

PREA AUDIT REPORT ☐ Interim ☒ Final
ADULT PRISONS & JAILS

Date of report: December 4, 2017

Auditor Information			
Auditor name: David K. Haasenritter			
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Email: davidkhaasenritter@gmail.com			
Telephone number: 540-903-6457			
Date of facility visit: March 20-22, 2017			
Facility Information			
Facility name: Leavenworth Detention Center			
Facility physical address: 100 Highway Terrace, Leavenworth, KS 66048			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 913-727-3246			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Linda Thomas			
Number of staff assigned to the facility in the last 12 months: 217			
Designed facility capacity: 1012			
Current population of facility: 688			
Facility security levels/inmate custody levels: Maximum Security – Low, Moderate, High			
Age range of the population: 18-70			
Name of PREA Compliance Manager: Dwight L. Fondren		Title: Assistant Warden	
Email address: Dwight.fondren@corecivic.com		Telephone number: 913-680-6002	
Agency Information			
Name of agency: Core Civic			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 10 Burton Hills Blvd., Nashville, TN 37215			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 615-263-3000			
Agency Chief Executive Officer			
Name: Damon Hininger		Title: President and Chief Executive Officer	
Email address: Damon.hininger@cca.com		Telephone number: 615-263-3301	
Agency-Wide PREA Coordinator			
Name: Eric Pierson		Title: Senior Director PREA Programs and Compliance	
Email address: Eric.pierson@corecivic.com		Telephone number: 615-263-6915	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Leavenworth Detention Center was conducted on March 20 – 22, 2017 by David Haasenritter. Leavenworth Detention Center is operated by CoreCivic, previously known as Corrections Corporation of America (CCA) and some documents used in this audit is still titled as CCA. Approximately three weeks prior to the audit, the auditor received the PREA questionnaire and additional documents through a thumb drive. The documents and questionnaire were organized, highlighted, and tabbed. The night before the audit the institution provided a roster of all inmates housed at the institution; lists of inmates for specific categories to be interviewed; and a lists of all staff by duty position and shifts that were used to identify inmates and staff to be interviewed (random and specific category).

The auditor contacted Just Detention International (JDI) in reference any information previously submitted by inmates at the Leavenworth Detention Center and reviewed the CoreCivic website prior to the audit. The website is very informative and one of the easiest to find PREA information of all agencies this auditor has audited. CoreCivic PREA page lists: general information on PREA; agency zero tolerance policy; how to report; information on investigations; and where questions and inquiries can be forwarded to (PREA Coordinator phone and mailing address). It also has a number of links to include: PREA standards; CoreCivic PREA policies; CoreCivic 2013, 2014, 2015 PREA Report; and CoreCivic Institution PREA information. The CoreCivic Institution PREA information link lists each CoreCivic institution with information on that institution's PREA Compliance Manager; third party reporting methods; PREA policy; PREA audit dates; and the last PREA audit report.

Following the entrance meeting with staff, the auditor toured the entire institution on March 20, 2017, and went back to certain areas in the institution on March 21 – 22, 2017. While touring, random inmates and staff were informally interviewed and questioned about their knowledge of PREA. While touring, several inmates and staff were questioned about their knowledge of PREA standards, procedures for reporting, services available and their responsibilities. All staff and inmates informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment and/or retaliation for reporting. During the tour the auditor reviewed staffing; logs; physical plant; sight lines; camera coverage; tested the inmate phone system for reporting allegations and for emotional support services; and institution operations.

Following the initial tour, the auditor began the formal interviews, review of investigations, checking of cameras, and random checks of personnel, medical, and training records. Some of the review of staff and inmate records were scanned for review after the on-site audit. The auditor conducted 45 Leavenworth Detention Center staff interviews (15 random, 26 specialized, and four (4) contractor/volunteer). The CoreCivic PREA Coordinator and Agency head representative was interviewed prior to the audit. Staff interviewed was well versed in their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties; and evidence preservation.

A total of 31 inmates were formally interviewed (does not count two inmates who refused): 31 random interviews and 14 specialized interviews (LGBTI (6), who disclosed sexual victimization during screening (3); who reported sexual abuse or harassment while confined (3), and limited English (2)). Majority of the inmates interviewed acknowledged receiving a PREA screen, PREA training and written materials (posters, pamphlets, and inmate's handbooks) in a language they understand outlining the agencies zero tolerance policies towards sexual abuse; knew the reporting procedures; and reported staff of the opposite gender announced when entering a housing area. All inmates who were asked stated they felt safe at the institution. The auditor found the inmates aware of PREA, some complained too much emphasis and training is being done reference PREA.

There were 13 allegations of a sexual abuse and sexual harassment at Leavenworth Detention Center during the audit cycle. The auditor reviewed each investigation. There were five (5) inmate-inmate allegations: one (1) inmate-inmate sexual harassment substantiated; one (1) inmate-inmate sexual harassment unsubstantiated; two (2) inmate-inmate sexual harassment unfounded; and one (1) inmate-inmate sexual abuses unsubstantiated. There eight (8) staff-inmate allegations: one (1) staff-inmate sexual harassment unsubstantiated; one (1) staff-inmate sexual harassment unfounded; one (1) staff-inmate sexual abuses unsubstantiated; and five (5) staff-inmate sexual abuse unfounded.

When the on-site audit was completed, the auditor conducted an exit meeting. While the auditor could not give the institution a final finding, the auditor did provide a preliminary status of his findings. The auditor thanked CoreCivic, and Leavenworth Detention Center staff for their hard work and commitment to the Prison Rape Elimination Act.

During the interim report writing and corrective action period, the auditor reviewed additional documents, modified forms, and conducted staff interviews.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Leavenworth Detention Center is privately owned and operated by CoreCivic. It is located in Leavenworth, Kansas. The Leavenworth Detention Center is a 1012 bed facility divided into three compounds. Count on the first day of the audit was 688 inmates. There are 22 housing pods, two were closed during the audit. Each compound houses adult male United States Marshals Service adjudicated and non-adjudicated inmates. One compound houses Wyandotte County inmates and one compound houses United States Marshals Services adjudicated and non-adjudicated female inmates.

Compound One consists of A Pod, Center Court and South End. A Pod is a 16-bed unit housing receiving and discharge, segregation overflow, and medical overflow. Center Court consists of C, D, E, F, G, and H pods is a 280-bed unit housing general population adjudicated and non-adjudicated United States Marshals Service male inmates. South End consists of L, M, N, and O pods is a 156-bed unit housing general population adjudicated and non-adjudicated United States Marshals Service male inmates. J and K pods consisting of 60 beds housing general population adjudicated and non-adjudicated United States Marshals Service male inmates.

Compound Two consists of four pods Q, R, S, and T. Q and R pods each house 71 general population adjudicated and non-adjudicated United States Marshals Service male inmates. S and T pods each house 71 general population Wyandotte County male inmates.

Compound Three consists of four pods W, X, Y and Z. W pod houses up to 80 general population non-adjudicated female United States Marshal Service inmates. X pod houses 72 general population adjudicated United States Marshal Service female inmates and eight (8) female segregation cells. Y pod houses 80 United States Marshal Service general population adjudicated male inmates and Z pod is an 80-bed segregation unit.

The CoreCivic mission is “advancing corrections through innovative results that benefit and protect all we serve.” The mission Leavenworth Detention Center is to “Provide a meaningful public services to our customers and community by operating the highest quality adult corrections facilities in the United States.”

SUMMARY OF AUDIT FINDINGS

On March 20 – 22, 2017, the onsite visit was completed. Within a week of the audit being completed, the auditor provided a list of not met standards, and standards requiring additional information. During the 45 day interim report writing period six standards were identified as requiring corrective action. The final results of Leavenworth Detention Center PREA audit closed on August 12, 2017 is listed below:

Number of standards exceeded: 5

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

CoreCivic (formerly Corrections Corporation of America (CCA)) operates the Leavenworth Detention Center to house U.S. Marshal Services inmates and Wyandotte County inmates. CoreCivic has good written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment and that outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. CCA Policy 14-2 Sexual Abuse Prevention and Response, is the base policy and each facility has its tailored version. The CCA Policy 14-2 for facility Leavenworth Detention Center was last updated May 19, 2014 and is posted on the CoreCivic website.

CoreCivic employs an upper-level, agency-wide PREA coordinator and a PREA compliance manager. Mr. Eric Pierson is the PREA Coordinator, and a certified PREA auditor. The CoreCivic organization chart demonstrates Mr. Pierson is in a position of authority. He is knowledgeable of PREA standards and has the authority to develop, implement, and oversee CoreCivic PREA program. He indirectly supervises approximately 55 compliance managers.

Mr. Mike Quinn serves as the Chief of Unit Management and Leavenworth Detention Center PREA Compliance Manager. He claimed to have enough time to perform his PREA duties, and has the authority to develop and coordinate PREA policies and activities. He was actively involved in PREA activities. Review of Leavenworth Detention Center organizational chart and interviews demonstrated he had the authority to coordinate the facility's efforts to comply with PREA.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

X Not Applicable

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

Standard 115.13 Supervision and monitoring

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

relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

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

CoreCivic ensures each institution it operates develops document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse by monitoring and reviewing the staffing plans. CCA Policy 14-2 establishes procedures to develop and monitor staffing plans uses the criteria found in standard 115.13 (a) to include generally accepted correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the institution's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); composition of the inmate population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors to develop and review the staffing plan. Leavenworth Detention Center had approximately 150 cameras located the facility. Recordings are stored for 40 - 150 days depending on the camera zone. The staffing plan is reviewed annually by the Warden and PREA Compliance Manager at the institution; and CoreCivic PREA Coordinator and Vice President for Operations using CCA form 14-2I. The auditor reviewed the Leavenworth Detention Center 2016 annual review, which provided a good review of its staffing plan to include electronic monitoring.

CCA Policy 14-2 requires the staffing plan be complied with and when it does not the institution shall document and justify all deviations from the plan. Through review of the staffing plan and shift documents, interview of staff and the leadership, it was determined Leavenworth Detention Center had no deviations from the staffing plan in the last 12 months. Leavenworth Detention Center uses overtime to ensure the staffing plan is complied with. If and when the staffing plan is not met, a notification is sent through the Warden to the CoreCivic Corporate office.

The CCA Policy 14-2 requires unannounced rounds by supervisors and prohibits staff from alerting other staff members that supervisory staff rounds are occurring. Unannounced rounds by intermediate-level or higher-level supervisors are documented and are done randomly on all shifts. The auditor reviewed logs prior to the audit, and logs from February and March on site. Staff and inmate interviews and the logs confirmed the unannounced rounds by supervisors are done on all shifts and staff were not alerting other staff the unannounced rounds were being conducted.

Standard 115.14 Youthful inmates

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

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

X Not Applicable

Leavenworth Detention Center is an adult male and female institution and does not house youthful inmates; therefore, this standard is not applicable.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

CCA Policy 9-5 Searches of Inmates/Residents and Various Location, outlines institutions shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances; and shall document all cross-gender strip searches and cross-gender visual body cavity searches. Based on documents reviewed and interviews of staff and inmates, Leavenworth Detention Center has not conducted cross-gender strip searches or cross-gender visual body cavity searches in the last 12 months.

CCA Policy 14-2, states institutions shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status; and if the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Staff are required to be trained how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Through interviews of staff and inmates it was determined staff do not search or physically examine a transgender or intersex inmates for the sole purpose of determining the inmate's genital status, and only medical staff if needed would make that determination.

Based on interviews of staff and inmates, Leavenworth Detention Center does not restrict female inmates access to regularly available programming due to lack of female staff to do pat searches.

Review of training records, lesson plans, and interviews of staff demonstrated staff had been trained to conduct how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The auditor found through interviews that staff did not know the definition of a transgender inmate and did not know how to conduct cross-gender searches of transgender inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs (115.15 (f)). A Corrective Action Plan was to provide staff refresher training on the definition of transgender; and how to conduct searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible. The auditor should be sent a copy of the training material and staff training rosters. The auditor will then conduct some telephone interviews. Leavenworth Detention Center conducted training of staff on the definition of transgender and transgender searches, and documents demonstrating the training was provided to the auditor during May and June. On August 8, 2017 the auditor conducted telephonic interviews of staff, those interviewed could define transgender and explain how to conduct a transgender search. On August 12, 2017 the auditor found Leavenworth Detention Center compliant with the standard.

CCA Policy 14-2 states the institution shall enable 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; and requires staff of the opposite gender to announce their presence when entering an inmate housing unit. It provides guidance how opposite gender staff is to announce their presence when entering an inmate housing unit. The auditor's observation during the audit, and staff and inmate interviews confirmed that staff do not always announces themselves each they enter the housing units of opposite gender inmates and no staff of the opposite gender is in the housing unit (115.15 (d)). The Corrective Action Plan was for the Leavenworth Detention Center to provide refresher training to staff to announce when entering a housing unit with inmates of opposite gender and no same gender staff is in the housing unit. The auditor would interview staff approximately 60 days after the training. Leavenworth Detention Center trained staff in April and May, providing the auditor copies of the training documents in May and June. On August 8, 2017 the auditor interviewed staff, and found Leavenworth Detention Center to be compliant with the standard.

Most inmates interviewed stated they could shower and change clothes without being observed by opposite gender staff. The auditor observation during the audit determined inmates are not able to shower in housing units Pods Q, R, W, Y, and Z 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 (115.15 (d)). Most of the shower issues were observation from the second floor of the first-floor showers. The Corrective Action Plan was to modify shower so inmates are able to shower in housing units Pods Q, R, W, Y, and Z 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. Photos of all areas was provided to the auditor on June 13, 2017. The modifications allow inmates to shower without

staff of the opposite gender viewing their breasts, buttocks, or genitalia. All the modifications were done professionally and was not rushed to simply meet a standard. Leavenworth Detention Center was found to be compliant with the standard on June 13, 2017.

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

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

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

CCA Policy 14-2, ensure inmates with disabilities and who are limited English proficient have access to PREA information and programs. CoreCivic/Leavenworth Detention Center has taken steps to ensure that inmates who are limited English proficient or 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. CoreCivic does have a contract with Language Line Solutions for language translator service for inmates who are limited English proficient. The auditor reviewed Language Line Solutions bills and usage documents for two months. PREA handouts and inmate handbooks are in English and Spanish. English and Spanish PREA posters are posted throughout the institution for inmates and staff to see. Staff and inmates stated inmates are not used as interpreters when addressing sexual abuse and sexual harassment allegations. The institution did have a TDD phone for those who are hearing impaired. The inmate rule book is in braille. For inmates with a mental disability, staff spend time to ensure they understand the PREA basics of definitions and reporting.

The auditor interviewed inmates with disabilities and who are limited English proficient. They had a good knowledge of PREA and had been provided PREA information in formats that allowed them 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.

Standard 115.17 Hiring and promotion decisions

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

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

CCA Policy 14-2 outlines policy and procedures to ensure staff and contractors are not hired or promoted who has engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. CCA Policy 14-2 requires the institution to 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. Prior to the audit, an employee and contractor application packet were reviewed. Background checks conducted on staff and contractors was confirmed. During the audit additional background checks and employee application packets were reviewed. Through review of personnel records and staff interviews it was determined Leavenworth Detention Center staff and contractors are not hired or promoted who has engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other

institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. The documents and interviews also demonstrated CoreCivic and the facility considers 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. The auditor reviewed one staff application and one contractor packet before the audit and randomly reviewed two additional new hire packets during the on-site audit and interim report writing period.

CCA Policy 14-2 requires background checks for staff and contractors; and 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, and updating background checks of employees and contractors every five years. Interviews of Human Resource staff and a review of an employee application packet demonstrated contact with prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Prior to the audit reviewed one background check of an employee and contractor. During the audit the auditor reviewed three employee application packets and one contractor packet that demonstrated background checks were done prior to employment. The auditor also reviewed 19 random staff background checks and found five (5) of 19 were more than five years old. The auditor requested additional background documents and the HR spreadsheet that tracked background checks. Review of those documents identified 53 of 203 employees had background checks older than five years old (115.17(e)). Corrective Action Plan: Provide the auditor the approval page of a new background check for the 53 employees whose background checks are overdue; and any of those which become overdue during the corrective action period. Develop a system to track and provide auditor a synopsis of that system. On June 23, 2017 the auditor received a new background spreadsheet showing all employees background checks up to date and the approval page for employees who were previously identified as overdue background checks (every five years). Additionally, the Warden provided information on a new credentialing system that will track background checks. Per the Warden CoreCivic Technology deployed a Credentialing application to all USMS facilities in May 17, 2017. The Credentialing application was originally built by the CoreCivic development team to track BOP and NACI clearances, but it was designed to track other types of clearances, licenses, and other credentials in a central database, that allows for better oversight over the process and helps to minimize the chance that clearances will expire. It is designed to send an email to the Warden and HR manager any time staff whose conditional and/or final clearances are in danger of expiring. The auditor found the Leavenworth Detention Center compliant with the standard on June 26, 2017.

CCA Policy 3-20-2 Career Opportunities states: shall ask all applicants and employees who may have contact with inmates directly about previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees; and imposes upon employees a continuing affirmative duty to disclose any such misconduct. CCA policies 3-20-2 and 14-2 requires information be provided 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. Prior to the audit received one document each for applicant, staff promotion and annually demonstrating they addressed previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. During the audit reviewed two promotions and three applicant packets that demonstrated applicants and employees who may have contact with inmates directly are asked about previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or interviews for hiring or promotions; and imposes upon employees a continuing affirmative duty to disclose any such misconduct. During the audit the auditor reviewed 33 randomly selected Form 14-2H Self Declaration of Sexual Abuse/Sexual Harassment document annual reviews that ask employees about previous sexual misconduct as described in PREA standard 115.17 (a) in written self-evaluations. Out of 33, 29 did not have the current Form 14-2H Self Declaration of Sexual Abuse/Sexual Harassment document (most were from 2014 and 2015, other four were 2016 and 2017). Corrective Action Plan: Develop a system to ensure Form 14-2H Self Declaration of Sexual Abuse/Sexual Harassment is completed during annual evaluation or training. The auditor reviewed additional documentation and Leavenworth Detention Center PREA Compliance Manager discussed with the auditor the system that would be used to monitor to ensure Form 14-2H Self Declaration of Sexual Abuse/Sexual Harassment are signed by the employee annually. The auditor found the Leavenworth Detention Center compliant with the standard on June 26, 2017.

CCA Policy 14-2 states material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination.

Standard 115.18 Upgrades to facilities and technologies

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

- ☐ Does Not Meet Standard (requires corrective action)

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

Through review of CCA policies 14-2 and 7-1 Record Drawing and Alterations/Additions, and interviews of CoreCivic Agency Head representative, PREA Coordinator, PREA Compliance Manager, and Warden it was determined that the CoreCivic considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. During the review of the staffing plan, the video monitoring system is also reviewed to ensure coverage enhances the ability to protect inmates from sexual abuse. Review of the staffing plan and camera plan demonstrated information from the substantiated and unsubstantiated incidents of sexual abuse was used to assist in the assessment. Leavenworth Detention Center has 150 cameras throughout the facility. The cameras are monitored and are recorded. The Leavenworth Detention Center was scheduled to have a CCTV upgrade in 2017, contractors were on-site working on the project during the audit. This is one of a few CoreCivic facilities audited by the auditor that had facility upgrades to protect inmates and staff from sexual abuse was completed during the audit cycle or being implemented during the audit cycle. CoreCivic seriously reviews its designs and technology, making modifications as appropriate.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

CCA Policy 14-2 outline evidence protocols for administrative proceedings and criminal prosecutions; requirements for forensic medical exams; and when requested by the victim, a victim advocate to accompany and support the victim through the forensic examination, investigatory interviews, emotional support, crisis intervention, information, and referrals. Leavenworth Detention Center investigator handles all the administrative proceedings regarding PREA allegations. Criminal investigations are conducted by the U.S. Marshal Services or Leavenworth Police Department. Leavenworth Detention Center has an MOU with the Leavenworth Police Department to conduct all criminal PREA investigations, and includes the responsibilities of each organization. There is a uniform evidence protocol that maximizes the potential for usable physical evidence for administrative and criminal prosecutions. The protocols were reviewed and found to be in line with DoJ's National Protocol for Sexual Assault Medical Forensic Examinations. Majority of the staff interviewed were very knowledgeable of the evidence protocols, and could explain the protocol for obtaining useable evidence when an inmate alleged sexual abuse. The auditor conducted interviews with Leavenworth Detention Center investigator who had a good understanding of the investigative procedures and responsibilities and evidence protocols.

CoreCivic has a MOU with Alliance Against Family Violence for a Sexual Assault Response Team that includes a Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) to conduct forensic exams and Victim Advocate upon request. United States Marshal Services inmates are taken to Cushing Medical Plaza, while Wyandotte County inmates are taken to Kansas University Hospital for forensic exams.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

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

CCA Policy 14-2 requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, that all allegations of sexual abuse or sexual harassment are referred for investigation by the appropriate authority. CCA Policy 14-2 and the MOU with Leavenworth Police Department describe the responsibilities for each agency. Through a review of the investigative file and interviews of the Warden and investigative staff; it was determined the Leavenworth Detention Center ensures that an administrative and/or a criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Referrals of allegations are first investigated by the institution.

There were 13 allegations of a sexual abuse and sexual harassment at Leavenworth Detention Center during the audit cycle. The auditor reviewed each investigation. There were five (5) inmate-inmate allegations: one (1) inmate-inmate sexual harassment substantiated; one (1) inmate-inmate sexual harassment unsubstantiated; two (2) inmate-inmate sexual harassment unfounded; and one (1) inmate-inmate sexual abuses unsubstantiated. There eight (8) staff-inmate allegations: one (1) staff-inmate sexual harassment unsubstantiated; one (1) staff-inmate sexual harassment unfounded; one (1) staff-inmate sexual abuses unsubstantiated; and five (5) staff-inmate sexual abuse unfounded.

Standard 115.31 Employee training

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

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

CCA Policy 14-2 addresses PREA staff training requirements. Leavenworth Detention Center employees receive PREA training annually through scheduled training, staff policy reviews, and staff recall meetings. Annual training uses the CCA training lesson plan. The 2016 PREA training lesson plan was reviewed and verified the training covered: zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; inmates' right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Some training has been through e-learning on-line and includes a test that requires a score of 80 percent to pass. Employees acknowledge they understood the training. Staff interviewed were well versed in the CoreCivic zero tolerance policy; their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties; and evidence preservation. Prior to the audit documents demonstrating two staff acknowledged they understood the training and one understood CCA Policy 14-2 was provided and reviewed. During the audit, the auditor randomly selected 30 training records for review, all staff members had been trained and there was documentation the staff signed stating they understood the training received.

Standard 115.32 Volunteer and contractor training

- ☒ Exceeds Standard (substantially exceeds requirement of standard)

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

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

All contractors and volunteers who have contact with inmates receive the same initial PREA training as staff. CCA 14-2 and the PREA training curriculum outline training requirements for volunteers and contractors who have contact with inmates. Prior to the audit the PREA slides; and a contractor and volunteer training records that included a copy of the PREA test and memorandum stating they understood the training was provided. While on-site the auditor randomly reviewed additional one contractor and two volunteer training records, each have signed they understand the PREA training they received. Interviews of the contractors and volunteers demonstrated their knowledge of PREA, their responsibilities and the agency zero tolerance policy.

Standard 115.33 Inmate education

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

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

CCA Policy 14-2 requires that all inmates receive PREA information upon arrival and PREA education as part of the Admission and Orientation program. The auditor requested training documents on 37 inmates. Review of documents provided demonstrated inmates receive a PREA information paper on their arrival date, but it does not cover the CoreCivic's or Leavenworth Detention Center PREA Zero Tolerance Policy (115.33(a)). The inmate handbook does provide the data required upon arrival. Inmates sign a document stating there were given and explained the inmate handbook, but the signature on the documents provided for six (6) of 37 inmates was not the same day. During inmate interviews inmates remembered receiving the key information to include the zero tolerance policy upon arrival. Posters and inmate handbooks are provided to inmates or posted in the housing units in formats accessible to all inmates to ensure that key information is continuously and readily available or visible to inmates. Information on the posters and in the handbook include: inmate rights; how to report; what to expect after you report; and how to protect yourself against sexual assault.

Comprehensive education is through a PREA video and discussion in the housing units. The auditor reviewed the video. The auditor requested and only received 14 of the 37 randomly selected inmate documentation of comprehensive education (115.33 (b) and (e)). Corrective Action Plan: Document new incoming inmates receive the PREA comprehensive education within 30 days of arrival. Provide the auditor a roster of all new inmates and the proper documentation for receiving comprehensive education between April 1 and May 30. The auditor was provided a roster of new inmates between April 1 and May 30, and reviewed 18 inmate documents for receiving comprehensive education. The auditor found the Leavenworth Detention Center compliant with the standard on June 23, 2017 following review of the inmate comprehensive education documentation.

Standard 115.34 Specialized training: Investigations

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

- ☐ Does Not Meet Standard (requires corrective action)

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

CCA Policy 14-2 requires the institution's investigator receives specialized training in addition to the general education provided to all employees. Specialized training for investigators covered all requirements of the standard to include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency maintains documentation the investigator received both the general and investigative PREA training.

Standard 115.35 Specialized training: Medical and mental health care

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

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

CCA Policy 14-2 outlines the training required for medical and mental health practitioners to include how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report allegations of sexual abuse and harassment. CoreCivic has developed a very comprehensive training for its medical and mental health practitioners. The auditor was provided training records of 14 medical and mental health staff demonstrating they had received specialized medical and mental health training, and annual basic training each year. Interviews of medical and mental health staff demonstrated they understood: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Medical staff does not conduct forensic medical examinations.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

CCA Policy 14-2 requires facilities to: conduct a screening for risks of sexual victimization and abusiveness within 24 hours of arrival; a PREA Audit Report

follow-up screening for risks of sexual victimization and abusiveness within a set time period, not to exceed 30 days from the inmate's arrival at the facility; and reassesses inmate's risk level again when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

All inmates are assessed during intake screening for their risks of being sexually abused by other inmates or sexually abusive towards other inmates. Prior to the audit, auditor reviewed three (3) examples of inmate screening forms (initial screen and follow-up screen). One follow-up screen was conducted more than 30 days after the inmate arrived at the facility. On-site the auditor randomly selected 38 inmates and reviewed their initial and reassessments within 30 days screening forms. All inmates are assessed during intake screening for their risks of being sexually abused by other inmates or sexually abusive towards other inmates. During inmates' interviews, most inmates who arrived within the last 12 months remembered receiving the initial PREA screen. Twenty-two (22) of 38 randomly selected screening forms reviewed identified follow-on screens had not been conducted (at least 2015 and 2016-time period) 115.41(f). Core Civic and Leavenworth Detention Center identified this an issue prior to the audit, and provided a follow-on screen in 2017 when identified. Those reviewed from 2017 were timely. Corrective Action Plan: Document new incoming inmates receive the PREA follow-on screen within 30 days of arrival; provide the auditor a roster of all new inmates and the proper documentation for receiving initial and follow-on PREA screen between April 1 and May 30. The auditor was provided a roster of new inmates between April 1 and May 30, and reviewed 18 inmate documents for receiving initial and follow-on PREA screen. The auditor found the Leavenworth Detention Center compliant with the standard on August 8, 2017 following review initial and follow-on PREA screen and interviews with staff who perform the PREA screen.

The auditor interviewed five (5) staff who conduct the screens; and had the staff perform the screen of the auditor to demonstrate the process of filling out the screening form. The process was done very professionally. Some information is provided through asking the inmate questions, others through review of inmate records. All the criteria referenced in the standard are on the form; and inmates are asked all of the questions required to be asked of the inmate. The screen also requires the screener to make his/her own assessment of whether the inmate is gender non-conforming. Interviews of staff who conduct screens identified a majority did not know the definition of an inmate who is gender nonconforming (115.41(d)). Screening staff who must make their own assessment if the inmate is gender nonconforming cannot properly make the assessment if they do not know the definition of and understand gender nonconforming. The interview of staff also identified that some staff who conduct screens did not know an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness (115.41(g)); and inmates may not be 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 (115.41(h)). It should be noted the auditor did not find any inmate who had been disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked during a PREA screen. The Corrective Action Plan is to train all staff who conduct screens on PREA definitions (specifically gender nonconforming), when PREA screens are conducted specifically reassessments, and not discipline inmates for refusing to answer, or for not disclosing complete information in response to, questions asked during a PREA screen; provide the auditor documentation of such training; and the auditor conduct follow-up interview with screeners. The auditor reviewed training screening staff received in May and June. The auditor found the Leavenworth Detention Center compliant with the standard on August 8, 2017 following review of training and interviews with staff who perform the PREA screen.

The screening instrument is objective in determining if the inmate is at risk for victimization or abusiveness. During inmate interviews, most inmates who arrived within the last 12 months remembered receiving the PREA screen.

Observation of where screening information is maintained, and staff interviews confirmed appropriate controls have been implemented to ensure that sensitive information is not released and exploited by staff or other inmates. The screening instrument was restricted to staff making housing, work and program assignments.

Standard 115.42 Use of screening information

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

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

corrective actions taken by the facility.

CCA Policy 14-2 outlines the use of the screening form to include: using the information from the risk screening to determine housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive; and making individualized determinations about how to ensure the safety of each inmate. CCA Policy 14-2 states the agency shall consider on a case-by-case basis whether to assign a transgender or intersex inmate to an institution for male or female inmates, housing and programming assignments, based on the inmate's health and safety, inmate's own views with respect to his or her own safety, and whether the placement would present management or security problems; reviewing twice a year placement and programming assignments for each transgender or intersex inmate to review any threats to safety experienced by the inmate; allowing transgender and intersex inmates the opportunity to shower separately from other inmates; and not placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated institution, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

Through a review of screening forms, housing and program decisions, inmate and staff interviews, it was determined Leavenworth Detention Center uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risk of being sexually victimized separate from those at high risk of being sexually abusive. The decisions are made on a case-by-case basis using information from the screen, assigned PREA classification, and good correctional judgment.

There were inmates who were transgender and gay and they acknowledged they were treated with respect and were not housed in dedicated housing area. CoreCivic does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. Transgender or intersex inmate's own views with respect to his or her own safety are given serious consideration when making housing, programs and other decisions; and transgender and intersex inmates are given the opportunity to shower separately from other inmates. Transgender inmates interviewed stated they were given an opportunity to shower separately from other inmates.

Standard 115.43 Protective custody

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

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

CCA policies 14-2 and 10-100 Restrictive Housing Management, states inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers; if placed in segregated housing involuntarily they shall have access to programs, privileges, education, and work opportunities to the extent possible; that the institution shall document any access to programs, privileges, education, or work opportunities that was restricted, duration of restriction and why; and that every 30 days, the institution shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. Interviews of the Warden, PREA Compliance Manager, and segregation staff verified inmates at high risk of sexual victimization would not be placed in involuntary segregation unless other measures have been assessed. Other measures included moving housing areas or facilities. It was confirmed through investigative paperwork and during interviews with the Warden and staff who supervise segregated inmates that no inmates at high risk for sexual victimization had been placed in involuntary segregated housing during the past 12 months prior to the audit.

Standard 115.51 Inmate reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CCA Policy 14-2 require facilities provide multiple internal and external ways for inmates to report sexual abuse, sexual harassment and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment. Inmate handbooks, PREA handouts, education video and posters throughout the facility provide specific internal and external ways for inmates to report sexual abuse, sexual harassment and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment. Interviews of inmates and staff verified the inmates and staff knew of the multiple internal and external ways to report incidents of abuse or harassment, and retaliation. The auditor tested the phone numbers posted during the tour. Inmates can report verbally and in writing to staff; a 24-hour toll free hotline to DoJ OIG; write the CoreCivic Managing Director for Institution Operations, 3rd party, and toll-free hotline to United States Marshals Service. The auditor called the DoJ OIG hotline and discussed the process with staff that monitors the phone line. The hotline provides a mailing address by recording. Second time the auditor called he received an operator who also provided a mailing address, stating he could not take the report, it had to be in writing. Staff believed there was a time period each day the DoJ OIG would take a report by phone.

CCA policies and staff fliers provide information on PREA to include ways for staff to privately report sexual abuse and sexual harassment of inmates. During interviews some of the staff knew they could privately report sexual abuse and harassment of inmates to the CoreCivic Ethics and Compliance hotline or submitted directly to the PREA Compliance Manager, PREA Coordinator, or Warden.

Standard 115.52 Exhaustion of administrative remedies

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

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

X Not Applicable

Leavenworth Detention Center does not have an administrative process to address inmate grievances regarding sexual abuse. All PREA allegations are processed through the investigative process in accordance with CoreCivic policies.

Standard 115.53 Inmate access to outside confidential support services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

CCA Policy 14-2 states inmates shall be provided 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; and the institution shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. Alliance Against Family Violence is used for outside confidential support services. Phone numbers and mailing addresses are provided to the inmate on posters in the housing units, but it was for reporting and not for confidential emotional support. This was corrected during the audit and posted during the interim report writing period. Additionally, the inmate can request to use a unit staff member office phone to make a call to the Alliance Against Family Violence. The MOU with Alliance Against Family Violence describes all the services to be provided which includes confidential support services. Inmate interviews confirmed a few inmates knew of the confidential support services provided, most knew there was a service available but not exactly what was provided based on they did not need or believed they would not need the specific information. Recommend the facility provide additional education on the services and add an addendum to the inmate handbook with the information.

The auditor called the Alliance Against Family Violence number from the inmate housing unit phone twice and was very impressed with the response from the Alliance Against Family Violence staff.

Standard 115.54 Third-party reporting

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

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

CoreCivic PREA website outlines methods to receive third party reports of sexual abuse and sexual harassment. CoreCivic has a PREA section on their web site, and the PREA section is easily accessible. On the PREA page there is a section that specifically addresses how inmates and others can report to include third party. It provides a phone number to the National Sexual Assault Hotline and CoreCivic's Ethics and Compliance Helpline; along with information to write to the Warden at the institution. It states "It is not required that any personal information be provided. However, the more information that can be provided regarding dates, times, locations, witnesses, and as much detail about the alleged incident as is known serves to assist staff and law enforcement in their efforts to successfully conduct the investigations."

Standard 115.61 Staff and agency reporting duties

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

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

CCA Policy 14-2 require that all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Health practitioners are required to report sexual abuse and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The institution reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the institution investigator. Review of investigative files; and interviews of staff and inmates verified staff immediately report to the institution's designated investigator any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report. Health practitioners during interviews stated they are required and would report sexual abuse. Random interviews with staff revealed that staff is very aware of their responsibilities to report incidents of sexual abuse or harassment to the investigator or their supervisor and know not to reveal any information about a sexual abuse incident to other staff. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported to the institution's designated investigator.

Standard 115.62 Agency protection duties

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

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

CCA Policy 14-2 requires staff to take immediate action to protect any inmate they learn is subject to substantial risk. Interviews with staff demonstrate they know the steps to take to protect an inmate subject to risk of imminent sexual abuse. Security staff immediately employs protection measures as separate the inmate from where or whom at risks with; pass the information is passed to the Investigator, PREA Compliance Manager and Warden. The Warden, PREA Compliance Manager, and investigator confirmed there have been no incidents in the past 12 months, where it was necessary for the institution to take any action in regards to an inmate being at substantial risk of sexual abuse.

Standard 115.63 Reporting to other confinement facilities

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

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

CCA Policy 14-2 requires when an allegation that an inmate was sexually abused while confined at another institution, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation; that all sexual abuse allegations reported by another institution regarding any inmate that was confined at the Leavenworth Detention Center be fully investigated. Interviews with the Warden, confirmed her knowledge of the policies and responsibilities to report any allegations and investigate any allegations that may have been reported at Leavenworth Detention Center. The auditor reviewed documentation of when an inmate reported abuse to Leavenworth Detention Center staff while confined at another institution. The Warden contacted both the other

facility Warden and United States Marshal Service.

Standard 115.64 Staff first responder duties

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

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

CCA Policy 14-2 and 14-2C Sexual Abuse Incident Checksheet outlines procedures to respond to an allegation of sexual abuse for both security and non-security staff. Staff carry a PREA card which outlines first responder duties and steps. Prior to the audit Leavenworth Detention Center provided one incident report and first responder completed checklists for review. Random interviews with staff and one inmates who reported sexual abuse; and first responder checklists confirmed both security and non-security staff knew what to do upon learning an inmate was sexually abused to include separating the alleged victim and abuser; how to preserve the crime scene; and what actions inmates should not take in order not to destroy physical evidence. Good training has prepared the staff to properly respond. The staff interviewed was one of the more knowledgeable staff reference first responder duties and preserving evidence this auditor has audited. Review of investigations further demonstrated staff knew what to do as the first responders to allegations of sexual abuse.

Standard 115.65 Coordinated response

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

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

CCA Policy 14-2 for Leavenworth Detention Center and 14-2C Sexual Abuse Incident Checklists serves as Leavenworth Detention Center plan to coordinate actions taken in response to an incident of sexual abuse, amongst staff first responders, medical and mental health practitioners, investigators, and institution leadership. Interviews with staff (first responders, medical and mental health practitioners, investigators, and institution leadership), and review of the Sexual Abuse Incident Checklists, and investigative files confirmed staff were knowledgeable about the PREA plan and the coordinated duties and collaborative responsibilities.

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

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

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

Leavenworth Detention Center has no collective bargaining agreement. Nothing limit CoreCivic'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 up to and including termination. Based on investigative files and interviews, alleged abusers whether staff or inmates are separated from alleged victim during the investigation, and further if necessary.

Standard 115.67 Agency protection against retaliation

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

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

CCA Policy 14-2 outlines the policy and procedures for monitoring staff and inmates against retaliation. It includes designating a staff member to monitor for retaliation against staff or inmates who reported or had been sexually abused or harassed; provided multiple protection measures for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations; monitoring the conduct and treatment of inmates or staff who reported the sexual abuse and 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; and conducting periodic status checks through interviews at least every seven days; monitoring will occur for at least 90 days following the report of the allegation; and may go beyond the 90 days if the monitoring indicates a continuing need. By policy the monitoring begins after the conclusion of the investigation. Monitoring is conducted using CCA Form 14-2D PREA Retaliation Monitoring Report, which states monitoring should begin following the report of sexual abuse. The auditor reviewed all the monitoring conducted in the last 12 months. By policy and practice monitoring is not started till after investigation is completed and finding of substantiated and unsubstantiated; and not following the report of a sexual abuse allegation (115.67(c)). The agency normally does identify who will be responsible for monitoring within the first 72 hours, but if anything is done for monitoring it is not documented. Face to face documentation begins after investigation is completed and finding of substantiated and unsubstantiated for at least 90 days, more if required. One example was not within 30 days of investigation completed. Corrective Action Plan: Change policy and practice to begin monitoring and documentation of monitoring beginning when an allegation is submitted. Provide monitoring for any cases during the Corrective Action Period. The agency policy was changed and provided to the auditor on May 11, 2017. The auditor reviewed monitoring of the one case during the corrective action period. On August 12, 2017, the auditor found Leavenworth Detention Center in compliance with the standard.

Leavenworth Detention Center uses multiple protection measures, such as housing changes or transfers for inmate victims or abusers, and 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.

Leavenworth Detention Center reports zero retaliations have occurred.

Standard 115.68 Post-allegation protective custody

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

- ☐ Does Not Meet Standard (requires corrective action)

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

CCA Policy 14-2 states involuntary segregated housing for inmates who have alleged to have suffered sexual abuse may be used only after an assessment of all available housing alternatives has shown there are no other means of protecting the inmate; and use of protective custody to protect alleged victim is only used as a last resort for a very short time. If placed in segregated housing involuntarily they shall have access to programs, privileges, education, and work opportunities to the extent possible; and that the institution shall document any access to programs, privileges, education, or work opportunities that was restricted and that every 30 days, the institution shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. There were no inmates who have alleged to have suffered sexual abuse in protective custody during the audit. Per interviews of the Warden, and segregation staff, there were no instances of using segregation housing to protect inmates who had alleged to have been sexually abused in the last 12 months.

Standard 115.71 Criminal and administrative agency investigations

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

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

Based on review of CCA Policy 14-2; the 13 PREA investigations; interviews of Leavenworth Detention Center Warden, PREA Compliance Manager; and investigator it was determined investigations into allegations of sexual abuse and sexual harassment are done promptly, thoroughly, and objectively for all allegations. Investigation files were organized and properly documented. Administrative and criminal investigations are documented in written reports. Written reports are maintained as long as the alleged abuser is incarcerated or employed by the agency, plus ten years under CCA Policy 1-15B. Leavenworth Detention Center conducts administrative investigations and Leavenworth Police Department or United States Marshal Service conducts criminal investigations. Leavenworth Detention Center investigator have received special training in sexual abuse investigations. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as inmate or staff. CoreCivic does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Investigators interview victims and witnesses; review camera recordings, phone call monitoring, physical evidence, DNA evidence, and inmate records. The departure of the alleged abuser or victim from the employment or control of CoreCivic does not provide a basis for terminating an investigation.

There were 13 allegations of a sexual abuse and sexual harassment at Leavenworth Detention Center during the audit cycle. The auditor reviewed each investigation. There were five (5) inmate-inmate allegations: one (1) inmate-inmate sexual harassment substantiated; one (1) inmate-inmate sexual harassment unsubstantiated; two (2) inmate-inmate sexual harassment unfounded; and one (1) inmate-inmate sexual abuses unsubstantiated. There eight (8) staff-inmate allegations: one (1) staff-inmate sexual harassment unsubstantiated; one (1) staff-inmate sexual harassment unfounded; one (1) staff-inmate sexual abuses unsubstantiated; and five (5) staff-inmate sexual abuse unfounded.

Standard 115.72 Evidentiary standard for administrative investigations

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

relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

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

A review of CCA Policy 14-2 and investigations; and interviews with the investigator and administrative staff confirm the Leavenworth Detention Center has no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the investigator was asked what standard of evidence was used in determining if an allegation is substantiated, the agency's policy was recited confirming compliance with the standard. The 13 investigations reviewed confirmed no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73 Reporting to inmates

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

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

CCA Policy 14-2 requires facilities to inform the inmate as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if investigated by an outside agency, request the outside investigative agency inform the inmate as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if the allegation is against a staff member, the facility shall inform the inmate whenever the staff member is no longer posted within the inmate's unit, no longer employed at the institution, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; if the inmate allegation is against an inmate be whenever the alleged abuser has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; and that all notifications will be documented.

Prior to the audit, Leavenworth Detention Center provided one example of notification to the inmate. Leavenworth Detention Center uses CCA Form 5-1E Inmate Resident PREA Allegation Status Notification for notification to inmates whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if the allegation is against a staff member, the facility shall inform the inmate whenever the staff member is no longer posted within the inmate's unit, no longer employed at the institution, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; and if the inmate allegation is against an inmate be whenever the alleged abuser has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution. During the audit, the auditor reviewed all the investigations in the last year. Review of documentation and interview of inmates who alleged sexual abuse or sexual harassment, confirmed inmates were informed of results of the investigation and any applicable action taken.

Standard 115.76 Disciplinary sanctions for staff

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

- ☐ Does Not Meet Standard (requires corrective action)

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

Per CCA Policy 14-2 and CCA Code of Conduct Handbook; and interviews with Leavenworth Detention Center staff, staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies; termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months no staff member had a PREA investigation that resulted in a substantiated finding or disciplinary sanction.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Per CCA Policy 14-2; and interviews with Leavenworth Detention Center staff, contractors, and volunteers; contractors or volunteers are prohibited from engaging in sexual abuse, and those that do are prohibited to have contact with inmates and requires they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Warden reported there have been no allegations of sexual abuse by contractors or volunteers during the audit cycle. Interviews with contractors and volunteers confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of inmates or staff.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Per review CCA Policy 14-2, and interviews with Leavenworth Detention Center staff, inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse; sanctions are 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; and considers whether an

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inmate's mental disabilities or mental illness contributed to his or her behavior. In the past 12 months there have been no disciplinary sanctions pursuant to a formal disciplinary process 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. There were no inmate substantiated findings for sexual abuse.

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

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

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

CCA Policy 14-2 requires all new inmates receive a PREA screen upon arrival, along with a medical and mental health screen. If any of these identify someone as having experienced prior sexual victimization or previously perpetrated sexual abuse, whether in a prison/jail setting or in the community, they will be offered a medical and mental health follow-up meeting within 14 days. Prior to and during the audit, the auditor reviewed PREA screens and medical and mental health documents, and determined inmates who reported prior sexual victimization or previously perpetrated sexual abuse were offered consults with medical and mental health practitioners within 14 days of the screen. Interviews of medical and mental health staff confirmed follow-up meetings would be scheduled and conducted. Interviews of inmates confirmed follow-up meetings were scheduled and conducted. Interviews of medical and mental health staff confirmed any information related to sexual victimization or abusiveness that occurred in the institution is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.

Standard 115.82 Access to emergency medical and mental health services

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

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

Per CCA policies 14-2 and 13-79, inmate victims of sexual abuse shall 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; inmate victims of sexual abuse while incarcerated shall be 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; and qualified medical practitioners are on duty 24 hours. Upon returning from the hospital a registered nurse evaluates and documents the inmate's health status, and refers mental health services. The inmate is prioritized for sick call and if the emergency room complete testing sexually transmitted diseases, testing is done at the facility. Per CCA policies 14-2, 13-79, and 13-80 inmate victims of sexual abuse shall receive timely, unimpeded access to outside emergency medical exams without financial costs. The services at no costs are provided regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interview with the medical staff and inmates confirmed this practice and that the requirements of this standard are adhered to. Treatment is provided to the victim without financial costs and regardless of whether the victim names the abuser or cooperates with any

investigation arising out of the incident.

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

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

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

Based on review of CCA Policies 14-2 and 13-79; and interviews with staff and inmates; and medical and mental health documentation demonstrate Leavenworth Detention Center offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Leavenworth Detention Center provides victims with medical and mental health services consistent with the community level of care. Mental health evaluations are conducted on all known inmate on inmate abusers within 60 days of learning such abuse.

Interviews with staff and inmates; and medical and mental health documentation demonstrate there is on-going medical and mental health care for sexual abuse victims and abusers. Medical and mental health conducts follow-up care for sexual abuse incidents. Leavenworth Detention Center provides victims with medical and mental health services consistent with the community level of care. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. If the tests are not done at the hospital it is done at the institution. Follow-up from the tests are normally done at the institution mental health evaluations are conducted on all known inmate on inmate abusers within 60 days of learning such abuse, and treatment is offered. Treatment is at no costs to the inmates and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Standard 115.86 Sexual abuse incident reviews

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

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

CCA policies 14-2 and 5-1 identifies the minimum members of the review team, and covers the process for sexual abuse incident reviews to include a form the review team uses that addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the institution; whether physical barriers in the area may enable abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. Only one sexual abuse incident review was conducted for the two sexual abuse allegations that was not determined to be unfounded. No other incident reviews were conducted in the past 12 months per the PREA Compliance Manager. Corrective Action Plan: Conduct the sexual abuse incident review for the case that was not conducted and conduct a sexual abuse incident review for any sexual abuse allegation that was not determined to be unfounded during the corrective action period. The auditor was provided a copy of the incident review that

was not conducted. Leavenworth Detention Center reported no other sexual abuse allegations between the on-site audit and July 30. On August 1, 2017 the auditor found Leavenworth Detention Center in compliance with the standard.

Standard 115.87 Data collection

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

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

CCA Policy 14-2 requires the collection of uniform data that provides the minimum data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

CoreCivic collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument (Incident Reporting Tracking System). The policy requires information is entered in the Incident Reporting Tracking System on all allegations. The system allows the agency to prepare an annual PREA report, monitor trends, and take corrective action, and the institution submit the annual DOJ Survey of Sexual Violence (if requested). Review of previous DoJ Survey of Sexual Violence reports, annual agency PREA reports, and data submitted by the institution demonstrated the agency collects uniform data to be used by CoreCivic. CoreCivic does not contract its inmates to other facilities (115.87 (e)).

Standard 115.88 Data review for corrective action

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

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

CCA Policy 14-2 requires the agency to review all of the data collected from all its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse program and practices. Leavenworth Detention Center provided CCA 2015 annual report. Based on interviews with the PREA Compliance Manager, PREA Coordinator and review of the CoreCivic website, CoreCivic reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. An annual report is published and posted on the CoreCivic website. The CoreCivic annual report was thorough, provided corrective measures taken and addressed the agency progress in addressing sexual abuse.

The website is very informative and one of the easiest to find PREA information of all agencies this auditor has audited. CoreCivic PREA page lists: general information on PREA; agency zero tolerance policy; how to report; information on investigations; and where questions and inquiries can be forwarded to (PREA Coordinator phone and mailing address). It also has a number of links to include: PREA standards; CoreCivic PREA policies; CoreCivic 2013, 2014, 2015 PREA Report; and CoreCivic Institution PREA information. The CoreCivic Institution PREA information link lists each CoreCivic institution with information on that institution's PREA Compliance Manager; third party reporting methods; PREA policy; PREA audit dates; and the last PREA audit report.

Standard 115.89 Data storage, publication, and destruction

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

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

CCA Policy 14-2, review of the CoreCivic website, and interviews of staff it is determined data is properly stored, maintained and secured. Access to data is controlled. Aggregate data on all its facilities is available to the public through its website. All CoreCivic institution 2013, 2014, and 2015 data is in the annual report and posted on the website. CoreCivic maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection in accordance with the CoreCivic Retention Records Schedule. Before making aggregated sexual abuse data publicly available, CoreCivic removes all personal identifiers.

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.


David Haasenritter

Auditor Signature

December 3, 2017

Date