaplain who is the facility's Volunteer Coordinator. Volunteer files include criminal background checks performed by ICE PSU before being allowed access to the facility. Volunteer files also includes documentation of PREA training provided by the Chaplain annually.

Twenty-five detainee records were reviewed to determine compliance with screening procedures and the requirements of PREA education. Initial screenings and 30-day reassessment screenings were found to be timely. The process of referral of detainees who screen at risk for victimization or abusiveness was found to be in place in review of random mental health clinical notes. Documentation of PREA education upon intake were found maintained in detainee files.

In the 12 months preceding the audit, there were two allegations of inmate-on-inmate sexual abuse and two allegations of staff-on-inmate sexual abuse reported and investigated by the San Diego County Sheriff's Department. The breakdown of those allegations were as follows:

Type	Disposition
Inmate-on-Inmate Sexual Abuse	Substantiated
Inmate-on-Inmate Sexual Abuse	Unfounded
Staff-on-Inmate Sexual Abuse	Unfounded
Staff-on-Inmate Sexual Abuse	Unsubstantiated

In review of the investigative files with the Facility Investigator, retaliation monitoring, incident reviews at the conclusion of investigations and notice of outcome of investigations are being completed as required by agency policy and the PREA standards.

At the conclusion of the on-site audit, an exit meeting was held to discuss audit findings with the following persons in attendance:

Fred Figueroa, Warden
Beverly Soria, QA Manager
Liliana Mileto, Grievance Coordinator
Richard Clark, Business Manager
Reginald Murrell, Recreation Supervisor
Virginia Sawyer, Chief of Unit Management
Juanita Lucero, HR Generalist
Rupert Rivera, Facility Investigator
Ron McNair, Assistant Chief of Security
Joanne Galzno, Medical Compliance
Deborah Schneider, HSA
Rita Ayers, Unit Manager
Janet Hogue, Acting Unity Manager
Eric Pierson, Senior Director PREA Compliance and Programs

During the exit meeting, the facility was informed of the process that would follow the on-site visit including CoreCivic's responsibility to post this final report on the agency website. The team was complimented on the excellent PREA training being provided to detainees and staff and their willingness to achieve compliance to all of the PREA standards.

POST-AUDIT PHASE

During the Post-Audit Phase, two detainees send me correspondence. Both letters were forwarded to the PREA Coordinator. One was written in Italian and received from an ICE detainee. When translated, the content of the letter was not PREA-related. The second letter was not PREA-related as well. Following the on-site audit visit, all documentation obtained during the on-site audit visit and documentation received prior to the onsite visit was reviewed. Observation made during the site review and information gathered through interviews of detainees and staff was reviewed. Through this post-audit review, a determination was made of compliance to all of the PREA standards.

Facility Characteristics

The Otay Mesa Detention Center occupies approximately 37 acres with 16 acres within the perimeter fence. The two-story facility was constructed in 2015 and the date of occupancy was 10/15/15. The rated capacity of the facility is 1572 (974 ICE beds and 484 USMS beds). On the first day of the audit, the USMS population totaled 494 detainees and the ICE population totaled 967 detainees for a total population of 1461 detainees. The Otay Mesa Detention Center houses adult male and female ICE and USMS detainees. The security/custody level of the USMS population is low, moderate and high, with an average length of stay being approximately 63 days.

Visitors and staff enter the facility through interlocked front gates and then proceed to the arrival areas of the administration building. All individuals entering the facility are subject to physical search and pass through a metal detector, where any items brought into the facility are checked and passed through an x-ray machine. A public video visitation is on the left side of the lobby and to the right there is a waiting area for visitors.

On the far right of the lobby, a staircase leads to the second floor, which contains six attorney visitation rooms, a contact visitation room, five asylum interview rooms and five Executive Office of Immigration Review courtrooms. The remainder of the second floor is the administration area for ICE staff and staff of the Executive Office of Immigration Review.

Central Control is located between the Administration area and the main corridor. Detention Officers posted in Central Control issue equipment, control doors, monitor head counts and view camera monitors.

The first floor lobby has a secure door to the Administration area, which includes offices for the Warden, Warden's Secretary, Business Office, Human Resources Department, Assistant Warden's Office, Investigator and the Quality Assurance Manager. Also in this area is the staff computer lab, electrical room, copier room, staff break room, restrooms, mailroom, staff gym, conference room/facility command post, meeting room and staff lockers.

From Central Control there is a two-door slider sally port entry area into the main corridor, which runs across the length of the detention center to all housing units and Unit Management offices, storage rooms and janitorial and chemical closets. On the left side of the main corridor are the USMS and ICE housing units. A partial concrete block wall separates a good portion of the hallway and metal detectors are located in three locations throughout the main corridor.

Pod B is a two-tiered 100-bed cell-housing unit for USMS females. Pod B has a satellite medical clinic within the pod. There are two shower rooms with four individual showers in each, with shower curtains on each shower, and one in the entryway of the shower rooms to afford detainees privacy. Off Pod B, a door leads to C-2, a restrictive housing unit for USMS and ICE females. C-2 has six two-man cells. Access to Pod C-1, a high-level female ICE detainee-housing unit, is gained through both the upper and lower levels of Pod B.

Pod D is a restrictive housing unit for USMS and ICE males. The unit consists of 32 two-man cells. There is a satellite medical clinic within Pod D. There are four individual showers with metal doors. Detention Officers are posted in a control booth within Pod D and monitor the restrictive housing unit and recreation yard cameras from this booth.

Pods L and M are USMS general population housing units with the capacity to house 128 males in two-man cell. Pods L and M have satellite law libraries within the pods.

Entering into the general population housing units there are large dayrooms with a televisions, tables, pay telephones and kiosks for detainee use for ordering commissary and emailing staff. Each unit has a Case Manager's office and a multi-purpose room used for class and religious services.

Pod F is the only dormitory-style housing unit. It has a dayroom in the center of the Pod with sixteen open bay rooms with five bunkbeds in each housing male USMS detainees. There are 11 showers in Pod F, 8 sinks, 6 toilet stalls and 5 urinals with partitions between each urinal. A partial concrete block wall separates the restroom area from the dayroom area.

Recreation yards are attached to all housing units and the facility has as large soccer field. Video visitation rooms are located in between units. There is a large gymnasium with Recreation Office and a barbershop adjacent to the gymnasium. A restroom in the gymnasium behind a partial concrete block barrier has three toilets, three urinals and three sinks.

There are offices for the Training Manager, Disciplinary Hearing Officer, Shift Supervisors. The facility has a chapel and a law/leisure library.

On the right side of the main corridor, there are security offices, a corridor to Intake, Property, Discharge, Medical Clinic and Medical Housing Units. Another corridor to the Commissary/Warehouse, Maintenance, Kitchen, two dining halls and another corridor to classrooms detainee gymnasium, staff gymnasium and a barber shop.

ICE Health Services Corp (IHSC) provides healthcare services. The medical department has an ambulatory clinic, Medical Housing #1 with two nine-bed dormitories, Medical #2 with 14 single cells and Medical #3 with 6 negative pressure rooms. There is a dental suite and mental health clinical offices. Onsite medical staff do not perform forensic exams. Victims of sexual abuse are transferred to the Palomar Hospital for SANE examinations.

All new arrivals to the facility enter through the Receiving and Discharge (R & D), which is located off the main corridor. The Orientation Video, which contains PREA information, is played continuously in holding rooms located in R & D. In this area, there is an ICE Asylum Office, two medical rooms, a dirty cell, with two toilets with curtains for privacy, four showers, a record room and a dental room. Intake processing includes PREA screening by the intake staff.

The facility has 26 exterior cameras and 194 interior cameras with DVR's retaining data for up to 90 days. Cameras are in hallways, in each dayroom area of the housing units and in common areas of the facility. Camera monitors were reviewed with the Facility Investigator and found to provide adequate coverage of the facility while providing privacy to detainees.

There are three security shifts. Detention Officers tour their assigned areas at a minimum of every 30 minutes. These tours are documented in Pod Housing Log Books. Captains are required to make rounds once per shift in general housing units and twice per shift in restrictive housing units and conduct unannounced PREA rounds in one pod each day. There are six head counts conducted in a 24-hour period.

Detention Officers conduct random pat searches throughout the day. Detainees returning to their cells from work, food service, laundry or recreation are subject to pat searches. Strip searches are conducted by Detention Officers of the same gender whenever detainees leave or return to the facility and are documented on Strip Search Logs.

Summary of Audit Findings

Through audit of the Otay Mesa Detention Center, the facility was found to exceed in six standards and meet compliance to the remaining 39 standards. The audit findings are as follows:

Number of Standards Exceeded: 6

The following standards were found to exceed the standard requirements: 115.11; 115.17; 115.31; 115.32; 115.33; 115.88.

Number of Standards Met: 39

The following standards were found to meet the requirements of each standard: 115.12; 115.13; 115.14; 115.15; 115.16; 115.18; 115.21; 115.22; 115.34; 115.35; 115.41; 115.42; 115.43; 115.51; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.87; 115.89; 115.401 and 115.403.

Number of Standards Not Met: 0

There were no standards that were found to not meet compliance to the standard requirements.

Summary of Corrective Action (if any)

There was no corrective action required.

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*)

115.11 (a) CoreCivic's policy 14-2 is a written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agencies approach to preventing, detecting and responding to such conduct. Page 3 of the policy includes definitions of prohibited behaviors.

Sexual activity between inmates or employees, contractors and volunteers is strictly prohibited and subject to administrative and criminal disciplinary sanctions. CoreCivic's policy 14-2 is comprehensive and clearly outlines the procedures to be followed to reduce and prevent sexual abuse and sexual harassment of inmates. The policy addresses each standard as guidance to staff ensuring compliance to the PREA standards. The agency exceeds in the requirements of this portion of the standard.

115.11 (b): The agency employs a PREA Coordinator, who when interviewed at an earlier date, reported that he has sufficient time and authority to develop, implement and oversee CoreCivic's efforts to comply with the PREA standards in all of its facilities.

115.11 (c): CoreCivic operates 63 facilities and each facility has a designated PREA Compliance Manager. At this facility, the Assistant Warden is designated as the PREA Compliance Manager

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*)

CoreCivic is a private provider and does not contract with other agencies for the confinement of its inmates.

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*)

115.13 (a) Based on policy 14-2, pages 8 & 9, section D, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect inmates against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the recent population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the number and placement of supervisory staff, programs occurring on a particular shift and the resources the facility has available to commit to ensure adequate staffing levels. The agency also considers generally accepted detention and correctional practices and any finding of inadequacy from federal investigative agencies, internal or external oversight bodies, any applicable state or local laws or regulations and any other relevant factors.

115.13 (b): In interview with the Warden, he reported he reviews daily shift rosters. Administrative Duty Officers conduct live roster checks once a week. ICE and USMS review staffing rosters randomly. If a position identified on the staffing plan is vacated for a shift, the Chief of Security will notify the PREA Compliance Manager of the deviation. The PREA Compliance Manager is responsible for notifying the PREA Coordinator and documenting and describing the deviation on the 5-1B, *Notice to Administration* in

IRD. In interview with the Warden and in information provided on the Pre-Audit Questionnaire, in the past 12 months there have been no deviations to the staffing plan.

115.13 (c): The staffing plan is reviewed annually by the PREA Compliance Manager who completes an *Annual PREA Staffing Plan Assessment* (14-2I) and forwards it to the Warden for review, who then forwards it to the PREA Coordinator. This annual review also includes assessments of the policy, physical plant, and video monitoring systems. The PREA Coordinator forwards the 14-2I to the Vice President of Facility Operations for signature and approval of any recommendations made which would include changes to the policy and procedures, physical plant, video monitoring or the staffing plan. The last *Annual PREA Staffing Plan Assessment* was completed on 9/6/17. There were no recommendations for any changes to the established staffing plan at that time. The *Annual PREA Staffing Plan Assessments* completed in 2015 and 2016 provided for review also did not recommend any changes to the established staffing plan. Since August 20, 2012, the average daily number of USMS detainees was 358. In interview with the Human Resource Generalist, the USMS staffing pattern was increased from 347 to 372 in June 2018 in anticipation of increased numbers in the USMS population.

115.13 (d): Per page 10, section E-1 of policy 14-2, shift supervisors conduct unannounced PREA rounds each shift in at least one pod to identify and deter employee sexual abuse and sexual harassment. Captains are required to conduct rounds once each shift in general population housing units and once per shift in restrictive housing units. These rounds are documented on the *Daily Shift Roster*, in the housing logbooks and in the Central Control logbook. Employees are prohibited from alerting other employees that supervisory rounds are occurring. Shift supervisors interviewed reported that In addition to unannounced PREA rounds, there are head six counts conducted in a 24-hour period. Detention Officers conduct security rounds at a minimum of every 30 minutes.

In review of the policy, documentation provided for review prior to the onsite audit and review of housing log books during the onsite visit and interview of supervisory staff and detainees, the practice of unannounced rounds confirmed numerous rounds being conducted on all three shifts on a daily basis.

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*)

The Otay Mesa Detention Center houses adult male and female detainees only and does not house youthful offenders; therefore, this standard is not applicable to this facility.

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

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*)

115.15 (a): Based on review of policy 14-2, pages 16 & 17, section K and policy 9-5, cross-gender inmate strip searches shall not be conducted except in exigent circumstances. In information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches of inmates. If cross-gender strip searches are performed, the searches will be documented in the 5-1 Incident Report using form 5-1B, *Notice of Administration*.

115.15 (b): The agency does not permit cross-gender pat-down searches of female detainees. At Otay Mesa Detention Center, male and female Detention Officers are on staff on each shift. Female detainees would not be restricted from access to available programming or out-of-cell opportunities in order to comply with this provision of the standard. Interview with female detainees confirmed this provision of the standard.

115.15 (c): All strip searches are documented on a *Strip Search Log*. Cross-gender pat-searches of female detainees is prohibited by agency policy.

115.15 (d): The facility has policies and procedures in place that enable inmates to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks or genitalia. Opposite gender staff are required to announce their presence when entering detainee-housing units as stated in policy 0-5, page 2, section C-8. The practice of opposite gender announcing their presence when they entered the housing units was observed during the site review of the facility. Signs above entry doors of all housing units remind staff of the opposite gender to announce their presence when entering. Detainees interviewed confirmed opposite gender staff are announcing their presence when they enter housing units and shared that they feel they have privacy when they shower, toilet and change clothing when staff of the opposite gender are in their housing unit.

115.15 (e): Pat searches of transgender and intersex detainee will be completed by a staff member of the same sex for which the inmate has been classified by the customer. Searches or physical examination of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status is prohibited. If the inmate's genital status is unknown, it may be determined during conversations with the detainee, by reviewing the medical records, or, if necessary, by a medical examination conducted in private by a medical practitioner.

115.15 (f): In addition to general training provided to all staff, staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates. The training curriculum on searches was provided for review. Staff sign a *Training Activity Enrollment/Activity Roster* form (4-2A) upon completion of this training. Receipt of this training was verified through review of random staff training records and confirmed by staff interviews of security staff who reported receiving this training. *Post Order CC-PO-17* gives security staff guidance on their responsibilities of performing searches. Staff sign a *Daily Post Order Review Sheet* (9-10B) acknowledging review of this information.

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*)

115.16 (a): Based on review of policy 14-2, page 14, section I - 2, inmates are provided PREA education in formats accessible to all inmates, including those who are deaf or hard of hearing, blind or have low vision, cognitive deficits or are limited reading skills.

115.216 (b): The agency takes steps to ensure that detainees that are limited English proficient have access to all PREA information in a format they can understand. All detainees view an orientation video, available in both English and Spanish, which contains PREA information, during the intake process. Posters throughout the facility are in both English and Spanish. There are staff members proficient in Egyptian, Arabic, Russian, Somali, Italian and Spanish that are available for interpreting. A contract with Language Line Services is used for the translation of any other languages. Detainees who are deaf or hard of hearing are informed in the *Detainee Admission and Orientation Handbook* that they can request from their Unit Manager, Case Manager or Correctional Counselor to use a TDD and one staff member is proficient in American Sign Language.

115.16 (c): The agency prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. From information provided on the Pre-Audit Questionnaire,

In the past 12 months, there have been no instances where inmates were used for this purpose. Random staff interviewed knew that the agency prohibits using detainees for this purpose.

At the time of the onsite audit, there were no detainees who were blind, had low vision, deaf, hard of hearing, with cognitive disabilities or with low reading skills. One detainee interviewed was spoke Panjabi and was interviewed with use of the Language Line Services. In review of this detainees alert entries in OMSe, it was noted that the detainee's risk screening was completed with the use of Language Line Services. Spanish speaking detainees were interviewed with assistance from staff interpreters. Spanish speaking detainees reported receiving the *Detainee Admission and Orientation Handbook* and viewing the Spanish orientation video.

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*)

115.17 (a): Per policy 14-2, pages 5 & 6, section B, the agency prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility or other institution. It also prohibits hiring or promoting anyone who has been convicted of engaging or attempting to engage in sexual activity in the community or who has been civilly or administratively adjudicated to engage in these activities. An effort is made 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.

115.17 (b): CoreCivic considers 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.

115.17 (c): The agency requires that all applicants, employees and contractors who may have contact with inmates have a criminal background check. ICE Personal Security Unit conducts criminal background checks.

115.17 (d): Per page 5, section B-3-b, CoreCivic performs criminal background checks before enlisting the services of any unescorted contractor who may have contact with detainees. All Trinity Services contractors receive the same criminal background checks by ICE Personal Security Unit as employees do.

115.17 (e): CoreCivic conducts criminal background checks at least every five years on all employees and unescorted contractors. Random review of employee and contractor records confirmed this practice.

115.17 (f): All applicants, employees and unescorted contractors are asked about previous misconduct. The 14-2 H, *Self-Declaration of Sexual Abuse/Sexual Harassment* form (14-2 H) is completed as part of the hiring process and as part of the promotional process. Employees have a continuing affirmative duty to disclose any sexual misconduct within 24 hours.

115.17 (g): Material omissions regarding sexual misconduct or giving false information are grounds for termination.

115.17 (h): Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer that the employee has applied for work. According to documentation provided by the Human Resource Specialist, in the past 12 months there were no requests involving a former employee by an institutional employer that the employee engaged in sexual abuse.

In review of 25 random employee and five contractor personnel files, criminal background checks are being completed per agency policy and standard requirements. Personnel files were well organized and contained all required documentation; therefore, the facility was found to exceed in the requirements of this standard.

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*)

Based on policy 14-2, page 32, section V, when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion or modification of existing facilities on the ability to protect inmates from sexual abuse. According to interview with the Warden, since August 20, 2012, there were no expansions or modifications to the existing facility.

When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect inmates from sexual abuse. Since August 20, 2012, the Otay Mesa Detention Center has not installed or updated any video monitoring system, electronic surveillance system or other monitoring technology. The facility has assessed areas that additional cameras should be installed to enhance the ability to protect inmates from

sexual abuse. Plans are in place to install eight new cameras to the existing system. In interview with the Warden, an ongoing CapEx project over the next few years will add a total of 30 additional cameras with a few added each year.

In interview with the Executive Vice President and Chief Corrections Officer at an earlier date, he stated that any new buildings the agency would work closely with the architects and designers. Key areas such as showers, restrooms and areas where detainees may be in the state of undress are closely examined. They look at video surveillance and how doors open and close. If a facility is making a recommendation for changes to the existing structure there is a form they would fill out to address these areas and the PREA Coordinator would be involved. He further stated that there are cameras in all CoreCivic facilities to support direct and indirect supervision of inmates and upgrades to camera systems are ongoing for best practices.

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 evidentiary 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*)

115.21 (a): According to policy 14-2, pages 24 & 25, section O-4, CoreCivic and the Otay Mesa Detention Center are responsible for conducting administrative sexual abuse investigations on both inmate-on-inmate and staff sexual misconduct. The facility has one trained facility investigator that is responsible for conducting administrative investigations of sexual abuse and sexual harassment. The San Diego County Sheriff's Department is notified of all allegations of sexual abuse and sexual harassment. The facility has made numerous attempts to enter into a Memorandum of Understanding (MOU) with the San Diego County Sheriff's Department and to date, those attempts have been unsuccessful. When the San Diego County Sheriff's Department investigates allegations reported at Otay Mesa Detention Center, they follow the protocols, including uniform collection of evidence that maximizes the potential for obtaining usable physical evidence and fulfills all requirements of this standard.

115.21 (b): The protocol is developmentally appropriate for youth where applicable and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the Department of Justice's Office on Violence Against Women publication. "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011.

115.21 (c): The facility offers all inmates who experience sexual abuse access to forensic medical examinations. According to the *Investigation Planning Worksheet*, page 4, section b, IHSC health staff will arrange for an alleged detainee victim to undergo a sexual assault forensic medical examination by a SAFE or SANE at the Palomar Hospital at no cost to the victim. In interview with the Facility Investigator in the past 12 months, there were no USMS detainees who required SANE exams.

115.21 (d): The facility has attempted to enter into Memorandum of Understandings with two community agencies to provide victim advocacy to victims of sexual abuse. In information provided by the Warden, due to loss of governmental funding, these agencies cannot provide this service.

115.21 (e): Victim advocates are provided to victims of sexual abuse at the Palomar Hospital. Victims of sexual abuse, upon request, can have a victim advocate from the California Coalition Against Sexual Abuse or the San Diego Sexual Assault Victim Advocacy to accompany them through the forensic exam process.

115.21 (f): The San Diego County Sheriff's Department conduct criminal investigations of sexual abuse at the Otay Mesa Detention Center. In documentation provided for review, the San Diego County Sheriff's Department follows the requirements of the provisions of this standard.

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*)

115.22 (a): Policy 14-2, pages 21-23, Section O, outlines the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The facility is responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment.

115.22 (b): If an allegation of sexual abuse or sexual harassment appears to be criminal, the San Diego County Sheriff's Department will be notified for investigation and referral for prosecution if warranted. All referrals of allegations of sexual abuse or sexual harassment for criminal investigations are documented.

115.22 (c): The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the CoreCivic website (<http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>). In the past 12 months, there were two allegations of sexual abuse that were referred for criminal investigation to the San Diego County Sheriff's Department.

In review of investigative files and interview with the facility investigator, the agency/facility is ensuring that all allegations of sexual abuse and sexual harassment are being investigated in accordance with the agency policy and the PREA standards.

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*)

115.31 (a): Policy 14-2, pages 6 & 7, section C-1-a addresses the agency's requirements of employee training. All CoreCivic employees receive training on the agency's zero-tolerance policy (14-2) for sexual abuse and sexual harassment at pre-service and annually at in-service. Employees receive the *PREA Overview* training annually.

The training curriculum was provided for review and found to include information on the agency's zero-tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities, the inmates right to be free from sexual abuse and sexual harassment, the right of inmates and staff to be free from retaliation, the dynamics of sexual abuse in a confinement setting, the common reactions of victims, how to detect and respond to signs of threatened sexual abuse, signs of predatory behavior, how to avoid inappropriate relationships with detainees, how to avoid inappropriate relationships with detainees, how to communicate effectively and professionally with LGBTI detainees and how to comply with relevant mandatory reporting laws.

115.31 (b): The training is tailored to meet the needs of both male and female detainees. Employees who are reassigned from facilities housing only male or female detainees are given additional training to meet the needs of the opposite gender. Between trainings, employees are provided with continuing PREA information at Department Head Meetings and shift briefings.

115.31 (c): In information provided on the Pre-Audit Questionnaire, In the past 12 months, all assigned employees of the Otay Mesa Detention Center have received the *PREA Overview* training.

115.31 (d): Staff review agency policies, which includes the 14-2 policy, and initial a *Policy Review Checklist* and sign a 14-2A, *Policy Acknowledgement* form. Staff sign a *Training Activity Enrollment/Attendance Roster* (4-2A) acknowledging that they have completed this training along with a *PREA Policy Acknowledgement and/or Training Acknowledgement* form. In review of random employee training records, this documentation is being maintained by the facility. Completion of this training is maintained electronically in the Learning Management System (LMS).

In addition to general training provided to all employees, security staff receive training in how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional, respectful manner. Staff also receive training on cross gender pat searches and searches of transgender and intersex inmates.

In review of the training records of 25 employees, the records were found to be complete with all necessary documentation showing required PREA training at pre-service and annually as part of the in-service training.

All staff interviewed acknowledged receiving PREA training and were knowledgeable of the zero-tolerance policy and of their responsibilities related to the prevention, detection and response to sexual abuse and sexual harassment. They acknowledged receiving the required training on cross-gender pat searches that included searches of transgender and intersex inmates and were able to respond appropriately to questions asked of them about the training they received. It was evident by the amount of knowledge that all staff have of the policy and procedures to follow as outlined in policy 14-2 that the facility exceeds in the requirements of this standard.

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*)

115.32 (a): CoreCivic policy 14-2, page 8, section 2, outlines the training requirements for volunteers and contractors. The objectives of the training ensures that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents.

115.32 (b): Volunteers and contractors of the Otay Mesa Detention Center receive the same *PREA Overview* training that staff do and acknowledge receipt of this training by signing a *Policy Review Checklist*, a 4-2A, *PREA Policy Acknowledgement and/or Training Acknowledgment* form (14-2A) and a *Training Activity Enrollment/Attendance Roster* (4-2A). The Chaplain maintains volunteer training files and the facility maintains documentation of contractor training electronically in LMS for contractors.

115.32 (c): The facility currently has 14 contracted Trinity Food Service workers and 13 religious volunteers. In review of random volunteer and contractor training files, PREA training is being provided to them as it is to all employees and being maintained by the facility. In interview with volunteers and contractors, they were knowledgeable of their PREA-related responsibilities. Since the level of training and the curriculum used to train contractors and volunteers is the same as training provided to employees, the facility was found to exceed in the requirements of this standard.

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*)

115.33 (a): Based on CoreCivic's policy 14-2, pages 13 & 14, section I, all detainees receive information at the time of intake about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 2916 detainees who were admitted to the Otay Mesa Detention Center have received PREA information at intake.

115.33 (b): Detainees receive comprehensive PREA education as part of the Admission/Orientation process. They view a NIC PREA video, which play continuously in English and Spanish in the holding cells in the intake area.

115.33 (c): All Otay Mesa Detention Center detainees transferred from another facility receive the same PREA education as all detainees.

115.33 (d): Inmates are given a *Detainee Admission/Orientation Handbook* and sign an *Acknowledgement of Inmate/Detainee Orientation* form acknowledging receipt of the handbook and viewing a PREA video. Pages 33 & 34 of the *Detainee Admission/Orientation Handbook* contain PREA information. Inmates also receive a *Preventing Sexual Abuse and Misconduct* brochure (14-2AA). Written PREA information is provided in both English and Spanish. The Language Line Services is used for the translation of any other languages. The facility has a TDD for the use of deaf or hard of hearing detainees.

115.33 (e): In review of 25 detainee-training records, documentation of PREA education is maintained by the facility.

115.33 (f): In addition to providing PREA education to all detainees upon intake and in orientation, PREA information is posted in various locations throughout the facility in English and Spanish providing ongoing PREA information is continuously available to detainees and during monthly Town Hall Meetings, where PREA information is reviewed.

All detainees interviewed were aware of the zero-tolerance policy and the methods of reporting sexual abuse and sexual harassment available to them. The facility was found to exceed in the requirements of this standard as evident by random detainee record review and in the response of detainees to interview questions and by the facility's efforts to provide training opportunities to inmates continuously through posted PREA information and Town Hall Meetings.

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*)

115.34 (a): Based on CoreCivic's policy 14-2, page 7, section b-I, in addition to general training provided to all employees, CoreCivic ensure that facility investigators receive training on conducting sexual abuse investigations in confinement settings.

115.34 (b): The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warning, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

At the Otay Mesa Detention Center, there is one trained facility Investigator. Documentation provided for review showed he completed the *Investigation Management Training* on 2/23/11, National Institute of Corrections (NIC) *Your Role Responding to Sexual Abuse* on 9/7/11 and NIC *Investigating Sexual Abuse in Confinement Settings* on 11/6/13.

115.34 (c): Electronic documentation of completed specialized trainings and certificates of completion are being maintained by the facility and were provided for review. The facility also maintains documentation of the general PREA training provided to all employees that the facility Investigator last completed on 9/27/17.

115.34 (d): Any state entity or Department of Justice component that investigate sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

When interviewed, the Facility Investigator knew his responsibilities in conducting administrative investigations of sexual abuse and sexual harassment and his responsibility for referral to the San Diego County Sheriff's Department for any allegations that appear to be criminal.

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)

115.35 (a): According to policy 14-2, page 7, section b-ii, in addition to the general training provided to all employees, all Qualified Health Care and Mental Health Professionals receive specialized medical training. Per IHSC directive 03-01, pages 6 & 7, all IHSC staff will complete *Sexual Assault Awareness Prevention/Intervention* training. The curriculum was provided for review and found to include how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations of sexual abuse and sexual harassment.

115.35 (b): This provision of the standard is not applicable to this facility. Medical staff do not perform forensic examinations. SANE examinations are performed by referral to the Palomar Hospital.

115.35 (c): Health care staff receive a Certificate of Training upon the completion on *Sexual Assault Awareness Prevention/Intervention* training. This documentation is maintained by the facility and was provided for review.

115.35 (d): Medical and mental health staff also receive the general PREA education provided to all employees as was verified in random review of training records of medical and mental health staff.

Medical and mental health staff interviewed verified receiving this training and knew their responsibilities in responding to victims of sexual abuse, proper reporting and how to preserve the physical evidence.

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*)

115.41 (a): Per policy 14-2, pages 12 & 13, section H, upon admission to the Otay Mesa Detention Center all detainees are screened for their risk of being sexually abused or sexually abusive towards others.

115.41 (b): Intake screening shall ordinarily take place within 72 hours of arrival at the facility. At Otay Mesa Detention Center, intake screening is completed upon arrival to the facility by intake staff exceeding in the requirements of this provision of the standard. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 2916 detainees admitted to the facility were screened within 24 hours for their risk of sexual victimization and abusiveness.

115.41 (c): Intake screening is completed using an objective screening tool. The *Sexual Abuse Screening Tool* (14-2B) is used for this purpose and screening information is then entered into the Offender Management System (OMSe).

115.41 (d): In review of the *Sexual Abuse Screening Tool*, it was found to consider all of the criteria in this provision of the standard.

115.41 (e): The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing detainees for risk of being sexually abusive.

115.41 (f): Within 30 days of arrival to the facility, inmates are rescreened using the 14-2B form completed electronically in OMSe by Case Managers to reassess the inmate's risk of victimization or abusiveness.

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

115.41 (h): Detainees are not disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the 14-2B tool.

115.41 (i): *Sexual Abuse Screening Tools* (14-2B) are filed in the detainee central files that are locked in the Records Supervisor's office to maintain confidentiality and electronically in OMSe.

In review of random electronic inmate files, the *Sexual Abuse Screening Tool* (14-2B) forms are being completed upon arrival and 30-day reassessments are completed. Screening information is maintained by the facility.

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*)

115.42 (a): According to policy 14-2, section H-1, the agency uses the information from the risk screening form to make housing, bed, work and program assignments with the goal of separating detainees at high risk of being sexually victimized from detainees at high risk of being sexually abusive.

115.42 (b): Individualized determinations are made about how to ensure the safety of each detainee. On interview with the Warden, he explained how the facility utilizes information from the 14-2B form. Detainees identified from screening to be at risk for victimization or abusiveness are tracked by alerts entered into OMSe.

115.42 (c): Guidelines on housing and program assignments for the management of transgender and intersex detainees are outlined in policy 14-2, pages 14 & 15, section J-1. In deciding whether to assign a transgender or intersex detainee to a facility for male or female detainees, CoreCivic considers on a case-by-case basis whether the placement would ensure the detainees' health and safety and whether the placement would present management or security problems.

115.42 (d): Transgender and intersex detainees are reassessed at least twice a year to review any threats to safety experienced by the detainee.

115.42 (e): Transgender and intersex detainees' own view of his or her safety is given serious consideration.

115.42 (f): According to agency policy, transgender and intersex detainees are given the opportunity to shower separately from other inmates. Upon request to their Unit Manager or unit staff, transgender and intersex detainees can shower at a designated time.

115.42 (g): The agency does not place lesbian, gay bisexual, transgender or intersex inmates in dedicated facilities, units or wings solely based on such identification. At the time of the audit, there were no transgender or intersex detainees housed at the facility. Detainees interviewed who self-disclosed being gay, bisexual or lesbian that were interviewed reported that they were not housed any differently because of their sexual orientation.

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*)

115.43 (a): According to policy 14-2, pages 15 & 16, section J-1 and policy 10-101, pages 4 & 5, section 6-b, involuntary segregated housing may be used to house inmates at high risk for sexual victimization

only after an assessment of all available housing alternatives has shown that there are no other means of protecting the inmate. If an assessment cannot be made immediately, the inmate may be placed in involuntary segregated housing for no more than 24 hours. Policy 10-101, *Restrictive Housing Management*, pages 47, outlines requirements for protective custody.

115.43 (b): Detainees placed in segregated housing shall have access to programs, privileges, education and work opportunities and not provided the facility will document the opportunities that have been limited, the duration of the limitation and the reasons for such limitations.

115.43 (c): The policies further state that if involuntary segregated housing is used for the safety of the detainee as a means of separation, it can be used for a period not to exceed 30 days and documented the basis for the use of involuntary segregated housing and the reason why no alternative means of separation could be arranged.

115.43 (d): If an involuntary segregated housing assignment is made, the facility will document the basis for the facility's concern for the detainee's safety and the reason why no alternative means of separation can be arranged.

115.43 (e): If necessary to house a detainee in involuntary segregated housing for more than 30 days, a review of the detainee's status must be conducted every 30 days to determine whether there is a continuing need for separation from general population.

On interview with the Warden and Detention Officers assigned to restrictive housing, they confirmed that in the past 12 months there were no inmates held in involuntary segregated housing.

REPORTING

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*)

115.51 (a): Policy 14-2, pages 16 & 17, section L, and page 19, section 3, outline the procedures for inmate reporting of allegations of sexual abuse and sexual harassment, retaliation by other inmates or staff or staff neglect or violation of responsibilities that may have contributed to such incidents. Detainees are informed on pages 33 & 34 of the *Detainee Admission and Orientation Handbook* and in the *Preventing Sexual Abuse and Misconduct* brochure (14-2AA) and continuously through posters displayed throughout the facility. They are informed they can verbally tell any employee, submit a request to meet with health services or forward a letter to the Warden or to a security staff, sealing it and marking “confidential” on it. Detainees have an option of dialing #9 as an internal reporting option. The ADO staff, Warden, the two Assistant Wardens, the Chief of Security receive a PREA alert email when a call is made to this number.

115.51 (b): Detainees are also informed that they have options to report abuse or harassment to a public or private entity that is not part of the agency. They are informed that they can forward a letter to CoreCivic’s Managing Director/Facility Operations at 10 Burton Hills Blvd., Nashville, TN 37215. They

are also given the phone number for the USMS at 1-800-869-4499, which is the number to reach the DOJ Office of Inspector General's Office.

115.51 (c): Employees must take all allegations of sexual abuse and harassment seriously whether they be made verbally, in writing, anonymously and from third parties and are required to document all reports as stated on page 17, section 2 of policy 14-2.

115.51 (d): Employees may privately report sexual abuse and sexual harassment of inmates in writing or may contact the CoreCivic Ethics and Compliance Hotline at 1-866-757-4448. Reporting methods can be found on the CoreCivic website and in the CoreCivic *Code of Ethics*.

Inmates interviewed were aware of the methods of reporting available to them. Staff interviewed were aware of privately reporting sexual abuse of detainees by calling the agency's hotline number.

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

The Otay Mesa Detention Center does not have an administrative procedure for addressing inmate grievances regarding sexual abuse. All PREA allegations received as a grievance are submitted to the facility investigator for immediate initiation of the PREA protocol.

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*)

115.53 (a): Policy 14-2, page 10, section F, outlines the agency's policy on providing detainees with access to outside victim advocates for emotional support services related to sexual abuse. Inmates are given mailing addresses and telephone numbers, including toll-free hotline numbers available for reporting allegations of sexual abuse as well as to request emotional support services.

115.53 (b): Detainees are informed prior to giving them access to outside victim advocates to the extent to which such communication will be monitored and to the extent which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

115.53 (c): The facility has made multiple attempts to enter into an MOU to provide detainees with confidential emotional support services. To date those efforts have been unsuccessful and ongoing. The facility maintains copies of those attempts.

Absent of an MOU, detainees have access to request emotional support services by contacting the San Diego Sexual Assault Victim Advocacy or the California Coalition Against Sexual Assault by phone or in writing. Detainees are given the contact information for these two agencies on page 33 of the *Detainee Admission and Orientation Handbook*.

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*)

115.54 (a): The agency has a method to receive third-party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing to the PREA Coordinator or to the Warden. Per CoreCivic policy 14-2, page 18, section N-4, information on third party reporting is made available on CoreCivic's website (<http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>) with instructions for outside parties to contact the National Sexual Assault Hotline at 1-800-656-4673 or send a letter to the facility's Program Manager.

Detainees are made aware of this method of reporting in the *Preventing Sexual Abuse & Misconduct* brochure (14-2 AA) and in the *Detainee Admission and Orientation Handbook*. Inmates interviewed were knowledgeable of this method of reporting. According to information reported on the Pre-Audit Questionnaire, in the past 12 months, there were no third party reports received.

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*)

115.61 (a): The agency/facility policy 14-2 on staff reporting duties was found on pages 17 & 18, section L-2. Staff must take all allegations of sexual abuse and sexual harassment seriously. All staff are required to report immediately to the facility Investigator any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against inmates or staff who reported such an incident. Staff are to document all verbal reports promptly. Staff who fail to report allegations may be subject to disciplinary action.

115.61 (b): Apart from reporting to designated supervisors, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions.

115.61 (c): Medical and mental health professionals are required to follow reporting procedures and are to inform inmates of their professional duty to report and the limitations of confidentiality. They are also

required to obtain consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

115.61 (d): The Otay Mesa Detention Center houses adult males and females detainees only, none of whom according to their classified level of care are considered vulnerable adults under the California State Vulnerable Persons Statue; therefore, this provision of this standard is not applicable to this facility.

115.61 (d): The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the Facility Investigators.

Interview with staff revealed that staff is very knowledgeable of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary.

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*)

When the agency learns that a detainee is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. Policy 14-2, page 1, paragraph 2 and page 17, section 2-c requires that when it is learned that a detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the detainee.

In interview with the Executive Vice President and Chief Corrections Officer at an earlier date, he stated that staff immediately take action protect the detainee. They may remove the detainee from the area or from certain people. In interview with the Warden and interview of random staff and on documentation provided for review, there were no times during the past 12 months that it was necessary for the agency to take immediate action in regards to a detainee being in substantial risk of sexual abuse. Staff interviewed were aware of their responsibilities if they felt a detainee was at risk for sexual abuse.

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*)

115.63 (a): CoreCivic policy 14-2, page 20, section M-3 was used to verify compliance to this standard. Upon receiving an allegation that a detainee was sexually abused while confined at another facility, the Warden shall notify the head of the facility where the sexual abuse was alleged to have occurred.

115.63 (b): This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation.

115.63 (c): The Warden is to document on the 5-1B, *Notice to Administration* form that notification was provided.

115.63 (d): The facility head or agency office that receives a notification will ensure that the allegation is investigated in accordance with the PREA standards.

In information provided on the Pre-Audit Questionnaire and in interview with the Warden, the past 12 months, there were no allegations of sexual abuse received from other facilities. .

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*)

115.64 (a): CoreCivic policy 14-2, pages 19 & 20, section M-1 & 2-a, outlines the procedure for first responders to allegations of sexual abuse whether that person is a security or non-security staff member. Per policy, upon learning of an allegation of sexual abuse, the first staff member to respond to keep the alleged victim safe with no contact with the alleged perpetrator and immediately escorted to a private area and ensure that the crime scene is preserved. If the abuse was alleged to have occurred within a

time frame that allows for the collection of physical evidence, staff shall ensure that the victim does not wash, shower, toilet, eat, drink or brush his teeth.

115.64 (b): Policy mandates that if the first responder to an allegation of sexual abuse is a non-security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence and then notify security staff immediately. A victim of sexual abuse is immediately escorted to the health services department for evaluation and stabilization.

All staff carry with them a First Responder Card that highlights their responsibilities in response to allegations of sexual abuse and sexual harassment. Staff interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and preserve the physical evidence.

According to information provided on the Pre-Audit Questionnaire and in review of investigative files, in the past 12 months, there were four allegation of sexual abuse received. A security staff member was the first responder to three of those reported allegations and one a non-security staff member responded to the other.

In interview with random security and non-security staff, they were knowledgeable of their responsibilities in response to allegations of sexual abuse.

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*)

115.65 (a): Policy 14-2, page 11, section G, outline the facility's coordinated response to an incident of sexual abuse. A Sexual Abuse Response Team (SART) is established at the facility that includes the PREA Compliance Manager, a medical provider, the Unit Manager, a mental health representative and the PREA Investigator. It is the responsibility of the SART to carry out the *Coordinated Response Plan*, which is a written plan to provide a prompt response by first responders, medical/health services staff, mental health staff, investigators and facility leadership.

The facility's *Coordinated Response Plan* was provided for review. It was found to outline the responsibilities of each member of the SART to ensure coordination of actions to be taken in response to an allegation of sexual abuse. Interviews with members of the SART revealed that they know their responsibilities in carrying out the *Coordinated Response Plan*.

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*)

115.66 (a): CoreCivic policy 14-2, pages 27-28, section 2-d, was used to verify compliance to this standard. Employees are subject to disciplinary sanctions up to termination for violating CoreCivic's policies on sexual abuse and sexual harassment.

Since August 20, 2012, CoreCivic has not entered into or renewed any collective bargaining agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation. There are no restrictions to keep the agency from removing alleged staff sexual abusers from contact with inmates pending the outcome of an investigation.

In interview with the Executive Vice President and Chief Corrections Officer at an earlier date, any agreements that CoreCivic enters in to would not limit the agency from removing alleged staff sexual abusers from contact with inmates pending the outcome of an investigation and not disciplining employees up to and including termination.

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 inmates 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*)

115.67 (a): CoreCivic has as policy to protect inmates who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff as outlined on pages 11 & 12, section 3, a-iv - vi. The agency has multiple protection measures, such as housing changes or transfers for inmates, victims or abusers, removal of alleged staff or inmate abusers from contact with victims.

The Facility Investigator is responsible for monitoring for retaliation. Monitoring is documented on the 14-2-D, *PREA Retaliation Monitoring Report* each time he meets with the detainee.

115.67 (d): Multiple protection measures, such as housing changes, or transfers of detainee victims or abusers, removal of alleged staff or inmate abusers from contact with victims are taken.

115.67 (c): Monitoring is required 30/60/90 days following an allegation and can continue beyond 90 days if there is a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.

115.67 (d): In addition to monthly monitoring, detainees will also have periodic status checks and any relevant documentation will be reviewed.

115.67 (e): If other individuals who cooperate with an investigation express a fear of retaliation, appropriate measures will be taken to protect that individual from retaliation.

115.67 (f): The agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

According to documentation provided on the Pre-Audit Questionnaire, in interview with the Facility Investigator, and in review of investigative files, *PREA Retaliation Monitoring Reports* are being completed and become part of the corresponding investigative file.

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*)

115.68 (a): The agency/facility prohibits detainees who have alleged sexual abuse to be placed in involuntary segregated housing. If segregated housing were used, the same provisions as the requirements of standard 115.43, outlined on page 15, section J-2 of policy 14-2 and policy 10-1, page 5, section 6-b-i-ii, would apply. Detainees at high risk for sexual victimization can be placed in involuntary segregated housing only after an assessment of all available housing alternatives has shown that there are no other means of protecting the detainee. If an assessment cannot be made immediately, the detainee may be placed in involuntary segregated housing for no more than 24 hours.

In information provided on the Pre-Audit Questionnaire and in interview of the Warden and staff assigned to restrictive housing, in the past 12 months, there was no time that and detainee who suffered sexual abuse was placed in involuntary segregation.

INVESTIGATIONS

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*)

115.71 (a): The agency/facility conducts an investigation immediately when notified of an allegation of sexual abuse and sexual harassment including third party and anonymous reports. The trained Facility Investigator is responsible for conducting administrative investigations of sexual abuse and sexual harassment at the Otay Mesa Detention Center. The agency's policy on administrative and criminal investigations is outlined in CoreCivic's policy 14-2, pages 23 & 24, section O-1-3.

115.71 (b): The agency uses investigators who have received specialized training in sexual abuse investigating to investigate allegations of sexual abuse. The Facility Investigator completed *Investigator Manager Training* on 2/23/11 and *PREA: Investigating Sexual Abuse in Confinement Settings* on 11/6/13.

115.71 (c): The investigator gathers and preserves direct and circumstantial evidence, including any available electronic monitoring data, shall interview the alleged victims, suspected perpetrators and witnesses and will review prior complaints and reports of sexual abuse involving the suspected perpetrator.

115.71 (d): Allegations of sexual abuse that appear to be criminal are referred to the San Diego County Sheriff's Office who conduct investigations pursuant to the requirements of this standard.

115.71 (e): The credibility of an alleged victim, suspect or witness is assessed on an individual basis and shall not be determined by the person's status as a detainee or a staff. The agency does not require a detainee who alleges sexual abuse to submit to a polygraph test.

115.71 (f): The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation is documented in the *Incident Investigative Report* (5-1G) via the IRD. The report includes investigative facts, physical evidence and testimonial evidence, reasoning behind credibility assessments, investigative findings and whether actions and/or failures of staff to act contributed to the incident including explanation as to what determined the conclusion.

115.71 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

115.71 (h): Substantiated allegations shall be referred for prosecution.

115.71 (i): CoreCivic retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years as required by the *CoreCivic Retention Schedule* (1-15 B).

115.71 (j): If an alleged staff abuser or victim terminates employment before the conclusion of an investigation, the investigation continues. If an inmate abuser or victim leaves the facility before the conclusion of the investigation, the investigation continues.

115.71 (k): The San Diego County Sheriff's Department conducts investigations pursuant to the provisions of this standard. The facility has attempted to enter into an MOU with the Sheriff's Department, but these attempts have been unsuccessful.

115.71 (l): The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators.

When interviewed, the Facility Investigator knew his responsibilities in the conduct of administrative investigations and referral of all allegations that appear to be criminal to the San Diego County Sheriff's Department as required. He reported that all four allegation received in the past 12 months were referred to the San Diego County Sheriff's Office for criminal investigation. In review of investigative files, the facility is in compliance with the provisions of this standard.

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*)

Based on CoreCivic's policy 14-2, pages 25 & 26, section O-5, the agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the Facility Investigator was asked what standard of evidence was used in determining if an allegation is substantiated, he confirmed the agency's policy.

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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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*)

115.73 (a): Policy 14-2, pages 25 & 26, section Q, was used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of a detainee, the detainee shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.

115.73 (b): If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the detainee.

115.73 (c): The policy further states that following an detainee's allegation that an employee has committed sexual abuse against the detainee; the facility is required to inform the detainee of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. The detainee is informed if the staff member is no longer posted within the detainee's unit, if the staff member was indicted on a charge related to sexual abuse or if the staff member has been convicted on a charge related to sexual abuse.

115.73 (d): Following a detainee's allegation that another detainee sexually abused him, the agency shall inform the detainee of the outcome of the investigation. The detainee is informed if the alleged abuser was indicted on a charge related to sexual abuse or the alleged abuser was convicted on a charge related to sexual abuse.

115.73 (e): All notifications or attempted notifications shall be documented on the 14-2E, *Inmate Allegation Status Notification* form. The detainee signs the 14-2E and the form is to be filed in the corresponding investigative file.

115.73 (f): The facility's obligation to notify the detainee shall terminate if the detainee is released from custody.

Detainee Allegation Status Notification forms were found filed in all of the corresponding investigative files as required. Three notices were served to the detainee and one was attempted to be served, but the detainee was no longer at the facility at the conclusion of the investigation. When interviewed the Facility Investigator responsible for providing the *Inmate Allegation Status Notification* to detainees, knew his responsibilities of providing detainees with 14-2E forms at the conclusion of the outcome of an investigation.

DISCIPLINE

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*)

115.76 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy 14-2, page 26, section R-2-a-c. Policy 3.3, page 2, section C – 1 & 2, references CoreCivic's *Code of Ethics and Business Conduct*, which all employees must read and sign a *Code of Conduct Acknowledgement Form*, attachment 3-3C to policy 3.3, acknowledging they have read the *Code of Ethics and Business Conduct* and find no exceptions to the information it contains.

115.76 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.76 (c): Disciplinary sanctions for violation of agency policies related to sexual abuse or sexual harassment shall commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and other sanctions imposed for comparable offenses by other staff with similar histories.

115.76 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies.

From information provided on the Pre-Audit Questionnaire and in interview with the Warden, in the past 12 months, there were no discipline or terminations of staff for violating the agency's zero-tolerance policy. In two allegations of staff-on-inmate sexual abuse one was determined to be unsubstantiated and one unfounded.

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*)

115.77 (a): Based on review of policy 14-2, page 28, section-3, any volunteer or contractor who engages in sexual abuse is prohibited from contact with detainees and shall be reported to law enforcement agencies or licensing boards, unless the activity was clearly not criminal.

115.77 (b): Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions. Policy 3.3, page 2, section C – 1 & 2, references CoreCivic's *Code of Ethics and Business Conduct*, which all contractors and volunteers must read and sign a *Code of Conduct Acknowledgement Form*, attachment 3-3C to policy 3.3, acknowledging they have read the *Code of Ethics and Business Conduct* and find no exceptions to the information it contains. Contractors and volunteers sign a 14-2H, *Self-Declaration of Sexual Abuse and Sexual Harassment* form acknowledging that they have a continuing affirmative duty to disclose any changes to the questions answered on the 14-2H form.

In interview with the Warden and documentation provided by the facility, in the past 12 months the Otay Mesa Detention Center has not received any reports of sexual abuse of detainees by contractors or volunteers. The Warden stated that if a volunteer or contracted violated the agency's zero-tolerance policy, they would no longer be allowed access to the facility pending the outcome of an investigation.

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*)

115.78 (a): Per policy 14-2, pages 26 & 27, section R-1, detainees will be subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Policy 15-2, page 2, section 15-2.4, addresses the agency/facility's disciplinary procedures, including sexual misconduct.

115.78 (b): 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 detainees with similar histories.

115.78 (c): The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his behavior in determining what type of sanction, if any should be imposed. Policy 15-1, section 15-1.5, outlines offenses and penalties imposed, including offenses of sexual misconduct. Policy 15-2 outlines the disciplinary process.

115.78 (d): In the case of sexual abuse, the alleged perpetrator is offered mental health services or can request these services through submitting a confidential sick call to the mental health department. Mental health services are provided by IHSC staff onsite.

115.78 (e): An inmate may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct.

115.78 (f): Detainees who allege false claims of sexual abuse can be disciplined. A report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g): Detainees receive a *Detainee Admission and Orientation Handbook* when they arrive at the Otay Mesa Detention Center they are informed that sexual misconduct is a violation against the facility's rules and regulations and describes what constitutes sexual misconduct. All sexual activity between detainees is prohibited and detainees are informed they will be disciplined for violations.

According to information provide on the Pre-Audit Questionnaire, in the past 12 months, there have been no reported incidents inmate-on-inmate sexual abuse or any form of sexually related misconduct by detainees.

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*)

115.81 (a) & (c): In review of policy 14-2, page 10, section E-2, all detainees receive an initial medical and mental health screening upon admission to the facility. Those who disclose any prior victimization during intake screening or at any time thereafter, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

115.81 (b): Detainees who have previously perpetrated sexual abuse are also offered a follow-up meeting with a mental health practitioner. The IHSC *Behavioral Health Guide*, section XVII, page 14, states that mental health appraisals will be conducted within 14 days for detainees referred to mental health during the intake process.

115.81 (d): Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners. IHCS *Operations Memorandum, OM-16-022*, addresses maintaining confidentiality of detainee health care records.

115.81 (e): Medical and mental health practitioners obtain informed consent from detainees before reporting information about prior sexual victimization that did not occur in an institutional setting.

In information provided on the Pre-Audit Questionnaire, in the past 12 months, 90% of the detainees admitted to the Otay Mesa Detention Center disclosed prior victimization during screening and were offered a follow-up meeting with the mental health. Sixty percent of the detainees admitted to the facility disclosed at screening of perpetrating sexual abuse were offered a follow-up meeting with mental health.

In interview with the Health Services Administrator and the Mental Health Coordinator and in random review of inmate files of detainees who reported prior victimization or abusiveness, the requirements of this standard as they apply to policy 14-2 are being adhered to.

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*)

115.82 (a): Policy 14-2, page 19, section M-1, outlines the response procedures when an employee learns of an allegation of sexual abuse. The alleged victim must be kept safe with no contact with the alleged perpetrator and be immediately escorted to the Health Services Department. All inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical and medical treatment and crisis intervention services as outlined in IHSC Directive 03-01 and Directive 03-02. Medical and mental health practitioners according to their professional judgement determine all services.

115.82 (b): The medical department is staffed 24 hours a day, seven days a week. The facility shall attempt to conduct a mental health evaluation on all known inmate abusers within 60 days and offers treatment as deemed appropriate.

115.82 (c): Female detainee victims of sexual abuse are offered timely information and timely access to emergency contraception and sexually transmitted infections prophylactics in accordance with professionally accepted standards of care are prescribed for all detainee victims, where medically appropriate.

115.82 (d): Medical and mental health treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Interviews with the Health Services Administrator and other IHCS staff and in the review of information provided on the Pre-Audit Questionnaire, in the past 12 months there were no residents who required emergency medical or mental health services due to sexual abuse.

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 detainees 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*)

115.83 (a): Based on interviews with the HSA, documentation provided for review, and review of policy 14-2, page 19, section M-1, IHCS Behavioral health Services Guide, page 14, sections XVII & XVIII and IHSC Directive 03-01, pages 2-4, section 4, the facility offers medical and mental health evaluations and treatment to all detainees who have been victimized by sexual abuse. This treatment includes follow-up services, treatment plans and when necessary, referrals for continued care.

115.83 (b): The evaluation and treatment of victims shall include follow-up services, treatment plans and referrals for continued care following their transfer to another facility or their release from custody.

115.83 (c): The services offered are consistent with the community level of care.

115.83 (d): Detainee victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

115.83 (e): If pregnancy results from the abuse, detainee victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.83 (f): Detainee victims of sexual abuse are offered test for sexually transmitted infections as medically appropriate.

115.83 (g): Treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation of the incident.

115.83 (h): The facility attempts to conduct a mental health evaluation of all detainee-on-detainee abusers within 60 days of learning such abuse history and offer treatment as appropriate. This practice was confirmed in interview with IHCS mental health staff.

DATA COLLECTION AND REVIEW

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*)

115.86 (a): Based on policy 14-2, pages 22 & 23, section N, the Warden will ensure that a post investigation review of a sexual abuse incident is conducted within 30 days of the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. It is the responsibility of the SART to conduct these reviews.

115.86 (b): The review shall occur within 30 days of the conclusion of the investigation.

115.86 (c): Members of the SART include the PREA Compliance Manager, an IHSC medical provider, a Unit Manager the IHSC mental health provider and the Facility Investigator.

115.86 (d): When reviewing an incident, the SART considers the requirements of 115.86 (d) of this standard, which includes whether the incident was motivated by race, ethnicity, and gender identity, sexual orientation or gang affiliation. They examine the area in the facility where the incident alleged to have occurred to assess for physical barriers, assess the adequacy of staffing levels in the area during different shifts to include supervisory staff and assess whether monitoring technology should be deployed. All findings and recommendations for improvement are documented on the 14-2F, *Sexual Abuse or Sexual Assault Incident Review Form*, and completed forms are forwarded to the PREA Coordinator.

115.86 (e): The facility will implement the recommendations for improvement or will document reasons for not doing so.

In documentation provided on the Pre-Audit Questionnaire and in review of investigative files, in the past 12 months, two post-investigation reviews by the SART were conducted after the conclusion of investigations, which were found filed in the corresponding investigative file. When interviewed, members of the SART knew their responsibilities as they relate to the review of sexual abuse incidents.

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 detainees? (N/A if agency does not contract for the confinement of its detainees.) ☐ 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*)

115.87 (a) & (c): Information on data collection is found on page 28 & 29, section T-1 and section 2-a & b of CoreCivic policy 14-2. CoreCivic collects uniform data for every allegation of sexual abuse at all facility under their control. The data collected, will be 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 (DOJ).

115.87 (b): At least annually, the PREA Coordinator aggregates the incident-based sexual abuse data.

115.87 (d): The facility maintains, reviews and collects data as needed including reports, investigation files and sexual abuse incident reviews. The facility will ensure that incidents of sexual abuse and sexual harassment are reported on the *Incident Tracking Form*. All incident reports, investigative files and aggregated data is retained according to the *CoreCivic Retention Schedule (1-15B)* for 10 years.

115.87 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its inmates.

115.87 (f): Upon request, or no later than June 30, the agency provides aggregated data information for the previous calendar year to DOJ. The PREA Coordinator prepares an *Annual PREA Report* summarizing the aggregated data from all CoreCivic facilities.

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*)

115.88 (a): Based on policy 14-2, page 29, section T-3, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator prepares an annual report that provides the problem areas and corrective actions for each facility and as the agency as a whole.

115.88 (b): The annual report includes a comparison of the current year's data and corrective actions with those from the previous years and provides an assessment of the agency's progress in addressing sexual abuse.

115.88 (c): The PREA Coordinator forwards the annual report to the Chief of Corrections Officer for approval. The report is made public on the CoreCivic website and can be accessed at <http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

115.88 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted. The most current annual report, prepared by the PREA Coordinator for 2016 data, was very well written with easy to read tables according to the type of allegations and the investigative findings as well as a narrative overview of this information.

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*)

115.89 (a): According to policy 14-2, page 28, section T-2-c, the agency ensures that the data collected is securely retained. According to the *CoreCivic Retention Schedule* (1-15-B), the entire PREA packet including aggregated sexual abuse data is retained for 10 years.

115.89 (b): CoreCivic makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at <http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

115.89 (c): Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

115.89 (d): According to the *CoreCivic Retention Schedule* (1-15-B), the entire PREA packet including aggregated sexual abuse data is retained for 10 years.

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 detainees, residents, and detainees? ☒ Yes ☐ No

115.401 (n) Were detainees 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*)

115.401 (a): Based on policy 14-2, page 30, section U-2-a, CoreCivic ensures that an external audit of all of its facilities is conducted every three years to ensure compliance with the agency's policy, the PREA National Standards and federal law and regulations. The FSC Quality Assurance Department in conjunction with the PREA Coordinator ensures that the external audit is conducted by a DOJ Certified PREA Auditor. This is the first PREA audit of the Otay Mesa Detention Facility. I am a DOJ Certified PREA Auditor.

115.401 (b): According to the agency's PREA Coordinator, during the three-year period beginning on August 20, 2013, CoreCivic ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years.

115.401 (f): I received and reviewed all relevant agency-wide policies, procedures and the external accreditation by the American Correctional Association for the Otay Mesa Detention Center.

115.401 (g): I reviewed a sampling of relevant documents and other records and information for the most recent one-year period.

115.401 (h): During the audit, I was allowed access to all common areas of the Otay Mesa Detention Center and all USMS housing units.

115.401 (i): I was permitted to request and receive copies of any relevant documentation, including information that was stored electronically.

115.401 (j): I have retained all documentation relied upon to make audit determinations. The documentation will be provided to the Department of Justice upon request.

115.401 (k): I interviewed a representative sample of detainees and staff, supervisors and administrators.

115.401 (l): I reviewed camera monitors and electronically stored data.

115.401 (m): I was permitted to conduct private interviews with detainees and staff ensuring confidentiality to our conversation.

115.401 (n): Detainees were notified 60 days before the audit on posted facility notices in both English and Spanish that they could send confidential correspondence to me and were given my name and mailing address.

115.401 (o): During the On-Site Audit Phase, I contacted the California Coalition Against Sexual Assault and the RAINN National Network. The facility does not have any MOU's with community agencies to provide emotional support services. They continue in their efforts to secure MOU's.

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*)

115.403 (a): Based on policy 14.2 page 30, section 2-b-ii-iv, each audit includes a certification by the auditor that no conflict of interest exists with respect to his/her ability to conduct a CoreCivic audit. No audit may be conducted by an auditor who has received financial compensation from CoreCivic within the three years prior to CoreCivic retaining the auditor. CoreCivic will not employ with or otherwise financially compensate the auditor for three years subsequent to CoreCivic's retention of the auditor, with the exception of contracting for subsequent PREA audits. I certify by my signature in the *Auditor's Certification* section of this report that no conflict of interest exists with my ability to conduct this audit.

115.403 (b): Audit reports shall state whether company-wide policies and procedures comply with relevant PREA National Standards. In thorough review of CoreCivic's *Sexual Abuse Prevention and Response* policy (14-2), the policy was found to be well written and comprehensive complying with the PREA National Standards.

115.403 (c): For each standard, I made a determination of a finding of Exceeds Standard or Meets Standard. There were no standards that were determined that did not meet the standard. See page 9 for a summary of my findings for each of the PREA standards.

115.403 (d): This report describes the methodology, sampling sizes and basis for my conclusions as required.

115.403 (e): I have redacted any personal identifiable inmate or employee information, but I can provide such information to CoreCivic or the Department of Justice upon request.

115.403 (f): Per agency policy and standard requirements, CoreCivic ensures that this final report will be published on their website at <http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

AUDITOR CERTIFICATION

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.

Barbara Jo Denison

August 14, 2018

Auditor Signature

Date