

PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: May 11, 2017

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| Auditor Information | | | |
| Auditor name: Barbara Jo Denison | | | |
| Address: 3113 Clubhouse Drive, Edinburg, TX 78542 | | | |
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| Telephone number: 956-566-2578 | | | |
| Date of facility visit: February 21-22, 2017 | | | |
| Facility Information | | | |
| Facility name: Correctional Alternatives, LLC – Boston Avenue (CAI-Boston Avenue) | | | |
| Facility physical address: 2777 Boston Avenue, San Diego, CA 92113 | | | |
| Facility mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Facility telephone number: 619-232-1066 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input checked="" type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input type="checkbox"/> Community treatment center | <input checked="" type="checkbox"/> Community-based confinement facility | |
| | <input type="checkbox"/> Halfway house | <input type="checkbox"/> Mental health facility | |
| | <input type="checkbox"/> Alcohol or drug rehabilitation center | <input type="checkbox"/> Other | |
| | | | |
| Name of facility's Chief Executive Officer: Monica Sanchez, Facility Director | | | |
| Number of staff assigned to the facility in the last 12 months: 27 | | | |
| Designed facility capacity: 120 | | | |
| Current population of facility: 106 | | | |
| Facility security levels/inmate custody levels: Community | | | |
| Age range of the population: 18-61 | | | |
| Name of PREA Compliance Manager: Monica Sanchez | | Title: Facility Director | |
| Email address: Monica.sanchez@corecivic.com | | Telephone number: | |
| Agency Information | | | |
| Name of agency: CoreCivic | | | |
| Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text. | | | |
| Physical address: 10 Burton Hills Blvd., Nashville, TN 37215 | | | |
| Mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Telephone number: 615-263-3000 | | | |
| Agency Chief Executive Officer | | | |
| Name: Damon Hininger | | Title: President and Chief Executive Officer | |
| Email address: Damon.Hininger@CoreCivic.com | | Telephone number: 615-263-3301 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Eric Pierson | | Senior Director, PREA Programs and Compliance | |
| Email address: Eric.pierson@CoreCivic.com | | 615-263-6915 | |

AUDIT FINDINGS

NARRATIVE

The PREA on-site audit of Correctional Alternatives, LLC – Boston Avenue was conducted February 21-22, 2017 by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. The Facility Director, who is designated as the facility's PREA Compliance Manager, answered questions during this review period.

On the first day of the audit, a brief entrance meeting was held with Monica Sanchez, Facility Director and Eric Pierson, Senior Director, PREA Programs and Compliance in attendance and at the conclusion of the meeting, accompanied me on a tour of the facility. During the tour, the location of cameras and mirrors, room layout including shower/toilet areas and placement of PREA posters and information was observed. PREA posters in both English and Spanish and large boards with additional PREA information were posted throughout the facility in common areas and in the living areas. The external reporting number for the RAINN National Hotline was called on one of the participant pay telephones and found to be answered by San Bernardino Sexual Assault Services. Calls to this number are toll free and participants can remain anonymous if they choose to.

During the tour, I spoke informally to staff and participants questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting. Thirty participants were formally interviewed during the course of the audit. Of that number, one participant refused to be interviewed, one self-disclosed at intake of being gay and two participants self-disclosed having low reading skills. There were no participants that were deaf, hard of hearing, blind, had low vision, who self-disclosed being bisexual, transgender or intersex housed at the facility at the time of the audit. All of the participants interviewed acknowledged taking a PREA class within a few days of arrival to the facility and viewing the *PREA: What You Need to Know* video. They were familiar with the agency/facility's zero-tolerance policy against sexual abuse and sexual harassment and were able to articulate during interview the methods of reporting allegations of sexual abuse and sexual harassment available to them. Participants consistently indicated that they feel safe from sexual abuse at this facility.

Prior to the on-site visit, I was supplied a list of security and non-security staff who were scheduled during the on-site visit. From that list, I selected nine Security Monitors, three from each security shift, and twelve specialized staff to interview. One volunteer was interviewed by telephone. Staff interviewed were knowledgeable of their responsibilities of detecting, preventing and responding to sexual abuse and sexual harassment allegations. They knew how to respond if they learned that a participant was in imminent danger of sexual abuse.

I reviewed the training records of 12 staff and all of the volunteers to determine compliance with training mandates. The review showed that training documentation was complete in all records reviewed and documentation of this training is being maintained by the facility.

Personnel files are maintained by the Human Resource Manager who is responsible for maintaining files for this facility and CAI-Ocean View. The review of 15 records which included promotions, transfers and new hires in the past 12 months revealed criminal background checks for pre-employment being completed as per policy and standard requirements with repeat background checks performed in conjunction with contract renewal dates.

Thirty-two participant files were reviewed to determine compliance to PREA education requirements. In several files reviewed, required documentation required as part of the intake process and documentation signed by the participant upon completion of the PREA education class was missing from the files. The Program Manager who facilitates the PREA education class for participants and the Treatment Manager who is responsible to file the documentation along with the Treatment Counselors were able to find the missing documentation and include this information in the participant files.

Initial sexual abuse screenings are completed electronically in the Offender Management System (OMS) upon intake by the Security Monitor II's or the Senior Monitors at the time of participants' intake to the facility. Several participant files were reviewed in OMS and found to be complete and timely. The facility has not been completing 30-day reassessment screenings which made them non-compliant with subsection (f) of standard 115.241 which generated a corrective action required by the facility. (See the narrative for standard 115.241 for details.)

The Facility Director is he trained facility investigator. The facility has a Memorandum of Understanding (MOU) with the San Diego Police Department who conduct criminal investigations of sexual abuse. In the past 12 months, there was one allegation of voyeurism one allegation of staff-on-resident sexual abuse received. Both allegations were made by the same participant on the same day against the same CDCR officer. Since the allegations involved a CDCR officer, CDCR completed PREA Audit Report

the investigations. The allegation of voyeurism was determined to be unfounded and the allegation of staff-on-resident sexual abuse was determined to be unsubstantiated.

The facility has made multiple attempts to enter into an MOU with the Center for Community Solutions and continues in these efforts. The Sexual Assault Victim Advocacy Manager of the Center for Community Solutions was contacted during the audit. She shared that even though the MOU is not finalized, the participants of CAI-Boston Avenue can access the services of their agency at no cost to the participant. The services include victim advocacy, referrals for counseling and legal and civil services. The agency has a Sexual Abuse Response Team (SART). When the San Diego Police Department are notified of sexual abuse at CAI-Boston Avenue, the detective that responds to the call would contact the area forensic nurse on call. The forensic nurse would then call the Center for Community Solutions to request a victim advocate respond to either the Independent Forensic Services or to the Pomerado Hospital where the forensic exams are performed. Within 24-48 hours after the forensic exam, an advocate would contact the participant to offer services in support of the victim.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings with Monica Sanchez, Facility Director, LeShon Aiken, Operations Manager, Rebecca Perry, QA Manager and Eric Pierson, Senior Director, PREA Programs and Compliance in attendance, with Bessy Glaske, Managing Director in attendance via telephone. During the exit meeting the facility was complimented on the efforts they have made to make the facility a safe place for participants to live and their efforts of keeping PREA information continuously available through posters and PREA information boards prominently displayed throughout the facility. The facility was informed of the process that would follow the on-site visit including the recommended corrective action to bring standard 115.241 into compliance. The team was complimented on their cooperation prior to the audit and during the on-site visit and their willingness to achieve PREA compliance.

Following the on-site audit, the facility entered into a corrective action period for 90 days to work towards compliance to subsection 115.241 (f) of standard 115.241. During that corrective action period, the facility staff and the PREA Coordinator worked together on a plan of action. See narrative for standard 115.241 for details of that plan and its completion.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Correctional Alternatives, LLC – Boston Avenue (CAI-Boston Avenue) is located at 2777 Boston Avenue, San Diego, California. CoreCivic purchased CAI-Boston Avenue from Correctional Alternatives, LLC in July of 2016 and began operations of the facility August 24, 2016, upon the arrival of the first participants. The facility has a contract with the California Department of Corrections and Rehabilitation (CDCR) male inmates. The program is a voluntary Male Community Reentry Program (MCRP), which provides participants with housing, meals, drug and alcohol counseling programs and referrals to community resources for successful reentry into the community. Substance abuse treatment is provided offsite. All participants wear GPS monitoring devices.

The facility has a design capacity of 120 participants with the population on the first day of the audit being 106 participants. The age range of the population was from 18-61 with an average length of stay of 52 days. The facility currently has 30 employees with one vacancy. In addition, there are two Parole Agents, three CDCR Correctional Officers and one CDCR Correctional Counselor III assigned to the facility with two relief CDCR Correctional Officers who are on-site two days per week to cover time off for the assigned CDCR Correctional Officers who work five days a week each. The facility has 14 active volunteers and does not utilize the services of contractors.

The CAI-Boston Avenue facility is a large two-story warehouse building with controlled/limited access through the front entrance of the facility. The main entrance is controlled by monitoring staff on duty 24 hours per day and the various exits around the building are alarmed to alert staff in the event the door is opened. When entering the building a Security Office is located to the left of the entrance where participants and visitors sign in and out. Opposite of the Security Office is a desk area where a CDCR staff is assigned. Pat searches are performed in view of cameras in this area and UA's are performed in a restroom located behind the pat search area.

The facility is surrounded by a fence that averages 8 feet in height with access at the front, rear and side of the facility. Parking is on the left side of the building with overflow parking spaces in the front of the building. A trailer adjacent to the main building has office space, a resource lab with computers and a program/conference room. An outside courtyard is located inside the fenced perimeter between the main building and trailer. The area has tables and vending machines for participant/visitor usage. The outside rear area of the facility has a workout area designated for participant usage.

Inside the main building there are open bay sleeping areas on the first and second floor. The lower floor dormitory has 72 beds and the upper dormitory has 48 beds. Adjacent to the sleeping areas on both levels is a TV room and a quiet room. Restrooms in both sleeping areas have showers with shower curtains for privacy and sinks and toilet stalls with solid doors.

The majority of staff offices are located on the second floor separated from the living areas. However, there are offices for the Monitors and Parole Agents located on the first floor. The laundry room, dining area and kitchen are also located on the first floor. Pay telephones are located on both floors for participant use. PREA information is prominently displayed in common areas throughout the facility and in the living areas.

The facility is under 24-hour video surveillance with approximately 59 cameras located on the property. Camera monitors are located in the Security Office.

CoreCivic's Mission Statement is "Advancing corrections through innovative results that benefit and protect all we serve." Their vision is "To be the best full-service adult corrections system."

SUMMARY OF AUDIT FINDINGS

The initial on-site audit of CAI-Boston Avenue revealed that the facility was not compliant with all subsections of standard 115.241 and the facility entered into a corrective action period for 90 days. An interim report was submitted to the PREA Coordinator on March 8, 2017. The facility completed their corrective action measures at the conclusion of the corrective action period and provided documentation for my review. Upon my review of the documentation provided, the facility was found compliant with standard 115.241. The following is a summary of the audit findings:

Number of standards exceeded: 5

Number of standards met: 31

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

CoreCivic’s policy 14-2 CC and the Federal Bureau of Prison Program Statement 5324.12 were used to verify compliance to this standard, along with interview of the agency’s PREA Coordinator and the facility’s PREA Compliance Manager.

CoreCivic has a written policy and procedures mandating zero tolerance for all forms of sexual abuse and sexual harassment as stated on page 1, section 14-2 CC.1, paragraph 2. The policy outlines the agency’s approach to preventing, detecting and responding to such conduct. The policy includes definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. Upon review of policy 14-2 CC and Program Statement 5324.12, both were found to be very comprehensive and include a thorough description of the agency’s approach to reduce and prevent sexual abuse and sexual harassment of participants, exceeding in the requirement of this standard.

CoreCivic employs an upper-level agency-wide PREA Coordinator and a facility PREA Compliance Manager. The current PREA Coordinator began employment with CoreCivic in December 2016 due to the retirement of the former PREA Coordinator. Page 2 of policy 14-2 CC outlines the responsibilities of the PREA Coordinator and the PREA Compliance Manager. In interview with the agency’s PREA Coordinator on 2/24/17 and the facility’s PREA Compliance Manager during the on-site audit, both stated that they have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards as required.

Standard 115.212 Contracting with other entities for the confinement of participants

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not Applicable

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

CoreCivic is a private provider and does not contract with other agencies for the confinement of participants; therefore, this standard is not applicable.

Standard 115.213 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Based on policy 14-2 CC, page 9, section D, 1-4, the agency and facility have developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect participants against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the recent population and the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and the resources the facility has available to commit to ensure adequate staffing levels in the development of the facility's staffing plan. The California Department of Corrections and Rehabilitation (CDCR) Scope of Work (SOW), pages 43 & 44 outline the requirements of CoreCivic to maintain the established staffing plan for the duration of the contract.

The current staffing plan for security operations includes 16 security staff. The facility makes its best efforts to comply with the approved PREA Staffing Plan. The Shift Supervisor is responsible for reviewing the PREA Staffing Plan in conjunction with the daily shift rosters. If a position is vacated on any day, the Shift Supervisor notifies the PREA Compliance Manager who will in turn notifies the PREA Coordinator utilizing the 5-1B, *Notice to Administration* in the Incident Reporting Database to include a description of any corrective actions that were taken to resolve the deviation.

Based on documentation provided and upon interview with the Facility Director, in the past 12 months, there were no times that there were deviations to the staffing plan. Vacated positions and call-ins are covered with the use of overtime.

The staffing plan is reviewed annually by the Facility Director in conjunction with the PREA Coordinator and documented on the 14-2 CC-I *Annual PREA Staffing Plan Assessment*. Upon completion, the 14-2 CC-I is forwarded to the PREA Coordinator for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. The initial *Annual PREA Staffing Plan Assessment* under CoreCivic was completed on 4/18/16 and noted no changes to the current staffing plan. Recommendations were made for additional cameras to enhance supervision efforts.

Standard 115.215 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Based on review of policy 14-2 CC, page 15, section K and Program Statement 5324.12, pages 17 & 18, and documentation provided for review, the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. In review of facility policy 9-116, page 2, section B-4-6, strip searches can only be performed under the direction of the Director, Program Manager or the Unit Manager or higher with the consent of the agency. The strip search is required to be performed by two staff of the same gender. The reason for the strip search must be documented on the *MCRP Strip Search Log*. Staff are not to search or physically examine a transgender or intersex participant for the sole purpose of determining the participant's genital status.

The PREA education provided to all employees includes training on how to conduct cross-gender pat-down searches and searches of transgender and intersex participants. Staff sign a *Training Activity Enrollment/Attendance Roster (4-2A)* showing completion of this training. Receipt of this training was verified through interviews with staff and in review of staff training records.

Pat searches are performed in the Security Office in view of a camera and documented electronically on a *MCRP Cross Gender Pat Search Log*. In the past 12 months, there were no cross-gender strip searches or cavity searches performed.

CAI-Boston Avenue houses male participants only; therefore, subsections 115.215 (b) and 115.215 (c) of this standard do not apply to this facility.

The agency has policies and procedures in place that enable participants to shower, perform bodily functions and change clothing without staff viewing their breast, buttocks or genitalia. Policy 14-2 CC, page 15, section 5, requires staff of the opposite gender announce their presence when they enter participant housing and restroom areas. This practice was observed while on-site and participants interviewed confirmed that this practice is being followed. Participants shared that they feel they have privacy to shower, toilet and change clothing when female staff are in their housing area.

Transgender and intersex participants will be given the opportunity to shower separately from other participants. Upon request, the staff will close the shower to allow the participant to shower alone and ensure that no one enters the shower at that time. At the time of the audit, there were no transgender or intersex participants housed at CAI-Boston Avenue.

The facility is doing an excellent job of ensuring the privacy of its participants, exceeding the requirements of this standard.

Standard 115.216 Participants with disabilities and participants who are limited English proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Based on review of policy 14-2 CC, page 13, section I- 1 & 2, participants are provided education in formats accessible to all participants, including those who are limited English proficient, deaf or hard of hearing, blind or have low vision, or otherwise disabled, as well as participants who have limited reading skills. A *PREA: What You Need to Know* video is viewed by participants within 72 hours of arrival to the facility and is available in both English and Spanish. Participants are given a CoreCivic PREA brochure, *Preventing Sexual Abuse & Misconduct* (14-2 CC-AA) available in English and Spanish. PREA information posted throughout the facility is in both English and Spanish. The facility has a contract with Language Line Services, which provides for the translation of any other languages. A TTY is available for deaf residents.

At the time of the audit, there were no participants who were blind, with low vision, deaf, limited English proficient or with cognitive deficits. Two participants with low reading skills shared that PREA information was read to them.

The agency prohibits use of participant interpreters, participant readers, or other types of participant assistants except in limited circumstances. In the past 12 months, there have been no instances where participants were used for this purpose.

Standard 115.217 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

Review of CoreCivic policy 14-2 CC, pages 5 & 6, section B, in discussion with the Human Resource and random review of employee, contractor and volunteer personnel files were used to verify compliance to this standard.

Per policy 14-2 CC, pages 5 & 6, section B, the agency prohibits hiring or promoting anyone who may have contact with participants and prohibits enlisting the services of any contractor who may have contact with participants 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 have engaged in these activities.

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 participants. Applicants complete a CMI *Pre-Employment Application and Addendum* and a *Self-Declaration of Sexual Abuse/Sexual Harassment* form (14-2 CC-H).

The agency requires that all applicants and employees who may have contact with participants have a criminal background check. Background checks are completed by the An effort is made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or sexual harassments or any resignations during a pending investigation of an allegation of sexual abuse or sexual harassment. Applicants sign a Background Authorization form and a CDCR *Authorization for Security Clearance* form. Criminal background checks are performed by Live Scan Services. The applicant goes to a Live Scan location to process the paperwork and CDCR provide clearances when the background check is completed.

Agency policy requires that criminal background checks be completed on any contractor who may have contact with participants. CoreCivic requires that criminal background checks be conducted every five years on current employees and contractors who may have contact with participants. CAI-Boston Avenue. does not utilize the services of contractors.

All applicants, employees and volunteers are asked about previous misconduct as stated in section (a). The 14-2 CC-H, *Self-Declaration of Sexual Abuse/Sexual Harassment* form is completed as part of the hiring process and for promotions and transfers. Employment verification is done on all applicants and if the applicant has had prior institutional employment, the applicant is asked PREA questions. At the time of annual performance evaluations, employees sign the evaluation certifying that they have disclosed all PREA allegations to their supervisors.

CoreCivic policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct.

In review of the personnel files of employees, contractors and volunteers showed that criminal background checks are being completed and records are maintain in excellent order. CDCR performs criminal background checks every 3 years, which exceeds the requirement of this standard and the agency policy. Record keeping was found to be excellent with the facility found to exceed in this standard.

Standard 115.218 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Based on policy 14-2 CC, page 31, 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 on the ability to protect participants from sexual abuse. The facility has not acquired any new facilities or made any substantial expansions or modifications to the existing facility since August 20, 2012, therefore this element of the standard is not applicable to this 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 participants from sexual abuse. In 2016, there were updates to the video monitoring system with additional cameras purchased and installed.

In interview with the Executive Vice President and Chief Corrections Officer on 10/4/16, he explained what the agency would consider for planning for new construction or making modifications to existing facilities, which would include careful consideration to the use of monitoring technology.

Standard 115.221 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Based on policy 14-2 CC, pages 22 & 23, section O - 4, CoreCivic and CAI-Boston Avenue are responsible for conducting administrative sexual abuse investigations on both participant-on-participant and staff sexual misconduct. The Facility Director is the trained facility investigator responsible for conducting administrative investigations of sexual abuse and sexual harassment. A Memorandum of Understanding (MOU) effective 7/1/16 with the San Diego Police Department provides for criminal investigations of sexual abuse. The investigating entities follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard.

The facility does not house youth, therefore element (b) of this standard is not applicable to this facility.

The facility has made multiple attempts to enter into an MOU with the Center for Community Solutions and continues in these efforts. The Sexual Assault Victim Advocacy Manager of the Center for Community Solutions was contacted during the audit. She shared that even though the MOU is not finalized, the participants of CAI-Boston Avenue can access the services of their agency at no cost to the participant. The services include victim advocacy, referrals for counseling and legal and civil services. The agency has a Sexual Abuse Response Team (SART). When the San Diego Police Department are notified of sexual abuse at CAI-Boston Avenue, the detective that responds to the call would contact the area forensic nurse on call. The forensic nurse would then call the Center for Community Solutions to request a victim advocate respond either to the Independent Forensic Services or to the Pomerado Hospital where the forensic exams are performed. Within 24-48 hours after the forensic exam, an advocate would contact the participant to offer services in support of the victim.

In the past 12 months, there were no SANE exams required.

Standard 115.222 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy 14-2 CC, pages 22-23, section 3, outlines the agency’s policy and procedures for investigating and documenting incidents of sexual abuse. Pages 474, 475 and 476 of the CDRC Operations Manual outline the agency’s responsibilities for the investigation of allegations of sexual abuse and sexual harassment. The agency must ensure 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. Upon receipt of an allegation of sexual abuse, the facility is required to notify the San Diego Police Department to conduct a criminal investigation and prosecution if warranted. The agency documents all referral of allegations of sexual abuse or sexual harassment for criminal investigation. In the past 12 months, there were no allegations of sexual abuse reported.

The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations is published on the CoreCivic website (<http://www.CoreCivic.com/security-operations/prea>) and the CMI website (<http://c-m-i.com/prea>).

Standard 115.231 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

CoreCivic employees receive training on CoreCivic’s zero-tolerance policy (14-2 CC) for sexual abuse and sexual harassment at pre-service and annually at in-service. The agency’s requirement of this training is found on pages 6 & 7, section C-1, of the policy. Between trainings, the facility has staff meetings where the policy is reviewed and staff is informed of policy changes. The employee training curriculum was reviewed and found to contain all elements of 115.231 (a) as required. The training is tailored to the gender of the participants at the facility. Employees sign a *Policy Acknowledgement* (14-2 CC-A) acknowledging that they have received and understood the training they received and they sign a *Training Acknowledgement* form. Documentation of annual PREA training for employees is maintained electronically on individual *Employment Education & Training Record*.

In the past 12 months, all 27 employees of CAI-Boston Avenue have received this training as verified by review of all employee-training files. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing and responding to allegations of sexual abuse and sexual harassment. The facility is doing an excellent job of providing comprehensive PREA training to the staff of CAI-Boston Avenue as was evident by the knowledge of the staff interviewed. The facility was found to exceed in this standard.

Standard 115.232 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

CoreCivic policy 14-2 CC, pages 8 & 9, section 2, outlines the training requirements for volunteers and contractors and the CDRC Scope of Work, C5606354, exhibit D, page 19 addresses the agency's requirement as well. The objectives of the training ensure 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. Volunteers receive the *CoreCivic San Diego Male Community Reentry Program (MCRP) Volunteer Manual* and complete *CAI Volunteer Training and Orientation*. Upon completion of this training, volunteers sign a *Self-Declaration of Sexual Abuse/Sexual Harassment (14-2 CC-H)* form and sign an additional acknowledgement form. CAI-Boston Avenue has five volunteers who all received this training in the past 12 months. The facility does not utilize the services of contractors who have contact with participants. Vendors who come to the facility and offsite substance abuse providers sign a *Vendor Site Visit Agreement* and a roster acknowledging that they have received and understand the agency/facility's zero-tolerance policy.

In review of the training records of the facility's volunteers all volunteers are receiving volunteer training and the facility is maintaining documentation of this training. In interview with a volunteer by telephone, she acknowledged receiving the training and was knowledgeable of the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment.

Standard 115.233 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Based on CoreCivic policy 14-2 CC, pages 13 & 14, section I, all participants receive information at 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.

Upon intake, participants receive a *Preventing Sexual Abuse & Misconduct* pamphlet and by their signature on a *MCRP Receiving and Discharge Checklist* acknowledging that they have received the pamphlet given to them upon arrival. Within the first week of arrival, the Program Facilitator meets with participants they are shown the *PREA: What You Need to Know* video and sign a roster upon completion of the video. In review of participant training documentation, it was found that many files had loose documentation that were not filed with documentation missing. The Treatment Manager and the Treatment Counselors were able to locate the missing information. The facility is in the process of changing the way participant files are maintained. The facility was encouraged to maintain records in an orderly fashion for quick reference.

Ongoing information is provided continuously on posters, both in English and Spanish, prominently displayed in various locations throughout the facility and PREA information is discussed during Town Hall Meetings.

All participants interviewed were aware of the zero-tolerance policy and methods of reporting sexual abuse and sexual harassment available to them.

Standard 115.234 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Based on CoreCivic policy 14-2 CC, page 7, section b, in addition to general training provided to all employees, CoreCivic ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

At this facility, the Facility Director is the trained facility investigator. Documentation provided showed she completed the *PREA Update, Investigation Standards and Required Specialty Training* webinar on 11/20/13 and signed a *Training Acknowledgement/Attendance Roster (4-2A)* upon completion of this training. In interview of the Facility Director, she knew her responsibilities in conducting sexual abuse investigations.

Standard 115.235 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not Applicable

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

CAI-Boston Avenue does not have medical or mental health staff; therefore, this standard is not applicable to this facility.

Standard 115.241 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

or upon transfer to another facility, participants are screened for their risk of being sexually abused or sexually abusive towards others. The *Sexual Abuse Screening Tool* (14-2 CC-B) is used for this purpose. The 14-2 CC-B form was reviewed and found to contain all requirements of 115.241 (a) of this standard. The screening considers prior acts of sexual abuse and prior convictions for violent offenses. The Security Monitors on shift complete the initial screening upon the participant's arrival to the facility. The 14-2 CC-B is completed electronically in the Offender Management System (OMSe). Participants may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked. In the past 12 months, 303 participants were screened upon admission to the facility and 65 participants that transferred from a different community confinement facility.

The standard and agency policy require that the facility reassess each participant's risk level for victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival to the facility and also when warranted due to a referral, request, incident of sexual abuse or receipt of additional information. In review of participant screening information in the OMS and in conversation with the Facility Director and the Operations Manager, as well as in interview with the Security Monitors and Monitors II responsible for completing initial screenings, it was discovered that the facility was not complying with the subsection 115.241 (f) of this standard and page 13, section H-2-a of the agency policy 14-2 CC. Thirty-day rescreenings are not being completed, generating a corrective action period. The following is the recommended corrective action plan:

Recommended Corrective Action Plan:

The recommended corrective action plan to bring 115.241 (f) into compliance is for the facility to establish a procedure of how 30-day rescreenings are to be completed. The procedure should include who will be responsible for completion of the 14-2 CC-B, *Sexual Abuse Screening Tool* used for 30-day rescreenings and how the dates for completion will be tracked to ensure timely completion. Once the procedure is developed, retraining of staff responsible for rescreenings will be required. All participants housed at the facility that have been at the facility for more than 30 days will need to have 30-day rescreenings completed. At the end of the first day of the audit, the Facility Director shared that she will be tasking the Treatment Manager and the Treatment Counselors with the responsibility of completing 30-day rescreenings of the participants on their caseloads. The Operations Manager printed a report from the Offender Management System that showed that there were 19 participants who were due to have 30-day rescreenings completed during the month of February. That evening, 17 of the 19 were completed. Another report was printed that showed there were 30 participants in need of rescreenings who had outstanding completion dates. The remainder of the participant population have been at the facility for less than 30 days.

The established procedure, a training roster of the training provided to the Treatment Manager and the Treatment Counselors and 14-2 CC-B, 30-day rescreenings and all rescreenings completed for the next 90 days will need to be forwarded to me for my review.

Corrective Action Taken:

During the corrective action period there was a procedural change of who would be responsible for the completion of 30-day reassessment screenings. The Facility Director assigned this task to the Treatment Manager and the Treatment Counselors and provided them with training on the procedure for completion of the 14-2 CC-B form in OMSe. Training on initial and 30-day reassessment screenings was provided to all staff. The training that was provided and training rosters of those that received the training was forwarded to me.

Initially the 30-day reassessment screenings were completed on all participants that had outstanding completion dates that were housed at the facility at the conclusion of the on-site audit. The completed 30-day reassessment screenings were forwarded to me for my review. All participants admitted to the program during the corrective action period had initial screenings completed by security staff and 30-day reassessment screenings completed by the participant's assigned Treatment Counselor on or before 30-days of their arrival to the program. This documentation was forwarded to me as well as the corresponding active rosters and the PREA Alert Rosters.

Based on the review of the documentation forwarded to me at the conclusion of the corrective action period, it was determined that the facility has achieved compliance to all subsections of this standard.

Standard 115.242 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy 14-2 CC, page 12, section H-1, and CMI Participant Policies and Procedure Manual, policy 3.020, page 115 address use of the information obtained during the screening process. The agency uses the information from the 14-2 CC-B, *Sexual Abuse Screening Tool* to make housing, bed, work, education and program assignments with the goal of separating participants at high risk of being sexually victimized from participants with those at high risk of being sexually abusive. Individualized determinations are made about how to ensure the safety of each participant. All participants are also assessed by the Treatment Counselors using the *CAI – MCRP Needs Assessment Form*.

In interview with the Facility Director, she explained how the facility utilizes information from the 14-2 CC-B form. Participants that score as potential predators/predators are assigned to the second floor housing unit and those who score as potential victims/victims are housed in the first floor housing unit to be closer to the Monitors’ Office.

Guidelines on housing and program assignments for the management of transgender and intersex participants are outlined in policy 14-2 CC, page 14, section J. Transgender and intersex participants are reassessed at least twice per year to review any threats to safety experienced by the participant as required by this standard and takes into consideration their own views regarding their own safety. Placement is made on a case-by-case basis to ensure the health and safety of the participant. Transgender and intersex participants are given the opportunity to shower separately from other participants. The agency does not place lesbian, gay bisexual, transgender or intersex participants in dedicated facilities, units or wings solely based on such identification.

In the past 12 months, there have not been any transgender or intersex participants housed at CAI-Boston Avenue. In interview with two self-disclosed gay participants and one self-disclosed bisexual participant, they reported that they were not placed in any special housing area because of their sexual orientation.

Standard 115.251 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

CoreCivic policy 14-2 CC, page 16, section L, outlines the procedures for participant reporting of allegations of sexual abuse and sexual harassment, retaliation by other participants or staff or staff neglect or violation of responsibilities that may have contributed to such incidents. Participants can report verbally to any staff member, write a letter to the Facility Director or any other employee, to the agency PREA Coordinator or have a family member or friend make a report for them. Participants are instructed to call the San Diego County Domestic Violence and Sexual Abuse 24-Hour Crisis Hotline at 888-385-4657 or call the RAINN National Hotline at 1-800-656-4673. Additionally, page 17, section 3 of the policy, outlines a method of anonymous reporting to an outside agency.

Participants are made aware of methods of reporting available to them through the in the *Preventing Sexual Abuse & Misconduct* pamphlet, available in both English and Spanish, provided to them upon intake and continuously through posters displayed throughout the facility. Participants interviewed were aware of methods available to them to report sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents.

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. Employees may privately report sexual abuse and sexual harassment of participants by forwarding a letter, sealed and marked "confidential" to the Facility Director or contact the CoreCivic Ethics and Compliance Hotline. Staff interviewed were aware of their method of privately reporting sexual abuse and sexual harassment of participants. Reporting methods can be found on the CoreCivic website.

Standard 115.252 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not Applicable

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

CAI-Boston Avenue does not have an administrative procedure for addressing participants' grievances regarding sexual abuse. All PREA allegations received as a grievance are submitted to the Facility Director for immediate initiation of the PREA protocol; therefore, this standard is not applicable. In the past 12 months, the facility has not received any grievances alleging sexual abuse.

Standard 115.253 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

CoreCivic policy 14-2 CC, page 10, section F, outlines the agency's policy on providing participants with access to outside victim advocates for emotional support services related to sexual abuse. Participants are given mailing addresses and telephone numbers, including toll-free hotline numbers of local, state or national victim advocacy or rape crisis organizations.

This information is provided to participants on posters displayed throughout the facility and in the *Preventing Sexual Abuse & Misconduct* pamphlet. Participants are informed prior to giving them access, of the extent to which communications will be monitored and to the extent to which reports of abuse will be forwarded to authorities.

The facility has made multiple attempts to enter into an MOU with the Center for Community Solutions and continues in these efforts. The Sexual Assault Victim Advocacy Manager of the Center for Community Solutions was contacted during the audit. She shared that even though the MOU is not finalized, the participants of CAI-Boston Avenue can access the services of their agency at no cost to the participant. The services include victim advocacy, referrals for counseling and legal and civil services

Standard 115.254 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

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 Facility Director. Per CoreCivic policy 14-2 CC, page 17, section L-4, information for third party reporting is made available on the CoreCivic website 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 Facility Director. Visitors are informed of the agency/facility’s zero-tolerance policy and are instructed report any prohibited sexual behavior on the top portion of the *Guest Log*. Visitors’ signature on the log certifies that they have read and understand the information provided to them on the log.

Participants are made aware of this method of reporting in the *Preventing Sexual Abuse & Misconduct* pamphlet and during comprehensive PREA education. Participants interviewed were knowledgeable of this method of reporting. During the past 12 months, there have been no reports of sexual abuse or sexual harassment made to the facility by a third party.

Standard 115.261 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The agency/facility policy 14-2 CC 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 PREA Compliance Manager any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against participants or staff who reported such an incident. All allegations of sexual abuse and sexual harassment, including third party and anonymous reports, are reported to the facility's investigator. Staff are also required to report, according to policy, any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 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. In the past 12 months, there were two allegations received.

CAI-Boston Avenue does not employ medical or mental health staff; therefore, subsection 115.261(c) does not apply to this facility.

CAI-Boston Avenue houses adult male participants only, none of whom according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statute; therefore, subsection 115.261 (d) is not applicable to this facility.

Standard 115.262 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

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

In interview with the Facility Director, there were no times during the past 12 months that it was necessary for the agency to take immediate action in regards to a participant being in substantial risk of sexual abuse. Staff interviewed were aware of their responsibilities if they felt a participant was at risk for sexual abuse.

Standard 115.263 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy 14-2 CC, page 19, section M-3 was used to verify compliance to this standard. Upon receiving an allegation that a participant was sexually abused while confined at another facility, the Facility Director shall notify the head of the facility where the sexual abuse was alleged to have occurred and document that notification was provided. This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation. If the allegation was reported and investigated at the facility where the sexual abuse was alleged to occur, the Facility Director is to document such and no further investigation or notification is necessary. If the allegation was not reported or not investigated, a copy of the participant’s statement and any other details obtained from contact with the facility where the alleged abuse took place and the facility’s response is documented on the 5-1B form. If an allegation is received from another facility, the Facility Director will ensure that the allegation is investigated according to PREA standards.

In the past 12 months, there have been no reports of allegations of sexual abuse received from other facilities that were alleged to have occurred at CAI-Boston Avenue and no reports received from participants of sexual abuse that occurred while confined at other facilities. Upon interview, the Facility Director was aware of her responsibilities of reporting if allegations are received.

Standard 115.264 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy 14-2 CC, pages 18 & 19 section M, outlines the procedure for first responders to allegations of sexual abuse and sexual harassment 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 allow for the collection of physical evidence, staff shall ensure that the victim does not wash, shower, toilet, eat, drink or brush his teeth. 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. Staff are instructed to assess any immediate medical needs and call 911 if necessary. Notification is to be made to the Facility Director or the administrative duty designee who notify the oversight agency. All allegations of sexual abuse are reported to the San Diego Police Department.

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 the physical evidence.

In the past 12 months, there were two allegations of sexual abuse reported. First responder duties were not necessary in either case.

Standard 115.265 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy 14-2 CC pages 18-20 outline the agency's/facility's coordinated response to an incident of sexual abuse. A Sexual Abuse Response Team (SART) is established at the facility that includes the Facility Director, Operations Manager, Treatment Manager and a Senior Monitor. The responsibilities of the team are to respond to reported incidents of sexual abuse, review the facility's response to sexual abuse allegations, serve as a primary liaison with local law enforcement, ensure completion of the 14-2 CC-C, *Sexual Abuse Incident Checklist* and ensure that 30/60/90-day monitoring is conducted. When interviewed, members of the SART knew their responsibilities in response to sexual abuse allegations.

Standard 115.266 Preservation of ability to protect participants from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy 14-2 CC, page 26, section 2-d, was used to verify compliance to this standard. Employees are subject to disciplinary sanctions up to termination for violating CoreCivic 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 participants pending the outcome of an investigation. There are no restrictions to keep the agency from removing alleged staff sexual abusers from contact with participants pending the outcome of an investigation.

In interview with the Executive Vice President and Chief Corrections Officer on 10/4/16, any agreements that CoreCivic enters into would not limit the agency from removing alleged staff sexual abusers from contact with participants pending the outcome of an investigation and not disciplining employees up to and including termination.

Standard 115.267 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

CoreCivic has as policy to protect participants who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other participants or staff as outlined on page 11, section 3, a-iv - vi. The agency has multiple protection measures, such as housing changes or transfers for participants, victims or abusers, removal of alleged staff or participant abusers from contact with victims and emotional support services for participants or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Facility Director is responsible for monitoring for retaliation. Monitoring shall be documented on the 14-2 CC-D, *PREA Retaliation Monitoring Report* form. 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. When interviewed, the Facility Director knew her responsibilities for monitoring for retaliation per policy and this standard.

In the past 12 months, there were no incidents of retaliation that occurred.

Standard 115.271 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

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 facility investigators are responsible for conducting administrative investigations of sexual abuse and sexual harassment at the facility.

The agency's policy on administrative and criminal investigations is outlined in policy 14-2 CC, pages 21 & 22, section O. The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation shall be documented in a written report.

All allegations of sexual abuse are referred to the San Diego Police Department for criminal investigation who conducts investigations pursuant to the requirements of this standard. The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as participant or staff. A participant who alleges sexual abuse is not required to submit to a polygraph examination. 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. When interviewed, the Facility Director knew her responsibilities in the conduct of administrative investigations and referral of all allegations to the San Diego Police Department.

In the past 12 months, there were two allegations reported, neither of which were referred for criminal investigation.

Standard 115.272 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Based on policy 14-2 CC, page 23, 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 Director responsible for administrative investigations was asked what standard of evidence was used in determining if an allegation is substantiated, she confirmed the agency's policy.

Standard 115.273 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy 14-2 CC, pages 24 & 25, section Q, was used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of a participant, the participant shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the participant. The policy further states that following a participant's allegation that an employee has committed sexual abuse against the participant; the facility is required to inform the participant of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. Following a participant's allegation that another participant sexually abused him, the agency shall inform the participant of the outcome of the investigation.

All participant notifications or attempted notifications shall be documented on the 14-2 CC-E, *Inmate/Resident Allegation Status Notification* form. The participant shall sign the 14-2 CC-E and the form is to be filed in the participant's institutional file. The facility's obligation to notify the participant shall terminate if the participant is released from CoreCivic's custody.

In the past 12 months, there was two sexual abuse allegations received, both by the same participant against the same CDCR officer. Since the allegations were against a CDCR officer, the allegations were investigated by CDCR and the participant was notified by CDCR of the outcome of both investigations.

Standard 115.276 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy 14-2 CC, page 26, section 2-a-c. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. 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. 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.

In the past 12 months, no staff has been disciplined or terminated for violating the agency's sexual abuse or sexual harassment policy.

Standard 115.277 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Based on review of policy 14-2 CC, page 27, section 3, any volunteer or contractor or volunteer who engages in sexual abuse is prohibited from contact with participants and shall be reported to law enforcement agencies or licensing boards, unless the activity was clearly not criminal. Any other violation of CoreCivic’s sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions. The facility does not utilize the services of contractors.

In interview with the Facility Director and documentation provided by the facility, in the past 12 months CAI-Boston Avenue has not received any reports of sexual abuse of participants by volunteers.

Standard 115.278 Disciplinary sanctions for participants

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Per policy 14-2 CC, pages 25 & 26, section R-1, participants will be subject to disciplinary sanctions following an administrative finding that the participant engaged in participant-on-participant sexual abuse or following a criminal finding of guilt for participant-on-participant sexual abuse. Sanctions commensurate with the nature and circumstances of the abuse committed, the participant’s disciplinary history and the sanctions imposed for comparable offenses by other participants with similar histories. The disciplinary process considers whether a participant’s mental disabilities or mental illness contributed to his behavior in determining what type of sanction, if any should be imposed. A participant may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct. Participants 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.

Upon entering the facility, participants are given a *Preventing Sexual Abuse & Misconduct* pamphlet which informs them that sexual misconduct is a violation against the facility’s rules and regulations and describes what constitutes sexual misconduct.

In the past 12 months, there have been no reported incidents of sexually related misconduct by participants.

Standard 115.282 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Participant victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. As stated on page 23, section 4-c of policy 14-2 CC, victims of sexual abuse will be offered access to forensic examinations. Medical and mental health services are not provided on-site at CAI-Boston Avenue.

When the San Diego Police Department are notified of sexual abuse at CAI-Boston Avenue, the detective that responds to the call would contact the area forensic nurse on call. The forensic nurse would then call the Center for Community Solutions to request a victim advocate respond either to the Independent Forensic Services or to the Pomerado Hospital where the forensic exams are performed. Within 24-48 hours after the forensic exam, an advocate would contact the participant to offer services in support of the victim. Participants will be offered information and treatment for sexually transmitted infections prophylaxis.

Referrals for mental health services are made to the Center for Community Solutions. In the past 12 months, there have been no sexual abuse cases requiring emergency medical or mental health services.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The facility will offer ongoing medical and mental health care to all CAI-Boston Avenue participants who have been victimized by sexual abuse. The evaluation will include follow-up services, treatment plans and referrals for continued care consistent with the community level of care upon their release from the facility when necessary. The facility attempts to conduct a mental health evaluation of all known participant-on-participant abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate. Participant victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate.

Subsections 115.283 (c) and 115.283 (d) do not apply to this facility as CAI-Boston Avenue does not house female participants.

Medical services are provided offsite at local hospitals. Mental health services are by referral to the Center for Community Solutions.

In the past 12 months, there were no participants who required ongoing medical or mental health treatment due to sexual abuse.

Standard 115.286 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Based on policy 14-2 CC, pages 20-21, section N, the Facility Director 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. The Facility Director, Operations Manager, Treatment Manager and a Senior Monitor make up

the SART and are responsible incident reviews. Per policy, the review team will consider requirements of 115.286 (d) of this standard when reviewing an incident of sexual abuse. All findings and recommendations for improvement will be documented on the 14-2 CC-F, *Sexual Abuse or Sexual Assault Incident Review Form*, and completed forms will be forwarded to the PREA Coordinator. The facility will implement the recommendations for improvement or will document reasons for not doing so.

In the past 12 months, two allegations were received; one was determined to be unfounded and one unsubstantiated. When interviewed, members of the SART knew their responsibilities as they relate to the review of sexual abuse incidents.

Standard 115.287 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Information on data collection is found on page 27, section T-1 and section 2-a & b of policy 14-2 CC. 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).

The facility will ensure that incidents of sexual abuse are entered into the Incident Reporting Database System (IRD) as required by CoreCivic. This information is reported on the *Incident Tracking Form*. At least annually, the PREA Coordinator aggregates this data. Upon request, or no later than June 30th, the agency provides aggregated data information for the previous calendar year to DOJ. DOJ has not requested information from the previous calendar year from CAI-Boston Avenue.

Element (e) of this standard is not applicable to this facility. The agency does not contract for the confinement of its participants.

Standard 115.288 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Based on policy 14-2 CC, page 28, section 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. The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

The PREA Coordinator forwards the annual report to the Chief of Corrections Officer for approval. The report is then made

public on the CoreCivic website and can be accessed at <http://CoreCivic.com/security-operations/prea>. Before making aggregated sexual abuse data public, all personal identifiers are redacted. The most current annual report, prepared by the PREA Coordinator for 2015 data, was very well written and showed a breakdown of data from this audit cycle (2013/2014/2015) in an easy to read table according to the type of allegations and the investigative findings as well as a narrative overview of this information. Highlights of corrective actions taken from prior years showed a good overall picture of the progress of CoreCivic's PREA program, exceeding in the requirements of this standard.

Standard 115.289 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

According to policy 14-2 CC, page 27, section T-2-c-i, the agency ensures that the data collected is securely retained. According to *CoreCivic's Retention Schedule* (1-15-B), aggregated sexual abuse data is retained for 10 years.

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/security-operations/prea>. Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

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

May 11, 2017

Auditor Signature

Date