

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report October 22, 2018

Auditor Information

Name: Jennifer L. Feicht	Email: jennifer@jlfconsulting.net
Company Name: Jennifer L. Feicht Consulting, LLC.	
Mailing Address: P.O. Box 308	City, State, Zip: St. Petersburg, PA 16054
Telephone: (724) 679-7280	Date of Facility Visit: November 14-16, 2017

Agency Information

Name of Agency: CoreCivic		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 10 Burton Hills Blvd.		City, State, Zip: Nashville, TN 37215	
Mailing Address: Same as Above		City, State, Zip: Click or tap here to enter text.	
Telephone: (615) 263-3000		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

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

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

Agency Chief Executive Officer

Name: Damon Hininger	Title: President & Chief Executive Officer
Email: damon.hininger@corecivic.com	Telephone: (615) 263-6915

Agency-Wide PREA Coordinator			
Name: Eric Pierson		Title: Sr. Director – PREA Compliance & Programs	
Email: eric.pierson@corecivic.com		Telephone: (615) 263-6915	
PREA Coordinator Reports to: John Robinson Vice- President, Correctional Programs		Number of Compliance Managers who report to the PREA Coordinator Indirectly 63/ Directly 0	
Facility Information			
Name of Facility: Davis Correctional Facility			
Physical Address: 6888 East 133 Road, Holdenville, Oklahoma 74848			
Mailing Address (if different than above): SAA			
Telephone Number: (405) 379-6400			
The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: Same as Agency			
Facility Website with PREA Information: http://cca.com/security-operations/prea			
Warden/Superintendent			
Name: James A. Yates		Title: Warden	
Email: james.yates@corecivic.com		Telephone: (405) 379-4001	
Facility PREA Compliance Manager			
Name: Mark Gentry		Title: Asst. Warden/PREA Compliance Manager	
Email: mark.gentry@corecivic.com		Telephone: (405) 379-4002	
Facility Health Service Administrator			
Name: Ray Larimer		Title: Health Services Administrator	
Email: ray.larimer@corecivic.com		Telephone: (405) 379-4022	

Facility Characteristics				
Designated Facility Capacity: 1720		Current Population of Facility: 1657		
Number of inmates admitted to facility during the past 12 months				664
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:				664
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:				664
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:				Unknown
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-69		
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:				None
Average length of stay or time under supervision:				5 years
Facility security level/inmate custody levels:				Medium - Maximum
Number of staff currently employed by the facility who may have contact with inmates:				277
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				96
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:				16
Physical Plant				
Number of Buildings: 12		Number of Single Cell Housing Units: 11		
Number of Multiple Occupancy Cell Housing Units:		856		
Number of Open Bay/Dorm Housing Units:		0		
Number of Segregation Cells (Administrative and Disciplinary):		56		
<p>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</p> <p>The facility operates a Milestone Camera System. While there are a number of cameras covering the facility, blind spots that have been identified by the staff. When adding additional cameras to the system, there will be a priority of those cameras which will have an impact on PREA. Some of these areas include the kitchen area, specifically the Kosher Room and the Hot Box Room. Additionally, there are no cameras placed in the gymnasium. The staff have identified this is another area where there should be cameras placed. And lastly, the arcade is an area of concern. The arcade has no staff supervision and no cameras for indirect supervision. Due to the layout of the room, there are blindspots when viewing the room through the window in the door.</p>				

Medical	
Type of Medical Facility:	Ambulatory Care
Forensic sexual assault medical exams are conducted at:	Shawnee Hospital
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	128 Volunteers
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	1

Audit Findings

Audit Narrative

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

During the audit of the Davis Correctional Facility, this auditor utilized appropriate auditor methods to complete the audit to this point. After being contracted with CoreCivic, the request for audit notification was completed in the appropriate timeframe and pictures of the audit notices were emailed to this auditor.

Prior to the onsite audit, this auditor spoke with Eric Pierson, Senior Director of PREA Compliance and Programs. The initial information of a completed questionnaire and supporting documentation were sent to the auditor for review prior to the onsite audit portion.

During the pre-audit phase, this auditor reviewed all information sent by CoreCivic on behalf of the Davis Correctional Facility. The PREA Pre-Audit Questionnaire was completed by David Brown, Manager of Quality Assurance for CoreCivic. Additional supporting documentation was also submitted to support PREA compliance of the facility. This information was reviewed by this auditor. A list of questions was prepared for the onsite visit to the facility. Additional interview related lists were requested during the pre-audit phase.

The three-day onsite portion of the audit began on November 14, 2017, at approximately 8:30am. This auditor, accompanied by Eric Pierson, Senior Director of PREA Compliance and Programs, informally met with a small group of staff at the beginning. During this informal discussion, Warden Yates and Asst. Warden/PREA Compliance Manager Gentry were present. Other members of staff, such as the Health Services Administrator, the Training Officer and the Classification Coordinator. During the meeting, this auditor was provided with a portion of the requested lists of inmates and staff members. From these lists, this auditor randomly selected both staff and inmates for interviews, as well as specific positions and placements to be interviewed.

Following the informal meeting, Asst. Warden/PCM Gentry led a small group on a tour of the facility. This auditor was permitted access to every building and area in which inmates have access to. This included fourteen housing units, both medical departments, the kitchen, the laundry, the chapel, education and training, the leather shop, maintenance area, receiving area, gymnasium, barber shop, arcade and outside areas. This tour took approximately five hours to complete.

After the tour was completed, the interviews began. This auditor is always flexible as to the order in which the interviews are conducted. The first interviews were with staff members. There were 20 interviews conducted with staff members. These interviews included staff members such as randomly selected staff based on the shift they were working. In addition to

the PREA Compliance Manager and Warden, the PREA Investigator, Health Services Administrator and a nurse, intake, grievance officer, human resources, Classification Coordinator, Mental Health Coordinator, staff supervising segregation, staff who was a first responder, sergeants, a captain and Chaplin were also interviewed.

After staff members were interviewed, the interviews with inmates began. The staff provided this auditor with a private space in each housing unit to conduct inmate interviews. During the audit, there were 35 interviews conducted with inmates. These interviews included randomly selected inmates, inmates in segregation, two with a physical disability, one who was hard of hearing, one inmate who this auditor believes to be intersex, one who spoke very little English, but could understand a small portion of what was being said, one with a cognitive disability, one who disclosed sexual abuse on the risk assessment, three who are part of the LGBTI population and one who wrote to this auditor prior to the onsite visit. This was a large number of interviews to conduct and only one inmate refused to speak with me.

This audit was one of the first for this auditor and CoreCivic under the new guidelines listed in the PREA Auditor Handbook. This audit, originally scheduled prior to the release of the handbook and based upon prior practice, was scheduled for 2.5 days. However, when following procedures of the handbook, this audit took three full days. Two of the days onsite were 12 hours each.

Facility Characteristics

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

The Davis Correctional Facility was built in 1996 by the Holdenville Housing Authority. Corrections Corporation of America (CCA), the predecessor to CoreCivic, began operation of the facility beginning with the opening of the facility. This facility was initially built for a treatment and programming facility. In 1997, CCA bought the facility from the housing authority. At a point during the history of operation of the facility, it was closed for a period of time. The facility was opened back up when the Oklahoma Department of Corrections contracted with CoreCivic to house medium and maximum-security inmates. The property has twelve housing units which has the capacity to hold 1720 inmates. On the first day of the audit, the population count was 1657. Overall, CoreCivic currently operates 91 facilities throughout the United States.

At the time of the audit, there were 277 staff members working at Davis Correctional Facility. Of those 277 staff members, 96 had been hired within the preceding twelve months. In addition to those staff members, the facility also employs 16 contractors, working in positions which include the kitchen area and the medical department. And lastly, there are approximately 128 volunteers who come into the facility to provide a variety of services such as religious, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).

The main entrance to the facility has a large parking area for staff and visitors. To enter the facility, one must give their name and reason for the request for entry through an intercom system. Central Control will then open the first walk through gate. Once all admissions are in the sally port area and the first gate is closed, the second gate will be opened. All visitors must go through the metal detector inside of the waiting area.

Davis Correctional Facility has twelve buildings within the secure perimeter fence. These buildings include administration, housing units, medical building, education/training, gymnasium and maintenance building. The administration building houses all the administrative offices, Central Control, the education and training areas, chapel/chaplain's area, intake, main medical, visitation, kitchen, dining, loading dock, laundry, commissary area, library, maintenance and one housing unit.

In addition to the main medical area, there is a "Satellite Medical" office which provides basic services primarily to Echo and Fox housing units. In those two units, there are approximately 960 inmates to provide basic medical service to. However, if a case is a little more complicated, they will have to go to the Main Medical Department.

Outside of the fenced in area is a building which has been used in the past in different capacities. It now sits empty and remains locked at all times. Davis is in the jurisdiction of Holdenville a small town located approximately 90 minutes outside of Oklahoma City. The facility sits on approximately 75 acres and is surrounded mostly by farmland.

The grounds of the facility are well maintained. Common areas are clean and well maintained. The staff are friendly and want to do well. All issues that were discussed throughout the tour, staff were immediately working on the corrections. Some were even completed by the last day of the onsite audit.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 1

Through the auditing process, one standard, §115.11 – Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator, was found to Exceed the Standard.

Number of Standards Met: 44

Through the auditing process, 44 standards are in full compliance. Those standards are as follows: §115.12 – Contracting with Other Entities for the Confinement of Inmates; §115.13 – Supervision and Monitoring; §115.14 – Youthful Inmates; §115.15 – Limits to Cross Gender Viewing and Searches; §115.16 – Inmates with Disabilities and Inmates Who are Limited English Proficient; §115.17 – Hiring and Promotion Process; §115.18 – Upgrades to Facilities and Technologies; §115.21 – Evidence Protocol and Forensic Medical Examinations; §115.32 Volunteer and Contractor Training; §115.31 – Employee Training; §115.32 Volunteer and Contractor Training; §115.33 – Inmate Education; §115.34 – Specialized Training: Investigations; §115.35 – Specialized Training: Medical and Mental Health Care; §115.41 – Screening for Risk of Victimization and Abusiveness; §115.42 – Use of Screening Information; §115.43 – Protective Custody; §115.51 – Inmate Reporting; §115.53 – Inmate Access to Outside Confidential Support Services; §115.54 – Third Party Reporting; §115.61 – Staff and Agency Reporting Duties; §115.62 – Agency Protection Duties; §115.63 – Reporting to Other Confinement Facilities; §115.64 – Staff First Responder Duties; §115.65 – Coordinated Response; §115.66 – Preservation of Ability to Protect Inmates From Contact with Abusers; §115.67 – Agency Protection Against Retaliation; §115.68 – Post-Allegation Protective Custody; §115.71 – Criminal and Administrative Agency Investigations; §115.72 – Evidentiary Standard for Administrative Investigations; §115.73 – Reporting to Inmates; §115.76 – Disciplinary Sanctions for Staff; : §115.77 – Corrective Action for Contractors and Volunteers; §115.78 – Disciplinary Sanctions for Inmates; §115.81 – Medical and Mental Health Screenings ; History of Sexual Abuse; §115.82 – Access to Emergency Medical and Mental Health Services; §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers; §115.86 – Sexual Abuse Incident Reviews; §115.87 – Data Collection; §115.88 – Data Review for Corrective Action; §115.89 – Data Storage, Publication and Destruction; §115.401 – Frequency and Scope of Audits; §115.403 – Audit Contents and Findings

Number of Standards Not Met: 0

Through the auditing process 18 standards were identified to be corrected for full compliance. Through the corrective action process, the facility now has zero (0) standards that are not met.

Summary of Corrective Action (if any)

Davis Correctional Facility has done very well implementing PREA policy and standards. It is clear the staff take PREA seriously and it is evident by the number of standards that initially meet standards and how quickly staff were able to correct some that were not.

All requirements and recommendations are listed in each specific standard explanation. This Auditor and the staff of CoreCivic and Davis Correctional Facility have worked together to develop a Corrective Action Plan and timeline for the completion of that plan.

The staff of the company and facility have corrected all items outlined in the corrective action plan. They have worked very well with this Auditor to ensure that all corrections have been completed appropriately.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CoreCivic has a contract with the Oklahoma Department of Corrections (ODOC) to house medium to maximum security inmates. In the state of Oklahoma, the facility must also follow the Oklahoma Department of Correction's (ODOC) PREA policy. However, in order to ensure compliance, the agency has developed Agency Policy Supplements (APS). At times that does require duplicate work on the part of CoreCivic staff members.

The ODOC does have a zero-tolerance policy regarding sexual abuse and sexual harassment. It reads as follows: ODOC maintains a zero tolerance for inmate-on-inmate sexual assault, staff sexual assault, sexual misconduct and sexual harassment towards inmates. Every allegation of sexual assault, misconduct and harassment is thoroughly investigated. PREA posters will be displayed thorough out each facility and will be visible to all staff, inmates and visitors.

CoreCivic owns/operates 91 adult facilities. The agency employs a PREA Coordinator, Eric Pierson, who is located in the Nashville Headquarters. His official title is Senior Director – PREA Compliance and Programs. The Senior Director – PREA Compliance and Programs for the agency answers directly to the Vice President of the company.

In addition to the Senior Director – PREA Compliance and Programs, every facility has its own PREA Compliance Manager (PCM) or shares the PCM with one other facility. In the Davis Correctional Facility, the PCM is also the Assistant Warden. This position gives the PCM the authority to handle any PREA related situation should one arise.

CoreCivic agency policy supplement number 030601-APS also instructs the facility to designate an alternate PCM.

The PREA Compliance Manager work with the Senior Director – PREA Compliance and Programs to prepare for the audit and resolve any issues which may have come up during the audit.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Davis Correctional Facility does not send any inmates out to be housed at a different location, unless it is important for the safety and security of the facility. When it is necessary to move an inmate to another facility for security or other reasons, there are two options available.

The first is to send that inmate to another CoreCivic facility that may be nearby. If there is not a CoreCivic facility nearby, then the inmate will go back to the ODOC to be housed by them.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility does have a staffing plan, although the corporate office develops the staffing plan and sends it to the facility. The Warden and administrative team review this plan. They work from this document to staff the prison throughout the year. In order to ensure compliance with the plan, administrative staff monitor the daily shift rosters. If there is an anticipated lapse in coverage from call offs or training, the team immediately addresses the situation before it becomes an issue of non-compliance. The Warden and Assistant Warden both indicated separately that there have been no instances of non-compliance during the past 12 months.

When the staffing plan is developed for each facility, the agency wide PREA Coordinator is involved in that development. It takes into account the composition of the inmate population which is comprised of medium and maximum-security inmates.

It is also evident that the plan takes into consideration the blind spots that exist throughout the facility. As a result of the staffing plan and other related items, the staff developed a list of areas where there are blindspots. Once these blindspots were identified, a plan for camera placement was developed by the facility staff and submitted to the corporate office for approval.

The list of areas where there are concerns regarding blindspots and inmate isolation are listed below and were identified by staff members prior to the onsite audit. Documentation of the correction of these items is required.

- 1) In the kitchen area, the main dry storage had boxes in the middle of the room stacked so high, that it did not allow for full view of the room and created blindspots.***
- 2) In the kitchen area, specifically the Kosher Room, there is a blindspot identified and discussed.***
- 3) In the kitchen area, the Hot Box Room also has a blindspot that was identified and discussed.***
- 4) The game room/arcade has no staff or camera coverage to view the blindspots identified in that room.***
- 5) In the property room, due to items being hung from the ceiling, at a minimum, mirrors should be installed in the back corners, both left and right.***

- 6) *It was noted that the large storage closet doors were left open when the chaplain was not in the room. These doors should remain locked when staff are not present.*
- 7) *In Alpha North, there is a side area containing the ice maker and janitor's closet, there is a spot where the staff cannot see anyone and it is not in camera view. This must be corrected. This is the same situation in all units with the same layout as Alpha North and must be corrected in all.*

PLEASE NOTE: ITEMS 5 AND 6 WERE CORRECTED PRIOR TO THE INTERIM REPORT BEING ISSUED. ONLY ITEMS 1 THROUGH 4 AND 6 AND 7 HAD TO BE ADDRESSED.

As noted above, items 5 & 6 were corrected before the Interim Report was issued. Once the Interim Report was issued, the staff at the facility were diligent in correcting items (1) through (4) and item (7). Photographs of the corrections were sent to this Auditor to review for compliance.

Additionally, upper level staff were asked about unannounced rounds. Those that were interviewed indicated the practice is to start in different areas each time they are making any rounds, including the unannounced rounds required by PREA. Documentation for these rounds are kept in the daily reports completed by the supervisory staff members.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Davis Correctional Facility does not house any males under the age of 18 at the facility. They strictly house male offenders 18 years of age and over.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Interviews with inmates provided substantial information that §115.15 (d) is not being implemented appropriately. A very small number of inmates indicated that female staff members make the required cross gender announcement every time they enter a housing unit as required. The overwhelming majority of inmates indicated that either female staff never made an announcement, or they were not consistent making the required announcement. In addition, very few indicated that the staff were making those announcements 24 hours per day.

Review of this requirement in the policy will need to be reviewed with staff and monitored to ensure that the practice is occurring 100% of the time when a female staff member enters a housing unit and there is not another female present. Documentation of this review should be submitted as proof of compliance.

Several areas of non-compliance were indicated with §115.15 (d), ensuring that inmates have the ability to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Those issues are bulleted below.

- **The use of CCTV or closed-circuit television inside cells for 24 hours per day, seven days per week, not being used for suicide watch, when there are female staff working in Central Control or they would otherwise have access to those cameras is a violation of this standard. This issue was found in Echo unit and in the medical cells.**
 - **In order to correct the first related issue, a correction to the CCTV system is required. Compliance may be obtained by "blacking out" the areas over the toilet areas on the monitor view of those cells.**
 - **PLEASE NOTE: STAFF WERE ABLE TO MAKE THE CORRECTION TO THE CCTV DURING THE ONSITE AUDIT. THEY WERE WAITING FOR APPROVAL BY THE ODOC BEFORE FULLY IMPLEMENTING IT. The facility was given permission to make this change.**
 - **Secondly, inmates must be given the opportunity to change clothing in another area that is not camera monitored.**
 - **It was determined that if inmates were changing clothing, they could move to another cell in the same area that was not camera monitored.**
- **In the shower areas in Alpha South, inmates in the first shower stall can be viewed fully unclothed by anyone standing on the top tier. There must be a modification made so that cannot occur.**
 - **All housing units designed the same as Alpha South will also have to have this correction made.**
 - **PLEASE NOTE: STAFF HUNG A PARTIAL SHOWER CURTAIN WITH A PLASTIC WINDOW TO COVER THE OPENING OF THE HALF WALL. PICTURES WERE SENT FROM EVERY HOUSING UNIT WITH THE SAME LAYOUT AS ALPHA SOUTH. EACH SHOWED THE CORRECTION MADE TO THE SHOWER AREA. THIS MEETS**

THE REQUIREMENT FOR THE STANDARD. NO OTHER ACTION IS NECESSARY FOR THIS ITEM.

During the review of the PREA policy and staff interview notes, it is clear that standard §115.15 (e) is not being fully met. This piece indicates that if the gender of the inmate is unknown, then staff would need to have a conversation with the individual to attempt to determine the gender. If that is unsuccessful, then the inmate should go to medical for appropriate conversations, review of medical charts or as part of a broader medical examination.

Review of the Safety and Security – Part 2 policy, specifically pages 9 and 10 of 29, does not provide clear information regarding these two pieces of the standard explained above. Even though the agency (CoreCivic) is contracting with another entity (ODOC) to house inmates, it is still incumbent upon the agency to make determinations of an inmate's gender identity through DCF staff and their interactions with the individual. DCF's compliance is not based on the practices of the ODOC. It is based upon the practices occurring within the facility.

The policy will need to be revised to include all parts of §115.15 (e). Once the revision has been approved by this auditor, training to staff will need to occur to ensure that all parts of the policy are understood and implemented appropriately. Documentation for proof of compliance must be submitted.

Standard 115.15 (d) indicates that the facility must ensure that cross gender announcements are made in all housing units. In order to ensure that this is happening all the time at the facility, this information on housing unit doors so it is seen prior to entering. Additionally, the Warden has reinforced the practice at all departmental meetings and the administrative team conducts spot checks during the required unannounced rounds.

The agency made appropriate corrections to the PREA policy ensure that transgender and intersex inmates are inappropriately searched to determine gender as identified in standard 115.15 (e).

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility has Spanish PREA materials available for those who are Limited English Proficient (LEP) and Spanish is their first language. Staff indicate that this is the most common language other than English. The facility provided the PREA brochures in both English and Spanish. During the facility tour, it was noted that there were Spanish PREA signs up in the housing units, as well as the English version.

There are staff that are bi-lingual, however, they are not always on duty. The staff when asked, did know about the language line and in what situations in which they would need to utilize that service.

During inmate interviews, this auditor did speak to an inmate who was hard of hearing and another with an intellectual disability who were both able to articulate correct information regarding PREA and how they would make a report if they needed to.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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

Through review of employee records and discussion with CoreCivic staff members, there was sufficient records and information provided through interviews to determine the facility meets all parts of this standard.

Review of employment files showed that most parts of the process are electronic, including the application and background check, and the rest is a paper file. If the individual would get called for an interview, the application is printed out. The same will be done once the background check is conducted.

When an applicant indicates that they have worked at another correctional facility, the Human Resource staff call the other facility to inquire if there were any problems with the individual regarding either sexual abuse and/or sexual harassment. A form has been created to document that phone call for the applicant.

In order to ensure that Human Resource staff who conduct the background checks do so within the five-year guideline, there has been a spreadsheet created to track that information. It shows the name of the staff member, when the last background check was completed, and when the five-year background check will be due. The staff will then filter the report based on the month and conduct required background checks. This process has just recently been implemented so this auditor made the requirement that staff do not delete information from one check to another. Auditors need to verify that background checks have been conducted at the appropriate intervals. The Human Resource staff clearly understood what the auditor was asking for and will keep all dates of hire and any background checks completed.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or

updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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The facility has not made any major additions or renovations since 2008 when they created several new medical observation cells.

There has been an upgrade to the camera system. The administrative staff, including the PREA Compliance Manager, was a part of the team that has developed a plan for additional camera placements. These additions were made sometime in 2015. Since that point, there have been other areas identified by the staff where camera placement would eliminate a blindspot.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Davis Correctional Facility has a Memorandum of Understanding (MOU) with Project Safe, an organization which provides advocacy services and forensic medical examinations by SAFE nurses. Inmate victims requiring a forensic examination are transported to Shawnee Hospital.

While the facility provides access to forensic examinations when it is appropriate, there is no written information regarding the fees for the forensic examinations. §115.21 (c) indicates that the agency/facility must provide forensic examinations and access to emergency medical care free of charge. This may be the practice of the facility, although it was not clear to this auditor if that is the situation. There are no written policies which indicate that access to emergency medical care and forensic examinations are provided free of charge to the inmate victim.

The facility/agency must provide documentation that the victim inmates are not being charged for medical care when they are a victim of sexual abuse, even if the outcome of the investigation is unsubstantiated.

The second part of this particular standard that is not being met is regarding the right to have an advocate with the inmate victim during interrogation or interviewing. This particular item §115.21 (e) is located near the beginning of this specific standard. There is no mention of this right to have an advocate present at all, some or none of these interviews.

The facility/agency will need to revise policy to include this information. Once it has been approved, then staff will need to receive additional training to reinforce the revised policy. Documentation should be submitted to verify compliance.

Through discussion with CoreCivic and the Davis Correctional Facility, the following has been determined in regard to compliance with this standard. The Oklahoma Department of Corrections is responsible for investigations which would involve inmates being taken for a forensic examination. As a contractor of the ODOC, CoreCivic cannot enforce the requirement that an advocate is allowed in the room during the forensic examination and investigation inview, as that goes against the ODOC policy. However, CoreCivic and DCF have entered into an MOU with the local Rape Crisis Center, Project Safe, which does indicate that Project Safe will provide an advocate at the hospital for medical accompaniment. Additionally, CoreCivic and DCF will ask that the Office of the Inspector General act in compliance with the standard to allow an advocate in the forensic examination and/or interviews as requested by the victim.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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The Davis Correctional Facility has an investigator at the facility that works with the Office of Investigator General at the Oklahoma Department of Corrections. An interview with the investigator for the facility indicated that he is responsible for looking into any allegation of sexual harassment. If there is an allegation of sexual abuse, that is referred to the IG's office who will then either assign one of their own investigators or they will have the facility investigator do the leg work and report back to them.

§115.22 (a) indicates that "The agency shall ensure that an administrative or criminal investigation completed for all allegations of sexual abuse and sexual harassment." The policy for the Davis Correctional Facility states in policy Section-04 Security OP-040117 in Section I.A. Allegations of Sexual Abuse or Assault – All allegations of sexual abuse and harassment, including third party and anonymous reports, will be reviewed to determine if sufficient information exists to complete a formal investigation.

While at the facility, there was not a consistent tracking system to log all allegations and provide the correlating investigation information for each. During the file review for investigations that were available, information was difficult to decipher at times. It is noted that the files were very poorly completed. There was little consistency from one file to another.

There must be a system developed which will track ALL allegations of both sexual abuse and sexual harassment. For each of those allegations, there must be an investigation which coordinates and provides a determination.

Each file needs to include consistent components. Files should include: a synopsis of the allegation, statements from all involved parties, summarization of the investigation including a statement of the determination of the case (i.e. substantiated, unsubstantiated, or unfounded).

The facility has developed a checklist for file creation and process. The Facility Investigator, PREA Compliance Manager and Retaliation Monitor are all trained on these processes. There is a process for tracking all investigation related information. All allegations are investigated and will have the appropriate process followed.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The facility provided the curriculum utilized to train all staff members at the facility. All staff members are required to participate in orientation training known as “Employee Development”, which lasts several weeks, covering a wide range of topics.

During that initial training period, PREA is one of the topics covered. The curriculum included all the required components from §115.31. Those topics include communication skills, dynamics of sexual abuse, common reactions, avoiding inappropriate relationships, mandatory reporting, gender specific training for the type of facility the staff member will be working in, the zero-tolerance policy, how to respond to incidents of sexual abuse, inmates’ rights to be free from sexual abuse and staff and inmates’ rights to be free from retaliation.

The agency keeps records of both a group attendance sheet and, upon completion, a signed form indicating that the individual not only participated in the training, but also understood the training as well. This auditor pulled training files for staff and found that a number of the files were missing documentation for multiple years. Upon interviewing the Training Officer, it was noted that the files were up to date and correct from 2015 to present. The current training officer took over this position in 2015. His files are very organized and easy to follow. He will continue to maintain these files in the same manner in the future.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Davis Correctional Facility has a large number of volunteers that provide services to inmates. The Chaplain, who oversees all volunteers, has extensive monthly programming for inmates to choose to participate in.

Volunteers for DCF must go through the application and training process for the Oklahoma Department of Corrections before they can come to DCF. Potential volunteers must go to the ODOC website and fill out the application to be a volunteer.

The ODOC will take the applicants and run the background checks on each one. Then the ODOC schedules the potential volunteers for the required training. The training that each one receives is eight hours long and includes a section on PREA.

The Chaplain indicated that ODOC used to send the background checks but now only send the letter saying that they have a clear background check.

Once the volunteer reaches the Chaplain, after they have completed the ODOC process, she then has the volunteer re-sign a sheet that states that they have received training and understand the training they received.

The Chaplain is the one that is responsible for providing the annual training for all volunteers at the facility.

As the ODOC is the party who conducts the initial training for all volunteers, it is important for DCF to have a copy of the curriculum that is used to train these volunteers. Without a copy of the curriculum that is used to train all volunteers, it is impossible to ensure §115.32 (a) (b) are being met.

The facility must request the curriculum that ODOC uses for the initial training. It must be reviewed to ensure that all required components are included. Once it is received, it should be provided to this auditor for review.

The facility was able to get the contractor and volunteer training and provided to this Auditor. The training is acceptable. In addition, the ODOC provided training documentation for volunteers and contractors.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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While interviewing inmates regarding the education that they have received at DCF, it was clear that the facility had provided an education video regarding sexual abuse and sexual harassment just prior to this auditor's arrival. There was discussion with staff that there will need to be a process developed for ensuring that all inmates receive this required education within that 30-day timeframe. Additionally, there will need to be documentation provided with signatures to ensure that all inmates have seen this video.

As a note regarding the staff who are taking the video to different housing units, there should be discussion with those staff members who are responsible for showing the video to all/new inmates. This discussion should include information about the requirements for inmate education in the PREA standards. This auditor has been told in numerous interviews that there are some CO's who had inmates "just to sign the paper" whether the inmate watched it or not. This is unacceptable.

A policy/procedure must be developed to include access to the additional information within the 30-day timeframe. Additional procedure must include a tracking mechanism to ensure that all inmates

receive this in-depth PREA information. Once this policy/procedure have been approved, a test sample of receptions for a specific period of time will be reviewed to ensure the procedure is being followed.

The facility has ensured that all inmates have been given the comprehensive PREA information in the facility and has developed the process to ensure that it is occurring on a routine basis to ensure that all inmates receive this information within the first (30) days at the facility.

The facility has provided signed forms from inmates indicating that they did receive the training and that they understood the training.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]

☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility investigator has participated in a multi-day training developed by The Moss Group, specifically for investigators in 2013. The curriculum provided to this auditor does not meet the specifications listed in §115.34 (b). Review of the documentation indicates that information regarding interviewing a sexual abuse victim was not included.

A slide in the PowerPoint indicated that it was "Partial Documentation". Please provide the full text of the curriculum for review.

Training documentation for Warden Yates was provided for this standard. There is no PREA investigation training listed for the Warden. Please provide clarification as to whether or not the Warden assists with conducting investigations. If he does assist, please provide documentation showing his participation in Specialized Investigations training.

The facility was able to provide the power point for the training the Facility Investigator received in 2013. In addition, specialized investigations training verifications were provided for both the Warden and the Facility Investigator.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Review of the materials provided to support the work that is being done in the medical and mental health programs, has shown the Specialized Training for Medical/Mental Health personnel meets all requirements under §115.35 (a).

However, three issues arose when reviewing the secondary information provided. First, the training information provided seems to be for a basic PREA training, not specialized for medical/mental health.

Second, the none of the trainings listed for the staff member training records provided are for completion of the Specialized Medical/Mental Health training.

And third, the training records provided in the secondary documentation did not match any of the personnel on the list provided by the facility at the onsite audit.

The following information is required for compliance determination of this standard.

- 1) Please provide the correct training documentation, including the training identification number which would appear on a training tracking sheet.***
- 2) Please provide a list of all staff members in both the medical and mental health departments at DCF.***
- 3) Please provide a scanned copy of training certificates for each medical and mental health personnel employed at DCF.***

The facility provided the training material and documentation for the Specialized Medical and Mental Health training. A list of the medical and mental health staff was provided with the training documentation.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Review of the current risk assessment tool showed there is a need for slight revisions to the tool. These two items will need to be corrected on the risk assessment tool.

- 1) The age of the inmate is not listed on the tool. This is a requirement of §115.41(d)(2).**
- 2) In the section under "Staff Observation/File Review", there is no question asking if the staff member conducting the assessment perceives the inmate to be gay, lesbian, bisexual, transgender or intersex. It does ask if the staff believes the inmate is gender non-conforming. This is a requirement of §115.41(d)(7).**

The agency has made the required changes to the risk assessment tool. It has been put into use at the facility, through the OMS system and all staff have received a memo on this change.

The policy indicates that inmates will not be punished for refusing to answer questions on this tool. However, there is no information on the tool or procedure provided to indicate how the inmate is made aware of this standard.

Please provide information on how inmates are made aware of this standard and how this is verified.

The staff who administer this assessment have been provided information about informing the inmates that they are not required to answer these questions and will not be punished for it.

The staff at DCF have been doing well with ensuring that each inmate has the received the initial risk assessment within 72 hours of arrival. The initial 72-hour assessment is administered during the intake process.

During an interview with the intake staff, there was some discussion regarding who exactly is required to have the risk assessment when they come into the intake system.

The one question that arose during the interview at Intake was whether or not that the facility has to give the assessment if the inmate is coming from another CoreCivic facility. This auditor was able to have conversation with that staff that this practice is because they come to the facility on a bus and there is plenty of opportunity while on the transport, there could be an opportunity for sexual abuse on the transport. Additionally, if the inmate started to feel more comfortable with the staff at the new facility, the inmate may be more at ease to disclose sexual abuse to a staff member at the new facility and make the report then.

Since this question did arise, it would be beneficial for DCF staff to have the correct information provided by this auditor in written documentation. It is the recommendation of this auditor that this information be put in a memo format and distributed to all staff members who work in Intake.

During the file review, it was determined that there was a gap in the completion of the 30-day risk assessments. Numerous files were missing the appropriate paperwork. The staff in the classification department were able to narrow down where the trouble seemed to be coming from. One of the Unit Managers had been out on vacation at the time of the audit and no other staff were assigned to complete tasks in the appropriate timeframes.

PLEASE NOTE: The Classification Coordinator was very proactive in tracing down the reason for the missing 30-day reviews. The inmates who were missing the 30-day reviews were all completed before the end of the On-site Audit Visit. The staff were also provided with training regarding the conducting the 30-day assessments and ensuring that the timeframe is not missed.

Additionally, in order to ensure that the 30-day timeframe is not missed in the future, the facility is required to develop a policy to ensure that 30-day assessments are completed in the appropriate timeframe, even if the staff who typically administer the assessment are not available.

Finally, the policy indicates “appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked pursuant to screening for risk of victimization and abusiveness in order to ensure that sensitive information is not exploited by employees or other inmates/residents to the inmate/resident’s detriment.” However, during staff interviews and review of information onsite it is unclear how the facility keeps this information confidential.

Please provide information to show exactly how the facility accomplishes the requirement of §115.41(h).

The Classification Coordinator and staff have developed a spreadsheet that tracks the intake date of the inmate, the date of the initial risk assessment and when the 30-day assessment is due. This form is used to track and ensure that all assessments are conducted in the appropriate amount of

time. This will eliminate the problem identified during the audit of missing the timeframes because the case manager responsible for a particular set of inmates.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

health and safety, and whether a placement would present management or security problems?
☒ Yes ☐ No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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During the onsite visit to DCF, there was one intersex individual being housed. This auditor had an extensive interview with this inmate. Several issues came up during that conversation.

The first issue is a lack of understanding on the part of the staff. Through conversations with the inmate, it appears that this inmate is not transgender but rather intersex.

PLEASE NOTE: TRAINING RECORDS WERE PROVIDED INDICATING THAT STAFF MEMBERS HAD TRAINING REGARDING WORKING WITH TRANSGENDER/INTERSEX INDIVIDUALS. HOWEVER, NO INFORMATION WAS PROVIDED AS TO THE CONTENT OF THE TRAINING. PLEASE FORWARD THAT INFORMATION TO THIS AUDITOR FOR REVIEW.

The inmate has been at this facility for approximately two years. She indicated that there had not been any six-month follow up check ins as required by §115.42 (d).

PLEASE NOTE: A SCREEN SHOT OF CASE NOTES WAS PROVIDED INDICATING THAT A REASSESSMENT WAS COMPLETED FOR THIS INDIVIDUAL ON 12/21/17 AND THE NEXT IS SCHEDULED FOR 6/21/18 (6 MO). PLEASE PROVIDE INFORMATION REGARDING THE MEETING, WHAT WAS DISCUSSED, WHO WAS PRESENT AND IS THERE ANY FURTHER DOCUMENTATION.

A second issue that arose was with the inmate having the opportunity to shower separately. She indicated through the interview that she was given the opportunity to shower separately, however that was when there were other inmates around and that the staff would lock her into the shower. Sometimes she would have to wait a half an hour until the unit officer would come back to let her out of the shower. She indicated to me that she felt like a caged animal on display. The practice of locking transgender/intersex individuals in the shower needs to be stopped unless there is a serious security issue not expressed during the onsite audit. Please provide information regarding this issue and any policy and procedure changes necessary.

The CoreCivic and DCF worked with the ODOC to arrange that any transgender inmates will be allowed to shower at separate times, including count time, so that there is a separation. In addition, the practice of locking transgender and/or intersex inmates in the shower has stopped.

A third issue that arose during the interview was the fact that she has breasts, even though she has not been on hormones since she was out on the street. She has repeatedly asked to have a bra because she is very uncomfortable. This request should be given serious consideration before a medical condition develops as a result of large breasts without proper support. Additionally, there is no policy and/or procedure in the materials provided by the facility regarding how staff, volunteers and contractors work with transgender or intersex individuals. There must be a policy and procedure developed for working with this population.

This issue was addressed by the facility. DCF had a psychiatrist reassess this particular inmate and it was determined that this inmate was not transgender nor intersex and the fatty tissue of

the breasts were not out of the ordinary and therefore a bra would not be ordered for this inmate. This is accepted by the auditor. If there is a question in the future regarding inmates and the need for opposite gender clothing, this will be looked at on a case by case basis.

In addition to working on the transgender and intersex issues, there needs to be clearer direction given to staff regarding how to use the risk assessment information when looking at programming, education and work assignments. Through staff interviews it was clear that most everyone understood how this tool could be used when making housing decisions. However, it was very much the opposite when staff were asked about using that assessment information to inform decisions regarding the other placements of work, education and programming.

Please provide information as to how the facility will utilize the assessment information for all four types of placements. And in addition, provide a plan for educating staff members on this information.

The job coordinator at the facility reviews all jobs, education and program placements by using the OMS system which now has an alert system notifying of any risk before placement. These alerts are automatically generated upon completing the risk assessment for a specific individual. When the job coordinator logs into the system and pulls up a specific inmate, that staff member is able to view the alerts for that individual, which assists in making the appropriate placements.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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During interviews with inmates and staff, information was provided that indicated that an inmate could be sent to involuntary segregation for being looked at as a high risk. This segregation could start in medical when they are returned from the outside hospital and placed in medical for observation. The medical cells, built as part of a renovation, are essentially segregation cells due to the structure of the medical department. As this is the case, there should be documentation indicating why the inmate is being held involuntarily. Please provide any documentation that has been completed for those inmates who are placed in the medical cells after an allegation.

It was also discovered that when an inmate is being held in the medical cell, he does not have access to privileges that would be afforded to him if he were on a regular unit. Please provide a plan to ensure that if inmates are placed in involuntary segregation, no matter where in the facility, they will have access to all the privileges they would if they were on a regular unit. If it is not the case, please provide justification as to why those privileges have to be revoked.

Information was provided to this Auditor indicating that the medical cells are not designed as segregation cells, but rather they were designed to house medical observation, therapeutic seclusion or other medically designated needs. These cells are only used for housing alleged victims under the following circumstances: after hours when a member of the unit team is unavailable to assist in finding appropriate housing, and if the alleged victim is determined to need medical observation by the Qualified Mental Health Professional (QMHP).

Inmates are kept in these cells for an extremely limited amount of time.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

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

Auditor Overall Compliance Determination

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

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DCF meets all of the requirements of the inmate reporting standard. However, there was some confusion among staff and inmates about the reporting mechanism to an outside agency. During interviews with staff members, it was clear that they did not know where the reporting line rings to.

Upon further review, it was discovered that the outside reporting line actually was going directly to the Oklahoma Department of Corrections' Inspector General's office. This was a problem as the only inmates that are housed at DCF are Oklahoma state inmates.

Once this issue was discovered, the PREA Coordinator did some investigation as to how the other facilities operated by CoreCivic were able to pass audits with the reporting line. Mr. Pierson found that DCF was not using the most up to date information. Once that information was provided, staff at the facility were changing signage in the facility before the end of the onsite audit.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No ☐ NA

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The agency/facility policy follows very closely the PREA Standards in relation to filing grievances related to sexual abuse.

However, the one area where there is a discrepancy is §115.52 (g). DCF's policy states "Additionally, inmates will be informed of sanctions for making false allegations. This information shall also be provided to inmates during the initial orientation at all facilities."

This statement in CoreCivic/DCF's policy does not convey the same intent as that of the PREA standards. PREA standard §115.52 (g) states "The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith."

The difference between the two is clear that the facility's policy says that there will be sanctions for false reports. The standards are clear that the agency has to demonstrate that the individual filed the grievance "in bad faith" or knowing that they were lying regarding the situation.

This portion of policy will need to be revised to convey the same information regarding §115.52 (g).

In accordance with the PREA Policy of the ODOC, all allegations are assigned to an investigator to investigate the claims. Additionally, if an inmate files a PREA allegation utilizing the grievance process, the same process is used and it is assigned to an investigator.

If, through the course of the investigation, it is determined that the inmate has made the allegation in the grievance in bad faith, then the inmate may be punished for submitting the grievance "in bad faith."

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

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This facility has done a great job in working with the local service agency to enter into a MOU for SANE and other related services. The MOU is written in clear and concise manner. It is excellent to have this portion of the standards executed so well.

The only area where there seems to be a problem is with §115.53 (b). After review of the policies and procedures provided, there is no mention of providing the inmate with information on mandatory reporting and the role of the individual they are working with.

This piece will need to be incorporated into policy, as well as educating staff on what they must tell the inmate prior to having any type of conversation or interview with the individual.

In order to obtain compliance with this standard, the facility has included the following statement in the handbook and in all postings on Confidential Support Services.

Your report is confidential, and your identity will remain confidential, as long as your report is made in good faith. The counselors and staff of any provider of emotional support services may be subject to mandatory reporting laws in this state and legally may be required to make a report to local law enforcement on reports of sexual abuse. Please ask the staff about confidentiality and reporting requirements.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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CoreCivic has developed a third-party reporting mechanism which is answered by an outside agency. This information has been posted on the agency website, which includes a separate page for DCF. Also, there is PREA information in the areas where visitors to the facility have access.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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CoreCivic/DCF has an extensive staff and agency reporting policy. This policy clearly covers all items listed in the PREA standard.

During the interviews with medical staff, it appeared that one of the nurses was unclear about the duty to report and limitations of confidentiality. She was a new nurse to the facility. As part of the interview with this nurse, there was conversation regarding PREA related topics.

The only other item to be clarified with this new nurse was to ensure she understood what the limitations were surrounding reports of sexual abuse. The focus of the conversation was that one type (an assault that occurred in another facility) or the second type which is ensuring that if there is a disclosure regarding an assault which occurred in a community setting, it is the victim's choice to decide if they want to go through with reporting to authorities.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

If the facility learns that an inmate is in imminent risk for being abused, the staff will work together to determine where the best placement is for the inmate who is getting threats of being abused.

Through staff interviews, information was provided regarding the options that the facility has available to it to ensure the safety of all inmates. The solution could be as easy as moving cells in the same unit. Or an inmate can be moved from one unit to another. And if there is a serious concern for the inmate's safety, the administration has the ability to transfer the inmate to another facility.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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While interviewing staff members, it was noted that there have been one or two reports received when medical personnel are asking questions of inmates. The notifications are kept in the case file for review with the entire case. Notifications are typically made by the superintendent to the superintendent of the receiving facility.

Many times, the investigators will call one another and compare cases that they are both working on at the same time.

The Warden indicated that for reports such as a PREA, he would prefer to call the facility head. He will send that information to be documented in the case file. However, there are times when the Warden has to use email to make the notification as he is unable to reach the head of the other.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

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The Davis Correctional Facility staff have a very good understanding of the immediate steps that should be taken when there is an allegation of sexual abuse at the facility. All staff members who were asked about those steps were able to completely answer that question. This went from the night shift corrections officer to the Warden of the facility. Other interviews with inmates were able to describe the process as well. There was more than one inmate who was able to articulate some of the steps, such as separating the inmates involved in the situation.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The Davis Correctional Facility has created an institutional plan in policy. This auditor reviewed the policy provided by the agency. This policy meets the PREA Standard for having a coordinated response for sexual abuse.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CoreCivic, the agency that operates the Davis Correctional Facility, a for profit organization, does not have a union or any other collective bargaining agreements.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Davis Correctional Facility conducts the required 90-day monitoring. On July 1, 2017, the Classification Coordinator was appointed to the position to conduct the PREA monitoring. The Classification Coordinator was alerted when someone was going through the 5-1 system.

There is a specific form that was created to track the 90-day monitoring. The Classification Coordinator will meet with the inmate and/or staff involved in the incident. He documents the interaction on the "Protect from Retaliation" form.

When the Classification Coordinator is preparing to meet with the inmate and/or staff, he looks at the entire picture. Then he makes the decision either to go to the housing unit to speak with the inmate or he may choose to bring the inmate or staff to his office to have a private conversation.

Every two weeks the Classification Coordinator meets with the individual being monitored. At this time, he indicated that he has never had anyone but victims participate in this process.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

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After reviewing policy and talking with staff members, it is clear to this auditor that the requirement only to use involuntary segregation for any victim after the inmate makes a report, is a measure to be used as a last resort.

The facility tries to only put inmates in involuntary segregation when the staff feel that there is going to be a security issue if the inmate is put back in general population.

If the facility does have to place someone in involuntary segregation, they will review the placement within 30 days.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

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

Auditor Overall Compliance Determination

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

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Investigations for the Davis Correctional Facility are conducted both by the facility and the Oklahoma Department of Corrections.

Davis Correctional Facility has one investigator that has taken the Specialized Investigations Training. It is his responsibility to investigate all allegations of sexual harassment at the facility. For allegations of sexual abuse, his responsibility is to do an initial investigation in order to provide basic information to the Inspector General's (IG) office at the Oklahoma Department of Corrections.

When the investigator at the facility requests an investigation, the IG's office will either take the case on to do the investigations from the IG's office. Or the investigators will ask for the DCF investigator to complete pieces of the investigation and send it to them.

If the evidence would lead the investigators to believe that this may reach the level of criminal charges, the IG's office will make that determination and make the referral for prosecution. Making the referral to the prosecutor's office is not something that the facility investigator typically does.

While at the facility, this auditor reviewed four case files. The files from the facility were very inconsistent. If the file had a case summary, it did not have an outcome listed for the case on that summary. It was very difficult to figure out if the case was substantiated, unsubstantiated, or unfounded. In addition, the case summary, at least in one report, was incomplete.

Also found in the case files was the 14-2B's (PREA Screening Assessment) for the inmates related to the case. Why are the PREA risk assessments included in the investigation files?

What information would be gained from the assessments? The risk assessments contain information that could make an inmate even more vulnerable than they already are. This information is to be kept confidential.

Please provide information regarding the use of the 14-2B's. These forms should be removed from investigation files and not included in future investigations.

The facility has provided documentation to this auditor that the 14-2B's will no longer be included as part of the investigation files and that those forms in current files have been removed.

Some additional items of concern were:

- 1) Not all files included a victim notification required by standard. And in one file, it was just a handwritten note on the top of one of the papers in the case file.
Documentation has been provided to this auditor that all victim notifications have been completed for all investigations. Additionally, a checklist has been created so that all steps of the investigation process is completed appropriately.**
- 2) Not all files contained a Sexual Abuse Incident Review, even when the case would have called for that review to occur.**
- 3) DCF utilizes a form on the front of the case file to provide basic information about the case. Not all files had that form on the front of the file.**

The files that were reviewed were very poorly created and maintained. Investigation files should be constructed in a very consistent manner with the same information included in every case file.

The facility needs to develop a system for the development of case files. Each file should contain the same information. The summary of the case should include the outcome (substantiated, unsubstantiated or unfounded) of the case. Additionally, if there is a criminal investigation, there should either be a copy of the criminal investigation or, at a minimum, a summary of the criminal investigation.

One additional note from the review of the investigation files. It is noted that during one of the interviews with an alleged victim, the investigator asked what the sexual orientation of the inmate was. This question can be construed as victim blaming when asked of an alleged victim. The auditor would highly recommend that questions to alleged victims are not victim blaming or could be construed as victim blaming.

The facility has revised policy to ensure that all pieces of the investigative process are conducted consistently throughout all investigations. This will include the documentation that must be included for each investigative file.

This policy revision also addresses the Sexual Abuse Incident Review. The Sexual Abuse Incident Reviews will now be conducted, by policy, within (30) days after the end of the investigation.

In order to ensure that all corrections are understood and continued, the PREA Compliance Manager, Retaliation Monitor, and Facility Investigator have received training on file creation, file maintenance and conducting Sexual Abuse Incident Reviews.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

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Policy review of CoreCivic investigation policies shows that the facility uses a preponderance of the evidence as the standard for determining the outcome of the case.

In speaking with the facility investigator, he indicated that he uses a preponderance of the evidence when looking at any PREA related cases.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Some of the answers to the questions for this standard indicated that the facility does not complete victim notifications. To clarify, DCF does provide some victim notifications, however, not all investigations had victim notifications as required by standards.

As there were no investigation reports reviewed which included staff sexual misconducts, there was no information to provide in regard to placement of that staff member.

In order to come into compliance with this standard, there should be a procedure developed to ensure that the required victim notifications are completed for every sexual abuse case that is investigated. As there is a form for reporting the outcome of an investigation, it should be used for every case.

The facility has ensured that all victim notifications have been made for all sexual abuse investigations. In addition, the agency has developed a checklist for all investigations, which includes the requirement to provide written victim notification. This requirement also directs that documentation be kept within the investigation file.

In order to ensure understanding and compliance with these new processes, the PREA Compliance Manager, Facility Investigator, and Retaliation Monitor have received training on these new processes.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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CoreCivic employees are required to sign a PREA Training form. This form says that the staff member has not only received the training but understands it as well.

In addition, all CoreCivic staff are required to read the Code of Conduct. Staff then are required to sign off that they read it and verify that they have no exceptions to report.

Staff at DCF indicated that they have not had to release any staff members in the past 12 months for issues related to PREA. In their policy and reinforced by the staff interviews, it does require that if someone is released from the facility for a PREA violation, it will be reported to the appropriate law enforcement agencies and any applicable licensing bodies.

As required by standard, the policy at CoreCivic states that the presumptive action for a staff member with a substantiated investigation for sexual abuse is termination.

If for some reason the staff member is not terminated, the sanctions will be a consistent with other sanctions for similar violations.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

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

The facility has indicated that over the last 12 months there have not been any PREA related incidents involving contractors or volunteers.

Upon review of the policy, it does not appear to include all the required information. The policy will need to be revised to include information about reporting to any legal and/or licensing bodies.

Additionally, it should be clear that contractors and/or volunteers who have allegations against them must not have contact with inmates until the conclusion of the investigation which indicates that the allegation was determined to be unfounded.

The agency has revised the PREA policy to include information stating that not only will such substantiated conduct be reported to law enforcement but will also be reported to any appropriate licensing body. Additionally, any contractors or volunteers who have allegations against them will not have any contact with inmates until the conclusion of the investigation.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

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Several items in this standard cannot be found in the policy. Items B, D and E, in this section could not be found in the materials that were sent to this auditor for review.

Additionally, this information was not readily accessible to the staff or inmates that were interviewed as part of this process. All three of these items are required to be part of this policy and practice of the facility. There will need to be a policy revision and information disseminated to the staff.

In Section-03, OP-030601, Page 14, Item IV.A.3., the policy states "Additionally, inmates will be informed of sanctions for making false allegations. This information shall also be provided to

inmates during initial orientation at all facilities.” This statement does not convey the same message as required in the standard §115.78 (f). This statement must be revised in relation to PREA allegations.

The agency has revised policy OP-030601 to include all provisions identified (B, D & E).

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

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The facility has implemented a majority of this standard through following the current policy. However, there is no information in the policy related to Item (e). This item directs that medical and mental health practitioners obtained an informed consent from the inmate before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

In addition to the revision to the policy, it will also be very important to retrain all medical and mental health staff members to provide an informed consent to the inmate. This must occur before the practitioner begins to ask questions. When questioning the staff in these departments, it was clear that this was not a practice that is currently in place.

Staff will need to make sure that inmates understand that if they tell a staff member about sexual abuse which occurred in a detention facility, the staff member is required to report this information.

However, if the inmate tells the staff member about a sexual abuse which occurred in the community, the staff member may only release that information with the permission of the inmate.

Items (a)(b)(c) discuss screening questions which medical and mental health practitioners should be asking of inmates. Please provide a copy of the PREA screening questions asked by both the medical and mental health departments.

The staff have corrected the issue with providing informed consent to inmates prior to asking the questions related to PREA. The medical and mental health staff were trained on these issues on 7/31/2018 by the CQI nurse at the facility.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The Davis Correctional Facility provides both medical and mental health services. During interviews, the staff seemed to understand their roles as related to PREA.

The mental health staff member who was interviewed was very clear about her role is in relation to PREA in terms of the follow ups after an affirmative answer to screening questions. She does seem very busy with not a lot of assistance.

The medical staff seemed to understand the general items related to PREA which they are responsible for. There is one item, also mentioned in §115.81, that staff need to implement in a different way. The staff do not talk to inmates about their duty to report and the limitations to confidentiality before they ask any PREA related questions.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Instructions for Overall Compliance Determination Narrative

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The Davis Correctional Facility has around the clock medical coverage with two separate medical areas. The Main Medical Department is near the administration area. The Satellite Medical Department is located further down into the campus. The Satellite Medical is not open 24/7 but are open during the hours when inmates are allowed out of their units. If an inmate is at the satellite medical department but requires more intensive treatment, then staff will send them to the main medical department. They work in conjunction with each other to provide faster care to the inmate population.

Items (d) and (e) are not applicable to this facility as this facility is a male only facility.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The agency/facility has developed a form to complete during the sexual abuse incident review meeting. This form asks questions that will answer all the required questions from the standard.

The Davis Correctional Facility has not completed many Sexual Abuse Incident Reviews. During the last 12 months, there were four investigations for sexual abuse allegations. However, only two had the SAIR's completed for the cases.

Please provide information regarding why only two of these reviews were completed.

As referenced in standard in 115.71, the facility has developed a checklist for file creation and investigation process. The PREA Compliance Manager, Facility Investigator and Retaliation Monitor have been trained on the new documentation and the process to ensure that the Sexual Abuse Incident Review is completed for each substantiated and unsubstantiated investigation within (30) days of the conclusion of the investigation.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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CoreCivic is a large organization which collects data from all its facilities, including Davis Correctional Facility. The collection of data is consistent from one facility to another. This can be verified by reviewing the annual reports. Item (e) in this standard does not apply to Davis as the facility does not contract to any other agency to house any of their inmates.

The questions that are asked and data collected from the incidence(s) are able to answer the questions asked on the Survey of Sexual Violence survey. This information is collected and correlated for the annual report due by June 30th of the following year that the data was collected.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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CoreCivic keeps all annual reports accessible on their main webpage. The reports are from 2013 to 2016. The report for 2017 is not due to be released as of this date.

The 2016 report includes a statement from the Executive Vice President and Chief Corrections Officer. The report includes a statistical comparison from 2014 to 2016. It discusses the investigations conducted across the company. The report also provides information on all the facilities operated by CoreCivic which passed either the PREA DOJ audit or PREA DHS audit.

While the report does discuss investigations, it does not include any personal information that is required to be redacted.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Instructions for Overall Compliance Determination Narrative

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The Record Retention schedule was provided by the agency. Investigative files are kept in the Office of the Inspector General for all of those investigated by the IG's office.

For the cases that are investigated within the facility, those files are kept in a secure computer system operated by CoreCivic. These files are kept for 5 years past the end of employment or the inmate's release from custody of the facility.

Additionally, the Record Retention Schedule indicated that the aggregate data reports are kept for a period of 10 years.

One additional item is included on the Record Retention schedule regarding PREA that is unclear. Please provide information as to the meaning of "5-1 Incident Reports (Includes entire incident packet – PREA) – Retained for 10 years".

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☒ Yes ☐ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Instructions for Overall Compliance Determination Narrative

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The staff at the Davis Correctional Facility were very open and easy to work with. Prior to the onsite audit, the staff had already started to identify some physical plant changes which would need to be made for compliance.

I felt that the staff were open and answered my questions honestly to the best of their knowledge. I was provided copies of all information I requested.

I was provided confidential space to conduct interviews with both staff member and inmates. While interviewing inmates, I was placed in a room where I was either under direct visible supervision by facility staff or under indirect supervision. While there was visual monitoring, there was no audio monitoring of my interviews.

Inmates were allowed to correspond with me prior to the onsite audit. I did receive one letter from a current inmate that was not opened prior to receiving it.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CoreCivic has all final audit reports contained on its website for public viewing. The website lists all facilities separately. Accessing the page of the facility will show all PREA related links for that facility, including the last audit report for the facility.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Jennifer L. Feicht

October 22, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.