

## Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim       Final

Date of Report    3/27/2020

### Auditor Information

Name: Noelda Martinez	Email: martinezauditingervices@yahoo.com
Company Name: Martinez Auditing Services, LLC	
Mailing Address: P.O. Box 372	City, State, Zip: Beeville, Texas 78102
Telephone: (210) 790-7402	Date of Facility Visit: January 28-29, 2020

### Agency Information

Name of Agency: CoreCivic		Governing Authority or Parent Agency (If Applicable): <small>Click or tap here to enter text.</small>	
Physical Address: 5501 Virginia Way Suite 110		City, State, Zip: Brentwood, Tennessee 37027	
Mailing Address: -		City, State, Zip: <small>Click or tap here to enter text.</small>	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: <a href="https://www.corecivic.com/the-prison-rape-elimination">https://www.corecivic.com/the-prison-rape-elimination</a>			

### Agency Chief Executive Officer

Name: Damon Hininger, President and Chief Executive Officer	
Email: Damon.Hininger@corecivic.com	Telephone: (615) 263-3000

### Agency-Wide PREA Coordinator

Name: Eric S. Pierson, Senior Director, PREA Compliance and Programs	
Email: eric.pierson@corecivic.com	Telephone: (615) 263-3000
PREA Coordinator Reports to: Steven Conry, Vice President, Operations Administration	Number of Compliance Managers who report to the PREA Coordinator: 65 (indirect)

## Facility Information

**Name of Facility:** Ocean View

**Physical Address:** 551 S. 35th St

**City, State, Zip:** San Diego, CA 92113

**Mailing Address (if different from above):**

-

**City, State, Zip:** -

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Website with PREA Information:** 5/22/2017

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
2017 PREA Audit, August 2019 BOP Audit, December 2019 BOP Audit.

### Facility Director

**Name:** Melissa Torres

**Email:** Melissa.torres@corecivic.com

**Telephone:** (619) 232-8600

### Facility PREA Compliance Manager

**Name:** Melissa Torres

**Email:** Melissa.torres@corecivic.com

**Telephone:** (619) 232-8600

### Facility Health Service Administrator N/A

**Name:** -

**Email:** -

**Telephone:** -

Facility Characteristics	
Designated Facility Capacity:	345
Current Population of Facility:	308
Average daily population for the past 12 months:	347
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	18-80
Average length of stay or time under supervision	180 days
Facility security levels/resident custody levels	minimum
Number of residents admitted to facility during the past 12 months	1574
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	1475
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1407
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	108
Number of staff hired by the facility during the past 12 months who may have contact with residents:	71

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	20
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	7
<p><b>Number of resident housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	6
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	40
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

<b>Are medical services provided on-site?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Where are sexual assault forensic medical exams provided? Select all that apply.</b>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

### Investigations

#### Criminal Investigations

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	0
<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

#### Administrative Investigations

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	1
<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative

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

The Prison Rape Elimination Act (PREA) re-certification audit for the Ocean View in San Diego, California was conducted on January 28-29, 2020, to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Noelda Martinez, United States Department of Justice Prison Rape Elimination Act Certified Auditor. The previous PREA Audit was conducted by Barbara Jo Denison on February 23-24, 2017. The previous auditor conducted the audit with six exceed standards, 30 met standards and 3 not applicable. The agency contract was secured through Martinez Auditing Services, LLC. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-audit, onsite audit and post-audit. The contract was signed by the auditor in 2019 and the assigned auditor[s] will execute all duties and responsibilities. The resident population was 308 on the first day of the audit.

The facility was provided with the pre-audit questionnaire and process map six to eight weeks prior to the audit. The agency was prepared prior to receiving the audit information and forwarded the information through a secure website to the auditor on 12/3/19. The agency included an email with instructions on retrieving the confidential information. The information received included the pre-audit questionnaire, supporting documentation and master folder. The PAQ and additional audit information was expedited in a timely manner allowing follow-up questions & additional documentation as needed.

### Notice of Audit

The facility posted the notice of audit with the auditor information weeks prior to the audit in both English and Spanish for offenders to send confidential information or correspondence to the auditor. Inmates were provided with the opportunity to write the auditor in a confidential manner. The notices were posted throughout the facility to include visitation, housing areas, resident work areas, and offices. The auditor observed the notice of audit posted on 11/25/19 during the site review and through random resident interviews identifying the notice in both English and Spanish.

### Correspondence

The residents at the facility were given the opportunity to write the auditor in a confidential manner marked as legal mail, if needed. The auditor did not receive resident correspondence from the facility. During the random resident interviews, the auditor asked the inmates if they were aware of the Audit Notice with the auditor's information, and the random responses were "yes". During the site review, the auditor randomly asked residents if they could point out the auditors posted information to ensure it was made available. The information was posted for the resident population in the housing areas. The auditor did not encounter any difficulties while completing any portion of the audit. The facility provided the auditor with unfettered access to areas requested by the auditor to include chemical, electrical and janitor closets. There was no pressure during the audit or prohibited access by the facility administrator during the site review. The facility administration was transparent with policies, procedures, resident and staff interviews. Good communication was established and maintained throughout the duration of the audit.

**Audit Methodology (Pre-Onsite Audit Phase):**

The auditor utilized the U.S Department of Justice's PREA Standards for Community Confinement facilities which included the following instruments. The pre-audit questionnaire, auditor compliance tool, instructions for PREA audit tour, interview protocols: Agency head or designee, Facility director or designee, PREA coordinator, specialized staff, random staff and residents; the auditor report template, process map and checklist of documentation. The facility provided the following documentation to the auditor: resident roster (youthful is any), residents with disabilities, LEP residents, LGBTI residents, residents who reported sexual abuse, residents who reported sexual victimization during risk screening, staff roster, specialized staff, all contractors/volunteers who may have contact with residents, grievances made in the past 12 months, all allegations of sexual abuse/sexual harassment 12 months preceding the audit, all hotline calls made during the 12 months preceding the audit, and community-based or victim advocacy information. The auditor also used the PREA auditor handbook for continued guidance and reference throughout the audit. The auditor and facility director maintained constant communication throughout the duration of the audit. The auditor established a positive working relationship with the facility director and key facility staff engaging in a productive working atmosphere. The facility director was receptive and eager to engage in dialogue and discussions regarding the standards. It was explained to the Director and staff about the importance to have unfettered access to all areas of the facility, file review of staff, contractors, volunteers, and residents to include a variety of sensitive and confidential documentation and information referencing standard 115.401 (PREA Auditor Handbook pg. 32 & 37). The auditor explained the 30-day interim report if corrective action was required and the 180-day corrective action timeframe, if needed. The auditor explained to the director the time frame for the submission of the final PREA report. The auditor also notified the Director and staff of her responsibilities and expectations as an auditor and the agencies right to report any violation of the auditor's code of conduct to the PREA Resource Center. The Director and auditor discussed information regarding the 90-day appeal process.

**Litigation/Internet Search:**

The Facility Director was interviewed and stated that the facility was not under any litigation, DOJ involvement, and or federal consent decree. The auditor conducted an internet search regarding the Ocean View with the following website links and information. <https://www.youtube.com/watch?v=2tE6psDnBBo>, <https://www.corecivic.com/facilities/ocean-view>.

**Point of Contact:**

A point of contact (POC) was established with the facility prior to the audit and constant communication was maintained. Staff and resident interviews were conducted in an office setting with plenty of room and privacy for one on one interviews. During the audit planning and logistics phase, the auditor remained engaged with the Facility Director/PREA manager regarding the audit process, expectations, and coordinated the logistics of the onsite portion of the audit. The auditor focused on multiple sources of information during the audit process applying audit planning & logistics, posting notice of the audit, reviewing facility policies, procedures, and supporting documentation.

**Community Based Victim Services:**

The facility had a Memorandum of Understanding between Center for Community Solution and CoreCivic of Tennessee, LLC. The Center of Community Solutions (CCS) is located at 4508 Mission Bay Drive, San Diego California 92109 for the provision of services for the facilities listed. The facility agrees to offer all victims of sexual abuse access to forensic medical exams and shall be performed by Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) free of charge. Post CCS's 24-hour sexual abuse/assault crisis line number and mailing address throughout the facility and in written resources given to residents (e.g. brochures, posters, handbooks etc.). Provide residents of facility with confidential emotional support services related to sexual abuse. Provide residents calling the hotline with information on the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws to include all provisions of the standard.



The auditor observed the information displayed throughout the facility made available to the resident population if needed. Random informal resident interviews determined their knowledge of the contact information made available to the population through multiple forms. The pre-onsite audit preparation included a review of the CoreCivic PREA policies, procedures, training curriculums, pre-audit questionnaire and support PREA-related documentation.

#### **Video Surveillance/Security Mirrors:**

The Ocean View facility had 143 surveillance cameras in the following locations: Annex Building: 2x hallway, 19x dorms, 2x for the corridor between annex and south which is off limits to residents; Common Areas: 2x computer labs, 2x county case managers office/dining entrance, 2x dining hall, 2x kitchen, laundry room, exit hall for residents, 2x monitor station, entrance/pat-search lobby, 2x main hall, door leading to courtyard from hallway, dry storage for kitchen, maintenance shop, and IT room. E building Top Floor: 9x dorms, 2x hallways, and case managers office. E building Lower floor: 3x hallways, 2x dorms, office and 2x meeting/TV rooms. East Wing: 8x dorms, 2x hallway, and corridor between male/female dorms which is off limits to residents. Exterior: 3x annex corner (side-walk between annex and East building), gym area, annex walkway (out front of the annex), admin. Building entrance, progress visitation area, 2x walkway west of administration building, dumpster area, 5x courtyard, walkway between annex and east wing, east view behind south building, west view behind south building, front entrance, outside the laundry room/picnic tables, 2x lower parking lot, maintenance/pantry area, north view-west side of building, 2x ramp, rear view of the south building, rear view of the west wing, E-lower entrance, E-lower recreation area, 2x smoking area, south view on west side of building, tower stairs, west view on west side of building, parking lot entrance, basketball court, walk way outside of dining and walk way in front of south building. Office: medication room, federal CM office, BCS office, Operations Supervisors office, case managers office and UA waiting room. South wing- 10x dorms, 2x hallways, classroom and 3x SSC office. West wing- 6x dorms, and 3x hallways. Security mirrors are located in the laundry room, county female dorm, exit way security office and main hallway. The camera footage can be saved and reviewed for a duration of 90 days and is serviced by CoreCivic Tech Support Help desk and the maintenance department will troubleshoot the cameras.

#### **On-Site Audit Phase:**

The site review was conducted on 1/28/2020 and the introductory meeting was held with Facility Director and additional staff. The auditor and director discussed the logistics of a workspace to conduct staff and resident interviews and file reviews. The requested files for staff and inmates were made available to the auditor upon request with no hesitation or delay. Following the introductory meeting, the auditor was escorted by the Director and additional staff for the site review.

The auditor observed the operations at the facility and was unimpeded access to areas requested by the auditor. The auditor spent two days on the unit to observe and assess the day-to-day practice of the staff's interaction and promotion of the overall sexual safety. During the site review, the auditor conducted informal interviews in the following departs: main control, Facility Administrators office, Operations managers office, monitor station, metal detector, surveillance monitoring area, UA restroom, medication room, isolation room, computer lab room, IT room, case management area, housing areas, showers and restrooms, mop closets, court yard, social services office, dorms, annex, laundry area, storage area, staff break area, dining hall, maintenance area, dry storage, recreation area, administration offices, picnic/visitation area, maintenance storage, boiler room, and informal random monitor interviews regarding the reporting and notification process for sexual abuse and sexual harassment. Employees interviewed during the site review were able to describe the process in a consistent manner and received training as first responders. The residential staff carry a first responder card with their duties and responsibilities. The auditor observed the areas for cross-gender announcements in housing units, cross-gender viewing in housing areas, grievance boxes, PREA zero-tolerance posters/third party reporting, auditor notice of onsite visit, access to reporting entities, housing activity, resident activity, search areas, restroom and shower procedures, privacy screens, staffing ratios, security mirrors, surveillance cameras, working telephones, and supervision practices.



**Site Review/Locations:**

The following information describes the areas observed by the auditor during the site review which included: main control, facility administrators office, operations managers office, monitor station, metal detector, surveillance monitoring area, UA restroom, medication room, isolation room, computer lab room, IT room, case management area, resident housing areas, showers and restrooms, mop closets, court yard, social services office, dorms, annex, laundry area, storage area, staff break area, dining hall, maintenance area, dry storage, recreation area, administration offices, picnic/visitation area, maintenance storage, boiler room, upper parking lot, ramp to lower parking lot, lower parking lot, and informal random monitor interviews regarding the reporting and notification process for sexual abuse and sexual harassment. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the resident population throughout the entire facility. The facility had large signs displayed for all residents see clearly with the following information: the rights to be free from sexual abuse (both English/Spanish) with the PREA Compliance Managers name and contact information, and the National Sexual Assault Hotline number.

The Ocean View facility had surveillance cameras positioned in areas for the overall coverage of blind spots in the following locations: Annex Building: 2x hallway, 19x dorms, 2x for the corridor between annex and south which is off limits to residents; Common Areas: 2x computer labs, 2x county case managers office/dining entrance, 2x dining hall, 2x kitchen, laundry room, exit hall for residents, 2x monitor station, entrance/pat-search lobby, 2x main hall, door leading to courtyard from hallway, dry storage for kitchen, maintenance shop, and IT room. E building Top Floor: 9x dorms, 2x hallways, and case managers office. E building Lower floor: 3x hallways, 2x dorms, office and 2x meeting/TV rooms. East Wing: 8x dorms, 2x hallway, and corridor between male/female dorms which is off limits to residents. Exterior: 3x annex corner (side-walk between annex and East building), gym area, annex walkway (out front of the annex), admin. Building entrance, progress visitation area, 2x walkway west of administration building, dumpster area, 5x courtyard, walkway between annex and east wing, east view behind south building, west view behind south building, front entrance, outside the laundry room/picnic tables, 2x lower parking lot, maintenance/pantry area, north view-west side of building, 2x ramp, rear view of the south building, rear view of the west wing, E-lower entrance, E-lower recreation area, 2x smoking area, south view on west side of building, tower stairs, west view on west side of building, parking lot entrance, basketball court, walk way outside of dining and walk way in front of south building. Office: medication room, federal CM office, BCS office, Operations Supervisors office, case managers office and UA waiting room. South wing- 10x dorms, 2x hallways, classroom and 3x SSC office. West wing- 6x dorms, and 3x hallways. Security mirrors are located in the laundry room, county female dorm, exit way security office and main hallway. The camera footage can be saved and reviewed for a duration of 90 days and is serviced by CoreCivic Tech Support Help desk and the maintenance department will troubleshoot the cameras.

The Facility Administrator and the Operations Supervisor conducted the site review with the auditor on 1/28/2020. The auditor observed grievance and mailbox drop offs for the resident population. The auditor observed the notice of audit in both English and Spanish dated 11/25/2019 at the entrance of the facility in the front administration area and throughout the facility to include resident housing areas. The auditor requested staff to open random closets for limited restricted access and good lighting. The monitor station was observed at the entrance of the building to have resident staff assigned to the area and surveillance monitors. The male population was 266 and the female population was 42 for the overall total of 308. The residents must check in and walk through the metal detector upon entering the facility. Pat-searches are conducted by same gender staff and the facility had three different shifts. The auditor observed the Urine Analysis restroom at the entrance of the facility. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the resident population throughout the entire facility. The facility had large signs displayed for all residents see clearly with the following information: the rights to be free from sexual abuse (both English/Spanish) with the PREA Compliance Managers name and contact information, and the National Sexual Assault Hotline number. The medication room hours were from 5:30 am to 6:00 am, 11:30 am to 12:00 pm, 1730 to 1800 hours, 2130 to 2200 hours. The facility allows residents to self-administer the medications and staff monitors are present in the room.

There was one surveillance camera located in the medication room for continuous visibility. The isolation room was utilized on an individual basis for the resident population as needed for a sickness requiring individual isolation. The computer lab had a capacity of six residents and one staff member with one surveillance camera for continuous visibility. The IT room was observed to have limited staff access with surveillance equipment located in the area. The PREA orientation classroom was observed with space and clear visibility. The case manager (federal residents) conduct the 30-reassessments with one camera observed in the area. The opposite announcement signs were displayed at the entrance of each female and male housing unit. The male and female monitor staff verbally made the opposite gender announcement prior to entering the resident housing areas. The Bureau of Prisons (BOP) female unit had cameras in the areas none in direct view of the restroom or shower area. The PREA signs were displayed in the hallway to include a PREA board with several different forms of PREA information in both English and Spanish for the resident population. The resident living areas A, B, C, D had full doors for privacy and a total of 9 bunks with two phones (free calls were accessible) to include surveillance cameras in the hallways. The auditor observed mop closets and random closets to ensure good lighting and limited monitored access. The housing units had full showers with privacy curtains and restroom stalls with full doors and locks.

The restroom and shower areas had a full door prior to entering the shower area. There were no surveillance cameras in the shower or restroom areas with no cross-gender viewing. Female monitor staff were observed making the cross-gender verbal announcements prior to entering the male resident housing area. The notice was displayed and dated 11/25/2019. The courtyard area is covered and is utilized for visitation and had three phones, PREA signs (English/Spanish), and snack machine. The visitation occurs in the courtyard area with gender separation (male and female on each side) scheduled on Saturday and Sunday and moved to the cafeteria during inclement weather. The auditor observed the social services office with a camera in the area for continuous visibility. The facility had large signs displayed for all residents see clearly with the following information: the rights to be free from sexual abuse (both English/Spanish) with the PREA Compliance Managers name and contact information, and the National Sexual Assault Hotline number. The multipurpose room 4 was observed to have two teachers with one surveillance camera with a capacity of no more than 30 residents. The south bay (BOP) males was observed to have the opposite gender announcement sign displayed prior to entering the housing area. Staff of the opposite gender verbally announced their presence prior to entering the resident area. The housing areas had full doors for privacy in their rooms and cameras was observed in the area with a capacity of 92 residents. There were two resident working phones, PREA board with multiple sources of information and the PREA signs in both English and Spanish in the hallways. The notice of audit was displayed and dated 11/25/2019. Random closets were opened by the auditor for good lighting, visibility and access. All the resident restrooms and showers had a full door prior to entering and individual shower curtains and individual stalls with doors for privacy. The staff verbally announced the opposite gender prior to entering the resident housing and random closets were opened and viewed by the auditor. The living areas had the large PREA signs displayed in both English and Spanish with the notice of audit dated 11/25/2019. The housing area had surveillance cameras and none of them were in any view of the restroom or shower area and there was no cross-gender viewing detected by the auditor.

Dorm D and E were observed by the auditor with surveillance cameras located in the area with no cameras in direct view of restrooms or showers. The male county resident housing area had a capacity of 28 with all doors and closets labeled for the resident population. The male restroom and shower areas had a full door prior to entering and the showers had full shower curtains and the individual restroom stalls had full doors for privacy. Handicap showers were available as needed and observed by the auditor in both male and female housing areas. The female monitor staff verbally announced their presence prior to entering the male resident housing. Surveillance cameras were located throughout the area in hallways and classrooms with no visibility into the shower area or restroom area.

The annex houses male county residents with a capacity of 98. The auditor observed the large PREA signs displayed for all residents see clearly with the following information: the rights to be free from sexual abuse (both English/Spanish) with the PREA Compliance Managers name and contact information, and the National Sexual Assault Hotline number. The opposite gender signs were displayed at the entrance of every housing area. Staff of the opposite gender were observed making the opposite gender announcement prior to entering the resident housing. The auditor observed single dorms of six bunk beds and full doors to the housing area. The mop closet was observed to have good lighting and monitored access. The cameras were positioned in the hallway with no direct view into the shower area or restroom area. 11 dorm was observed to have the opposite gender signs displayed prior to entering the housing area. The windows in the annex male building were painted to provide privacy from outside view. There was no cross-gender viewing from the outside or inside of the rooms. The restroom and shower area had a full door prior to entering the restroom area and the showers had full curtains for privacy and individual stalls with full doors. The male and female inmates can interact on the basketball court and smoke pit where monitored staff is assigned at all times. The population can congregate in the open and visible are with continuous supervision. The smoke pit has a privacy screen all around the fence to prohibit outside view from the surrounding houses nearby.

E-building houses BOP male residents with a capacity of 86. There was a case managers office and a staff member available for the residents. There were surveillance cameras in the hallways and the PREA signs were displayed in both English and Spanish. The notice of audit was displayed and dated 11/25/2019. The closet was opened by the auditor and observed with good lighting. There were 12 beds in each dorm and the windows were frosted for privacy. Every dorm entrance had a full door and the resident restroom and shower area had a full door prior to entering the restroom. The showers had full shower curtains and the individual stalls had full doors for privacy. Resident phones were made available to include the PREA signs. The progress population/Sheriffs had two security mirrors and one surveillance cameras with a recreation area and picnic table. The auditor observed the large PREA signs displayed for all residents see clearly with the following information: the rights to be free from sexual abuse (both English/Spanish) with the PREA Compliance Managers name and contact information, and the National Sexual Assault Hotline number. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech 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.

The laundry was observed to have the PREA signs in both English and Spanish, and PREA managers contact information. There was one surveillance camera and one security positioned to monitor any previous identified blind spots. The laundry room had a total of 8 dryers and 6 washers available for the resident population. The notice of audit was displayed and dated 11/25/2019. The auditor observed the storage area and cameras in the area for continuous visibility. The work out area had two surveillance cameras for continuous visibility.

The staff break area had one surveillance camera and an additional on order with a TV and staff restrooms. The PREA signs were displayed in both English and Spanish with additional PREA information. There was a secured gate which was opened, and the auditor observed the maintenance area with one staff member and one surveillance camera in the area. The dry storage area is restricted to kitchen staff only with one surveillance camera in the area. The progressive population had two security mirrors and one surveillance camera. The PREA signs were displayed in both English and Spanish for the resident population. The recreation area had a picnic table for the residents. The notice of audit was displayed and dated 11/25/2019. The female announcement was made prior to entering the area and there was a capacity of 24 residents. The TV room was observed to have the notice of audit dated 11/25/2019 with a full door. The residents are feed in their housing areas and medications are brought to the unit.

The staff assigned are sheriff's and counselors are made available onsite. The residents have a full door for privacy and the restroom and showers have a full door prior to entering the area. The showers have full privacy curtains and the stalls have individual doors. The PREA board was displayed with PREA information and notice of audit dated 11/25/2019. There was a washer and dryer available for the resident use.

The maintenance storage area had limited access and no cameras in the area. There was one Conex storage used to store Human Resources documentation. The administrative building had the following offices located in the area: Human Resources, Accounting, Quality Assurance, Training, two conference rooms, and the clerk's office. The progress basketball, picnic area and visitation were observed to have one surveillance camera for continuous visibility. The auditor observed one basement area that was not used and sealed off from the other buildings. The boiler room was observed by the auditor.

The dining hall had a capacity of 74 and the auditor observed the large PREA signs displayed for all residents see clearly with the following information: the rights to be free from sexual abuse (both English/Spanish) with the PREA Compliance Managers name and contact information, and the National Sexual Assault Hotline number. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech 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. Meals are served as staff prepare, cook and serve the food. The kitchen had surveillance cameras throughout the area. The auditor opened up a walk-in cooler and a paper supply room. The dining area had a large TV in the area for inmate use.

The resident population was comprised of male and female with a total of 308 on 1/28/2020. The auditor walked through the main center control entrance where all staff were required to sign in and present identification. A workspace was provided for the auditor to conduct staff and resident interviews to include the file reviews. The requested files for staff and residents were made available to the auditor upon request with no hesitation or delay.

**Employee Files:** The auditor reviewed a total of 10 employee files for their background checks, required PREA training for the onsite portion of the audit.

**Resident Files:** The auditor reviewed a total of 15 files for PREA information and training, PREA assessment and re-assessment for the onsite portion of the audit with a population of 308 on 1/28/2020.

**Investigation Review:** The facility had a total of 7 criminal and or administrative investigations of alleged resident sexual abuse that were completed by the facility in the past 12 months. The auditor reviewed the investigations for the following standards 115.271, 115.272, 115.273, and 115.286.

<b>Description</b>	<b>Status</b>	<b>Type</b>
1. Voyeurism	Unfounded	Administrative
2. Staff on Resident	Unsubstantiated	Administrative
3. Staff on Resident	Substantiated	Administrative/Referred to Law Enforcement
4. Resident on Resident	Unsubstantiated	Administrative
5. Employee on Resident SH	Unsubstantiated	Administrative/Referred to Law Enforcement
6. Employee on Resident	Unsubstantiated	Administrative/Referred to Law Enforcement
7. Employee on Resident SA	Unfounded	Administrative

The information provided to the auditor included the PREA questionnaire, sexual abuse screening tool, sexual abuse allegation notification, Ocean View PREA policy, educational materials, training curriculums, organizational charts, posters, brochures, reports, resident population, memorandums of agreement, community based contact information, facility layout, and PREA files to demonstrate compliance with the Prison Rape Elimination Act standards.

Staff/Resident Interviews: The auditor conducted the staff and resident interviews on January 28-29, 2020, in a private setting on an individual basis with no distractions or delays.

Category of Staff	Interviews Conducted
Specialized Staff	13
Random Staff	13
Total Staff Interviews	26
Facility Administrator PREA Compliance Manager	1
Medical/Mental Health	0 (no employees onsite)
Administrative HR staff	1
Volunteers who may have contact with inmates	0
Contractors who may have contact with inmates	2
Investigative staff	1
Staff who perform screening for risk of victimization & abusiveness	1
Incident Review Team	1
Designated staff member charged with monitor for retaliation	1
Security staff and non-security who have acted as first responders	4
Intake Staff	1
<b>Random Staff Interviews</b>	<b>13</b>
Monitor Staff	13

Resident Interviews: The auditor conducted the resident interviews on January 28 & 29, 2020 with no refusals. The auditor selected a geographically diverse sample of male and female residents for the audit process to ensure a fair overall selection. The facility population was 308 on the first day of the onsite audit.

Category of Residents	Interviews
Target Resident Interviews	16
<b>Random Resident Interviews</b>	<b>15</b>
Total Resident Interviews	31
Residents with physical disabilities	2
Residents who are blind, deaf, hard of hearing	0
Residents who are LEP	5
Residents with a cognitive disability	0
Residents who identify as LGB	0
Residents who identify as Transgender/Intersex	2T
Residents who reported sexual abuse	0
Residents who reported sexual victimization during risk screening	7



Resident interviews were conducted in an office setting on an individual basis with privacy and enough time. The residents were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for residents to report sexual abuse and sexual harassment. The residents interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment. There were no resident refusals during the interview process. An exit meeting was held on 1/29/2020 with the Facility Director to discuss the overall audit process. The auditor discussed the review of the pre-audit process to include the post notice of upcoming audit, communication with the community-based victim advocates, and auditor review of submitted agency facility questionnaire, policies and procedures. The facility was prepared with primary and secondary documentation with resources supporting each PREA standard. The on-site audit consisted of the site review, additional document review, to include staff and offender interviews. The post audit included the auditor compliance tool, review of policies/procedures, review of documentation and data. The auditor noted that this audit was the recertification for the facility, staff, and residents.

The previous PREA Audit was conducted by Barbara Jo Denison on February 23-24, 2017. The previous auditor conducted the audit with six exceed standards, 30 met standards and 3 not applicable. During the recertification audit conducted on January 28-29, 2020 by Noelda Martinez, and the auditor determined the facility was 100% compliant with the Prison Rape Elimination Act standards for this relevant review period after the required corrective action for standard 115.217. The auditor noted observations for standards 115.233, 115.267, & 115.273. 115.405 Audit appeals. (a) An agency may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination. The Agency's Right to Appeal Standard 115.405 provides agencies with the option to appeal any findings of an audit that they believe are incorrect. The auditor who issued the findings under appeal has no role in the appeal process other than to provide documentation of his or her work or answer questions upon request by DOJ.

## Facility Characteristics

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

The Ocean view facility is located on 551 S. 35<sup>th</sup> St. in San Diego, California 92113. The customer base is Federal Bureau, U.S. Boarder Control, U.S. Pretrial and San Diego County and the facility type is minimum-security. The facility has been owned by CoreCivic since 2013. The facility director was assigned to the Ocean View facility since November 2019. The facility website is <https://www.corecivic.com/facilities/ocean-view>. The last PREA audit was conducted on February 23-24, 2017. There are no employed facility health service administrators on the facility. The designated facility capacity is 490 residents. The facilities current population on the first day of the audit was 308. The average daily population was 347 housing both male and females at the facility. The average length of stay was 180 days with the age range from 18-80. The number of residents admitted to the facility during the past 12 months was 1574. There were 108 employees assigned to the facility who may have contact with residents and 71 hired employees during the past 12 months.

The facility had a total of seven buildings and six were resident housing units with 40 open bay/dorm housing units. The facility had a total of 143 surveillance cameras throughout the facility. The facility did not install or update any video monitoring systems, electronic surveillance systems, or other monitoring technology in the past 12 months.

The residents share programming, outside supervised recreation and the food service area. Residents are allowed to leave the facility as part of the programming to perform job searches and obtain employment. The facility provides onsite programs and services that include substance abuse education, life skills, parenting and job readiness training. Residents are offered the opportunity to attend religious services in the community.

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

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

The previous PREA Audit was conducted by Barbara Jo Denison on February 23-24, 2017. The previous auditor conducted the audit with six exceed standards, 30 met standards and 3 not applicable. During the re-certification audit conducted on January 28-29, 2020 by Noelda Martinez, and the auditor determined the facility was 100% compliant with the Prison Rape Elimination Act standards for this relevant review period after the required corrective action for standard 115.217. The auditor noted observations for standards 115.233, 115.267, & 115.273. The facility exceeded the following standards: 115.211, 115.215, & 115.231.



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

### Standards Exceeded

**Number of Standards Exceeded:** 3

**List of Standards Exceeded:** 115.211, 115.215, 115.231

### Standards Met

**Number of Standards Met:** 36

- 115.212 Contracting with other entities for the confinement of residents.
- 115.213 Supervision and monitoring.
- 115.216 Residents with disabilities and residents who are limited English proficient.
- 115.217 Hiring and promotion decisions.
- 115.218 Upgrades to facilities and technologies.
- 115.221 Evidence protocol and forensic medical examinations.
- 115.222 Policies to ensure referrals of allegations for investigations.
- 115.232 Volunteer and contractor training.
- 115.233 Resident Education
- 115.234 Specialized training: Investigations.
- 115.235 Specialized training: Medical and mental health care.
- 115.241 Screening for risk of victimization and abusiveness.
- 115.242 Use of screening information.
- 115.251 Resident reporting.
- 115.252 Exhaustion of administrative remedies.
- 115.253 Resident access to outside confidential support services.
- 115.254 Third-party reporting.
- 115.261 Staff and agency reporting duties.
- 115.262 Agency protection duties.
- 115.263 Reporting to other confinement facilities.
- 115.264 Staff first responder duties.
- 115.265 Coordinated response.
- 115.266 Preservation of ability to protect residents from contact with abusers.
- 115.267 Agency protection against retaliation.
- 115.271 Criminal and administrative agency investigations.
- 115.272 Evidentiary standard for administrative investigations.
- 115.273 Reporting to residents.
- 115.276 Disciplinary sanctions for staff.
- 115.277 Corrective action for contractors and volunteers.
- 115.278 Disciplinary sanctions for residents.
- 115.282 Access to emergency medical and mental health services.
- 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.
- 115.286 Sexual abuse incident reviews.
- 115.287 Data collection.
- 115.288 Data review for corrective action.
- 115.289 Data storage, publication, and destruction

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** 0

## PREVENTION PLANNING

### Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.211 (a)

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

#### 115.211 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Policy 14-02-CC Sexual Abuse Prevention and Response  
CoreCivic PREA Senior Director appointment letter  
PREA Senior Director Job Description  
Community Organizational Chart

**Interviews:**

PREA Coordinator/Facility Director

**Site Observations:**

PREA signs displayed throughout the facility  
Opposite Gender signs displayed at entrance of housing areas  
Opposite Gender Announcements  
PREA boards with PREA information

**Findings: Zero tolerance of sexual abuse and sexual harassment: PREA coordinator.**

**115.211 (a).** The Ocean View facility has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. CoreCivic has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. Such conduct is prohibited by this policy and will not be tolerated; to include resident-on-resident sexual abuse or harassment and employee-on-resident sexual abuse or harassment. When it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident.

**115.211 (b).** The Ocean View upper level management FSC employee designated to develop, implement, and oversee CoreCivic's companywide efforts to comply with the PREA National Standards and the company's Sexual Abuse Response and Prevention Program. He/she must provide supervisory oversight to all CoreCivic facilities ensuring coordination in the prevention, detection, intervention, investigation, and discipline/prosecution of sexual abuse as specified in this policy. The Senior Director, PREA Programs and Compliance develops, implements and oversees company policies and procedures in complying with the standards of the Prison Rape Elimination Act (PREA). Manages the company's compliance efforts, reporting requirements and audit processes related to PREA. In compliance with Section 115.11 of the PREA regulation, CoreCivic has established a Zero Tolerance Policy against all forms of Sexual Abuse and Sexual Harassment. CoreCivic has outlined an aggressive plan specifying the efforts we undertake to Prevent, Detect, and Respond to all allegations of conduct that falls into either category. This plan is articulated in CoreCivic's Policy 14-2, Sexual Abuse Prevention and Response, which is available here on the website <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

The facility did an excellent and displaying the PREA signs and information in both English and Spanish on a large poster throughout the entire facility for all residents. The auditor observed the large PREA signs displayed for all residents see clearly with the following information: the rights to be free from sexual abuse (both English/Spanish) with the PREA Compliance Managers name and contact information, and the National Sexual Assault Hotline number. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech 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 exceeding the standard.

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.212: Contracting with other entities for the confinement of residents**

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

### 115.212 (a)

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

### 115.212 (b)

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

### 115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**CoreCivic does not contract with other agencies for the confinement of those in their care, therefore this standard is not applicable.**

## Standard 115.213: Supervision and monitoring

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

#### 115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.213 (b)

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

#### 115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?  Yes  No

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response  
Policy 14-2-CC  
Annual PREA Staffing Plan  
Ocean View 2019-2020 PREA Staffing Plan  
Facility Layout with surveillance camera locations

#### **Interviews:**

Director  
PREA Coordinator  
Operations Manager  
Supervisory staff

#### **Site Observations:**

Facility Roster  
Unannounced rounds  
Annual PREA Staffing Plan Assessment  
2019 Community Corrections PREA Staffing Plan Assessment Supplemental Questions

#### **Findings: Supervision and monitoring.**

**115.213 (a).** Policy 14-2 CC Sexual Abuse Prevention and Response: FSC will develop, in coordination with the facility, a staffing plan that provides for adequate levels of staffing to protect residents against sexual abuse. The location of video monitoring systems will be considered when determining adequate levels of staffing. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration: a. The physical layout of each facility; b. The composition of the resident population; c. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and d. Any other relevant factors. The Ocean View facility had 143 surveillance cameras in the following locations: Annex Building: 2x hallway, 19x dorms, 2x for the corridor between annex and south which is off limits to residents; Common Areas: 2x computer labs, 2x county case managers office/dining entrance, 2x dining hall, 2x kitchen, laundry room, exit hall for residents, 2x monitor station, entrance/pat-search lobby, 2x main hall, door leading to courtyard from hallway, dry storage for kitchen, maintenance shop, and IT room. E building Top Floor: 9x dorms, 2x hallways, and case managers office. E building Lower floor: 3x hallways, 2x dorms, office and 2x meeting/TV rooms. East Wing: 8x dorms, 2x hallway, and corridor between male/female dorms which is off limits to residents. Exterior: 3x annex corner (side-walk between annex and East building), gym

area, annex walkway (out front of the annex), admin. Building entrance, progress visitation area, 2x walkway west of administration building, dumpster area, 5x courtyard, walkway between annex and east wing, east view behind south building, west view behind south building, front entrance, outside the laundry room/picnic tables, 2x lower parking lot, maintenance/pantry area, north view-west side of building, 2x ramp, rear view of the south building, rear view of the west wing, E-lower entrance, E-lower recreation area, 2x smoking area, south view on west side of building, tower stairs, west view on west side of building, parking lot entrance, basketball court, walk way outside of dining and walk way in front of south building. Office: medication room, federal CM office, BCS office, Operations Supervisors office, case managers office and UA waiting room. South wing- 10x dorms, 2x hallways, classroom and 3x SSC office. West wing- 6x dorms, and 3x hallways. Security mirrors are located in the laundry room, county female dorm, exit way security office and main hallway. The camera footage can be saved and reviewed for a duration of 90 days and is serviced by CoreCivic Tech Support Help desk and the maintenance department will troubleshoot the cameras.

**115.213 (b).** The facility shall make its best effort to comply, on a regular basis, with the approved PREA staffing plan and shall document and justify all deviations. Deviations shall be documented, and notification made on the 5-1B Notice to Administration via the Incident Reporting Database (IRD).

**115.213 (c).** In consultation with the respective Vice President/designee, the FSC PREA Coordinator shall assess, determine, and document whether adjustments are needed to: i. Prevailing staffing patterns, ii. The staffing plan established pursuant to this section; iii. The facility's deployment of video monitoring systems and other monitoring technologies; and iv. The resources the facility has available to commit to ensure adherence to the staffing plan.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.215: Limits to cross-gender viewing and searches

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

### 115.215 (a)

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

### 115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)  
 Yes  No  NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.)  Yes  No  NA

### 115.215 (c)



- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents).  Yes  No  NA

#### 115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  Yes  No

#### 115.215 (e)

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

#### 115.215 (f)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14.02 CC Sexual Abuse Prevention and Response  
5-1B Notice to Administrator  
Lesson Plan on Search Procedures  
4-2A CC Search Procedure  
Certificate of Completions of Search Procedures

#### **Interviews:**

Non-medical staff (involved in cross-gender strip or visual searches) no interview  
Random Sample of Staff  
Random Sample of Residents  
Transgender/Intersex Residents

#### **Site Observations:**

143 Surveillance Cameras  
Security Mirrors  
Full doors/Shower Curtains  
Training activity attendance roster

#### **Findings: Limits to cross-gender viewing and searches.**

**115.215 (a)** Policy 14-2 CC Sexual Abuse Prevention and Response. Cross-gender resident strip searches shall not be conducted except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when performed by medical practitioners. If a search is conducted, two monitors of the same gender will conduct the search according to policy and procedures.

**115.215 (b)** Policy 14-2 CC Sexual Abuse Prevention and Response. Cross-gender resident frisk/pat searches of female residents by male employees is prohibited except in exigent circumstances (that is temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order).

**115.215 (c)** Policy 14-2 CC Sexual Abuse Prevention and Response. Whenever a cross-gender pat search of a female resident or cross-gender strip search of any resident does occur, the search shall be documented on the 5-1B Notice of Administration (NTA).

**115.215 (d)** Policy 14-2 CC Sexual Abuse Prevention and Response. Residents may shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances (that is, temporary unforeseen

circumstances that require immediate action in order to combat a threat to security or institutional order) or when such viewing is incidental to routine living quarter checks.

**115.215 (e)** Policy 14-2 CC Sexual Abuse Prevention and Response. Searches or physical examination of a transgender or intersex resident for the sole purpose of determining the resident's genital status is prohibited. If the resident's genital status is unknown, it may be determined during conversations with the resident, 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. The gender of the staff member searching a transgender or intersex resident will depend on the specific needs of the individual resident and on the operational concerns of the facility. Under most circumstances, this will be a case-by-case determination that may change over the course of supervision and should take into consideration the gender expression of the resident. Searches of breast will be completed using the back and/or side of the hand.

**115.215 (f)** Specialized Training: In addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs. Searches of transgender or intersex residents should be conducted in accordance with the inmate's gender identity and by asking the individual to identify the gender of staff with whom they would feel most comfortable conducting the search.

The facility staff was knowledgeable about the search procedures, professional and carried with them the PREA card as part of their uniform. The facility provided the residents with plenty of privacy with full doors to the dorms, full doors to each restroom/shower area and individual stalls/doors for the restrooms. The showers were facilitated with full shower curtains and the facility did not have any surveillance cameras and security mirrors with staff in all areas for the overall privacy and safety of the resident exceeding the requirement of the standard.

**Corrective Action:** The auditor recommends no corrective action.

## **Standard 115.216: Residents with disabilities and residents who are limited English proficient**

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

#### **115.216 (a)**

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

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

#### 115.216 (b)

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

## 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?  
 Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response

Photo of TTY Machine

Language Line Invoice

Sexual Assault Awareness Resident brochure (English/Spanish)

Bi-lingual staff translators

#### **Interviews:**

Agency Head

Residents (with disabilities or who are limited English proficient)

Random Sample of Staff

#### **Site Observations:**

Opposite Gender Announcement signs at entrance of each housing area

Large PREA signs in both English/Spanish with PREA managers contact information

#### **Findings: Residents with disabilities and residents who are limited English proficient.**

**115.216 (a)** Policy 14-2 CC Sexual Abuse Prevention and Response. Residents are provided education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as residents who have limited reading skills. The interviews with the Agency head, residents and random staff determined that the information was made accessible in formats needed to residents in this particular category.

The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's effort to prevent, detect, and respond to sexual abuse or sexual harassment.

**115.216 (b)** Policy 14-2 CC Sexual Abuse Prevention and Response. In the event that a resident has difficult understanding provided information and/or procedures outlined in this policy, employees must ensure that such information is effectively communicated to such residents on an individual basis. The facility has a contract with North American Master Services Agreement with CoreCivic of Tennessee, LLC. The services are provided over the phone (OPI) attachment A1 Interpreter Services usage charges and schedule of fees. The facility utilizes Language Line Solutions which provides access to over the phone interpreting 24 hours a day, 7 days a week. The facility uses a language identification guide to determine which language a person speaks. The most frequently encountered languages in North America are grouped by the geographical region where they are commonly spoken. The facility staff will show the person the languages listed for that region underneath each language is the translation of the statement below: English-Point to your language. An interpreter will be called. The interpreter is provided at no cost to you. The residents are offered interpreting from English into more than 200 languages. If you are unable to identify the language, our call representative will help you. The language identification guide includes Europe, Pacific Islands, North America, South America, and Caribbean, India, Pakistan, and Southwest Asia, Africa, and Middle East to name a few.

**115.216 (c)** The Ocean View facility has several staff members who are bi-lingual in English/Spanish that are used for translation and residents are not used for translation. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations: 0. Random sample of staff and resident interviews determined compliance with the standard.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.217: Hiring and promotion decisions

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

#### 115.217 (a)

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

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

#### 115.217 (b)

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

#### 115.217 (c)

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

#### 115.217 (d)

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

#### 115.217 (e)

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

#### 115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No



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

#### 115.217 (g)

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

#### 115.217 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Policy 14-2 CC Sexual Abuse Prevention and Response

#### Interviews:

Administrative (Human Resources) Staff

#### Site Observations:

Employee File Reviews  
 Criminal Background checks  
 Five-year criminal background checks  
 PREA Training/Acknowledgement forms

Specialized training/Refresher training

**Findings: Hiring and Promotion Decisions.**

**115.217 (a)** The facility policy prohibits hiring or promoting anyone who may have contact with the residents and prohibits enlisting the services of any contractor who may have contact with residents who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity as outlined above in B.1.b.

**115.217 (b)** Policy 14-2 CC Sexual Abuse Prevention and Response. Any Incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with residents. To the extent permitted by law, CoreCivic will decline to hire or promote anyone who may have contact with residents, and decline to enlist the services of any contractor, who may have contact with residents, who: a) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in U.S.C 1997); b) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or c) has been civilly or administratively adjudicated to have engaged in the activity as outlined above in B.1.b. The auditor reviewed files of employees who were hired or promoted in the past 12 months to determine proper criminal background checks and questions regarding past conduct. Ten employee file records were reviewed for 115.217, 115.231, 115.232, 115.234, and 115.235. One contractor of the ten employee files did not have the Self-Declaration of Sexual Abuse/Sexual Harassment form during the onsite review. The auditor conducted the interview with the administrative (Human Resources) staff onsite.

**115.217 (c)** Background Records Check a. Before hiring new employees, who may have contact with residents, CoreCivic shall: Perform a criminal background records check; and Consistent with federal, state, and local law make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. The 3-20-2B PREA Questionnaire for Prior Institutional Employers form shall be used to solicit such prior employment information. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background checks: 71. The auditor interviewed the Administrative (Human Resources) staff during the onsite audit.

**115.217 (d)** CoreCivic in partnership with their oversight agencies, shall also perform a criminal background records check before enlisting the services of any unescorted contractor who may have contact with residents. The auditor interviewed the Administrative (Human Resources) staff during the onsite audit.

**115.217 (e)** CoreCivic in partnership with their oversight agencies, shall conduct criminal background records checks at least every five (5) years of current employees and unescorted contractors who may have contact with residents or have in place a system for otherwise capturing such information. The auditor interviewed the Administrative (Human Resources) staff during the onsite audit.

**115.217 (f)** All applicants and employees who may have direct contact with residents shall be asked about previous misconduct, as outlined above in B.1.a.-c., in written applications and in any interviews

or written self-evaluations conducted as part of reviews of current employees. The 14-2H-CC Self-Declaration of Sexual Abuse/Sexual Harassment form will be completed as part of the hiring process and as part of the promotional process. The auditor interviewed the Administrative (Human Resources) staff during the onsite audit.

**115.217 (g)** Note: To the extent permitted by law, CoreCivic may decline to hire or promote any may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. The 14-2H-CC form shall be completed by current employees on an annual basis to serve as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy, and as outlined above in B.1.a.-c. The completed 14-2H-CC shall be retained in each employee's personnel file.

**115.217 (h)** Unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The auditor interviewed the Administrative (Human Resources) staff during the onsite audit.

**Recommended Corrective Action Plan:** The auditor and facility discussed the recommended corrective action plan. One of ten employee files which was a contractor did not have the Self-Declaration of Sexual Abuse/Sexual Harassment (14-2 CC-H) for the current year. The previous self-declarations were conducted on 3/14/17. The Facility Director and Auditor discussed the corrective action plan. The facility was instructed to conduct and complete the Self-Declaration of Sexual Abuse/Sexual Harassment within the next 30 days. The Human Resources staff and Auditor reviewed and accessed the file with the current issue. The facility did not have an assigned Human Resource staff at the time of the audit and the Human Resource Supervisor was filling in for the duration of the audit. Upon completion, the self-declaration of sexual abuse/sexual harassment (14-2 CC-H) the contractor form will be forwarded to the auditor. The Human Resources staff discussed a review of contractor and employees' files to ensure compliance of the files. The corrective action period was determined for a 30-day time frame.

**Corrective Action:** The Facility Director and Auditor remained informed of the process for the 30-day time frame. The Self-Declaration of Sexual Abuse/Sexual Harassment form (14-2 CC-H) was completed on the contractor. The Facility Director monitored the process for a 30-day timeframe and no further action was required.

## Standard 115.218: Upgrades to facilities and technologies

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

#### 115.218 (a)

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

## 115.218 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Policy 14-02 CC Sexual Abuse Prevention and Response

### Interviews:

Agency Head/Director

### Site Observations:

Surveillance Cameras

### Findings: Upgrades to Facilities and Technologies.

**115.218 (a)** When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the company's ability to protect residents from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations. The Director was interviewed regarding any new expansions or modifications to the facility. The auditor toured the facility and did not observe any new modifications or expansions.

**115.218 (b)** When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect residents from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations. FSC will develop, in coordination with the facility, a staffing plan that provides for adequate levels of staffing to protect residents against sexual abuse.

The location of video monitoring systems will be considered when determining adequate levels of staffing. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration: a. The physical layout of each facility; b. The composition of the resident population; c. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and d. Any other relevant factors.

The Ocean View facility had 143 surveillance cameras in the following locations: Annex Building: 2x hallway, 19x dorms, 2x for the corridor between annex and south which is off limits to residents; Common Areas: 2x computer labs, 2x county case managers office/dining entrance, 2x dining hall, 2x kitchen, laundry room, exit hall for residents, 2x monitor station, entrance/pat-search lobby, 2x main hall, door leading to courtyard from hallway, dry storage for kitchen, maintenance shop, and IT room. E building Top Floor: 9x dorms, 2x hallways, and case managers office. E building Lower floor: 3x hallways, 2x dorms, office and 2x meeting/TV rooms. East Wing: 8x dorms, 2x hallway, and corridor between male/female dorms which is off limits to residents. Exterior: 3x annex corner (side-walk between annex and East building), gym area, annex walkway (out front of the annex), admin. Building entrance, progress visitation area, 2x walkway west of administration building, dumpster area, 5x courtyard, walkway between annex and east wing, east view behind south building, west view behind south building, front entrance, outside the laundry room/picnic tables, 2x lower parking lot, maintenance/pantry area, north view-west side of building, 2x ramp, rear view of the south building, rear view of the west wing, E-lower entrance, E-lower recreation area, 2x smoking area, south view on west side of building, tower stairs, west view on west side of building, parking lot entrance, basketball court, walk way outside of dining and walk way in front of south building. Office: medication room, federal CM office, BCS office, Operations Supervisors office, case managers office and UA waiting room. South wing- 10x dorms, 2x hallways, classroom and 3x SSC office. West wing- 6x dorms, and 3x hallways. Security mirrors are located in the laundry room, county female dorm, exit way security office and main hallway. The camera footage can be saved and reviewed for a duration of 90 days and is serviced by CoreCivic Tech Support Help desk and the maintenance department will troubleshoot the cameras.

**Corrective Action:** The auditor recommends no corrective action.

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

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

#### 115.221 (a)

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

#### 115.221 (b)

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

#### 115.221 (c)

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

#### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.221 (e)

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



### 115.221 (f)

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

### 115.221 (g)

- Auditor is not required to audit this provision.

### 115.221 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Policy 14-02 CC Sexual Abuse Prevention and Response  
MOU with San Diego Police Department  
MOU with Center for Community Solutions

### Interviews:

Random Sample of Staff  
PREA Coordinator  
Residents who reported a sexual abuse



**Site Observations:**

Rape Crisis phone numbers and addresses displayed throughout the unit

**Findings: Evidence protocol and forensic medical examinations.**

**115.221 (a)** The investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The auditor interviewed 13 random sample of staff during the site review.

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

**115.221 (c)** The victims of sexual abuse will be offered access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by a SAFE or SANE where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SAFEs or SANEs. The number of forensic medical exams conducted during the past 12 months: 0. The number of exams performed by SANE/SAFE during the past 12 months: 0. The number of exams performed by qualified medical practitioner during the past 12 months: 0.

**115.221 (d)** The facility has a Memorandum of Understanding with the Center for Community Solutions to offer all victims of sexual abuse access to forensic medical exams where, evidentiarily or medically appropriate. Such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE), whenever possible. Contact CCS and request that a victim advocate accompany and support the resident victim through the forensic medical examination process and investigatory interviews. Post CCS's 24-hour sexual abuse/assault crisis line number and mailing address throughout the facility in written resources given to residents (e.g. brochures, posters, handbooks etc.). Ensure that forensic examinations and treatment services shall be at no cost to the residents. Provide residents of the facility with confidential emotional support services related to sexual abuse. Provide a victim advocate, if requested by the victim, and allow the victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews, and provide emotional support, crisis intervention, information and referrals. The PREA Coordinator was interviewed during the site review. There were no residents onsite who reported sexual abuse for interviews.

**115.221 (e)** As requested by the victim, either the victim advocate, a qualified community-based organization staff member, or a qualified facility person shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

**115.221 (f)** Investigations conducted by a facility employee for allegations of sexual abuse will be handled in accordance with the Code of Federal Regulations, Title 28, Part 115.221, Evidence Protocol and Forensic Medical Examinations, as outlined below. If the facility is not responsible for investigating such allegations, the facility shall request that the responsible outside agency or entity (i.e. state or local law enforcement, contracting agency, etc.) comply with these requirements.

The facility has a Memorandum of Understanding with the San Diego Police Department (Investigating Agency for the purpose of criminal investigations. The investigating agency will follow the protocols, including collection of evidence, as established by local law enforcement standards.

**115.221 (g) N/A**

**115.221 (h) N/A**

**Corrective Action:** The auditor recommends no corrective action.

## **Standard 115.222: Policies to ensure referrals of allegations for investigations**

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

### **115.222 (a)**

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

### **115.222 (b)**

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

### **115.222 (c)**

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)  Yes  No  NA

### **115.222 (d)**

- Auditor is not required to audit this provision.

### **115.222 (e)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Policy 14-2 CC Sexual Abuse Prevention and Response

### Interviews:

Agency Head  
Investigative Staff

### Site Observations:

Investigation reviews

### Findings: Policies to ensure referrals of allegations for investigations.

**115.222 (a).** The Administrator/Director shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months: • The number of allegations of sexual abuse and sexual harassment that were received: 3. • The number of allegations resulting in an administrative investigation: 3. • The number of allegations referred for criminal investigation: 0. The auditor conducted an interview with the Agency head.

**115.222 (b)** All allegations of sexual conduct shall be promptly, thoroughly, and objectively investigated. Upon the conclusion of the investigation, each allegation will be classified as Substantiated, Unsubstantiated, or Unfounded. Allegations of Sexual Abuse will be referred to the appropriate law enforcement agency for investigation and potential prosecution. All substantiated allegations of sexual abuse or sexual harassment will result in the appropriate disciplinary actions taken against the Employee, Contractor, Volunteer, or Inmate, and where appropriate referral for prosecution. The facility investigative staff interviews were conducted onsite.

**115.222 (c)** Facility Investigators have all received specialized training regarding how to conduct investigations of sexual abuse in the correctional setting. Criminal allegations are generally referred via agreement to Local Law Enforcement Agencies or Investigating bodies under the authority of the Contracting Agency.

**115.222 (d)** N/A

**115.222 (e)** N/A

**Corrective Action:** The auditor recommends no corrective action.

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

#### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No

#### 115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

#### 115.231 (c)

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

#### 115.231 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Policy 14-02 CC Sexual Abuse Prevention and Response  
PREA Facilitator Guide  
4-2A Roster PREA Training  
14-2A-CC Employee Training Acknowledgement

#### Interviews:

Random Sample of Staff

#### Site Observations:

Sample of Training Records



Training Curriculum

Documentation of Employee signature/training

CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment for Employee, Civilian/Volunteer or Contractor.

**Findings: Employee Training**

**115.231 (a)** All CoreCivic facility employees shall receive training on CoreCivic's zero-tolerance policy for sexual abuse and sexual harassment. The auditor interviewed a total of 13 random sample of staff which were knowledgeable and responded to the interview questions in a consistent and thorough manner.

**115.231 (b)** Such training shall be tailored to the gender of the residents at the facility. Employees transferring to a facility that houses a population whose gender is different from their previous assigned facility shall receive additional training specific to the population of the newly assigned facility. The auditor interviewed a total of 13 random sample of staff which were knowledgeable and responded to the interview questions in a consistent and thorough manner.

**115.231 (c)** At a minimum, all employees shall receive pre-service and annual in-service training on the following: i. The PREA National Standards and other applicable state or local laws imposing criminal liability for the sexual abuse of a person held in custody; ii. An employee's duty to report any occurrence of sexual harassment or sexual abuse; iii. How to fulfill employee responsibilities for sexual abuse/sexual harassment prevention, detection, reporting, and response in accordance with this policy; iv. The right of residents to be free from sexual abuse and sexual harassment; vi. The dynamics of sexual abuse and sexual harassment in confinement; vii. Locations, situations, and circumstances in which sexual abuse may occur; viii. The common reactions of sexual abuse and sexual harassment victims; ix. Signs of victimization; x. how to detect and respond to signs of threatened and actual sexual abuse; xi. How to avoid inappropriate relationships with residents; xii. How to communicate effectively and professionally with residents, including LGBTI and Gender non-conforming residents; and xiii. How to comply with laws relevant to mandatory reporting of sexual abuse to outside authorities. The auditor reviewed a sample of training records during the onsite portion of the audit.

**115.231 (d)** Employees shall be required to confirm, by either electronic or manual signature, via the 14-2A-CC policy and training acknowledgement form for their understanding of the received training. Signed documentation will be maintained in the employee's training file. The auditor reviewed the CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment for Employee, Civilian/Volunteer or Contractor during the onsite portion of the audit.

Staff Training and Inmate/Detainee Education: CoreCivic has designed a comprehensive training plan for all staff that complies with the content of Section 115.31 of the regulation. The standard requires that this training be refreshed every two years, however, as a part of our commitment to eliminating sexual abuse and sexual harassment in our facilities, CoreCivic has opted to ensure this training is provided annually.

All inmates, detainees, and residents received at a CoreCivic facility beginning at initial reception receive education on the requirements of PREA. This training has a particular focus on CoreCivic's Zero Tolerance Policy, the right to be free from Sexual Harassment and Sexual Abuse, directions on how to report allegations of Sexual Abuse or Sexual Harassment, and the right to be free from retaliation for reporting incidents. This information is posted on the website <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

The facility and staff have received extensive training regarding the agency's zero-tolerance policy for sexual abuse and sexual harassment and how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response to policies and procedures. The facility did an excellent job and training the staff and the overall interview responses were very thorough and consistent with the facility training exceeding the provisions of the standard.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.232: Volunteer and contractor training

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

#### 115.232 (a)

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

#### 115.232 (b)

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

#### 115.232 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response  
Volunteer Manual  
Statement of Work  
Rules/Regulations acknowledgement  
Volunteer Standard of Conduct  
14-2A CC-CoreCivic Policy/Training Acknowledgement

**Interviews:**

Volunteer and Contractors who may have contact with residents

**Site Observations:**

Sample of training records for volunteers/contractors

**Findings:**

**115.232 (a)** All volunteers/contractors who have contact with residents shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting, and response as outlined in this policy. The auditor reviewed the CoreCivic Volunteer Manual for the requirements, sexual abuse information, rules and regulations to include a date and signature. The volunteer standards of conduct must be signed and dated by the volunteer. The CoreCivic PREA policy acknowledgement and/or training acknowledgement is used for employees, civilian/volunteer or contractor. The auditor conducted an interview with a contractor and no volunteers were assigned at the time of the audit. A sample of contractor training records were reviewed based on the services provided.

**115.232 (b)** The level and type of training provided to volunteers/contractors shall be based on the services they provide and level of contact they have with residents. All volunteers/contractors who have contact with residents shall be notified of the CoreCivic zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The auditor conducted an interview with a contractor and no volunteers were assigned at the time of the audit. A sample of contractor training records were reviewed based on the services provided.

**115.232 (c)** Volunteers/contractors shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the volunteer or contractor’s file. The auditor reviewed the onsite contractor signed acknowledgement of understanding which was on file.

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.233: Resident education**

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

**115.233 (a)**

- During intake, do residents receive information explaining: The agency’s zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No

- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  Yes  No

#### 115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility?  Yes  No

#### 115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?  Yes  No

#### 115.233 (d)

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

#### 115.233 (e)

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

#### Auditor Overall Compliance Determination

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

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

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

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

#### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response  
PREA Brochure handouts (English and Spanish)  
Resident Acknowledgement of PREA training  
Resident Handbook  
Resident PREA Class Roster  
PREA Roster

#### **Interviews:**

Intake Staff  
Random Sample of Residents

#### **Site Observations:**

Intake records of residents entering the facility  
Logs/records resident signature/participation  
Resident handbook/education materials  
Large Posters/English & Spanish

#### **Findings: Resident education**

**115.233 (a)** During the initial intake process, all residents shall be provided with written information (e.g. resident handbook, 14-2AA-CC preventing sexual abuse brochure, etc.) that includes but is not limited to the following topics: a. CoreCivic's zero tolerance policy regarding sexual abuse and sexual harassment; b. how to safely report incidents, threats or suspicions of sexual abuse or sexual harassment; c. a resident's right to be free from sexual abuse prevention/intervention. The resident must sign that he/she has received the written information and this documentation shall be kept in his/her life. Video information on the topics above may be provided in lieu of written information upon arrival or may be used to supplement written information at a subsequent orientation held by the facility. The resident must sign and acknowledge that he/she has been shown the video. Of residents admitted during the past 12 months: The number who were given this information at intake: 1574. The intake and random sample of staff were interviewed during the onsite portion the audit. The auditor reviewed the resident PREA training and acknowledgement signature page to include the case managers signature. The resident handbook provided the PREA reporting information.

**115.233 (b)** Refresher information will be provided to residents who have been received after having been transferred from another facility. In the past 12 months: The number of residents transferred from a different community confinement facility: 0. The number of residents transferred from a different community confinement facility who received refresher information: 0. The intake and random sample of staff were interviewed during the onsite portion the audit. The auditor reviewed 15 resident files for the PREA intake information. The facility had all forms of documentation provided to the residents in formats they understood. The auditor observed four of the fifteen resident files unable to verify the signature page of receipt. The resident interviews determined that the residents received the information and were aware and knowledgeable of the information received during the intake process. The director monitored the process for 30 days to ensure the information is provided and forms are filed.

**115.233 (c)** Residents will be provided education in formats accessible to all residents including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The facility displayed many different forms of education materials accessible for the residents as needed.

**115.233 (d)** The auditor reviewed the resident PREA training and acknowledgement signature page to include the case managers signature. The resident handbook provided the PREA reporting information. Staff Training and Inmate/Detainee Education: CoreCivic has designed a comprehensive training plan for all staff that complies with the content of Section 115.31 of the regulation. The standard requires that this training be refreshed every two years, however, as a part of our commitment to eliminating sexual abuse and sexual harassment in our facilities, CoreCivic has opted to ensure this training is provided annually.

All inmates, detainees, and residents received at a CoreCivic facility beginning at initial reception receive education on the requirements of PREA. This training has a particular focus on CoreCivic's Zero Tolerance Policy, the right to be free from Sexual Harassment and Sexual Abuse, directions on how to report allegations of Sexual Abuse or Sexual Harassment, and the right to be free from retaliation for reporting incidents. This information is posted on the website <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

**115.233 (e)** The auditor observed Posters throughout the facility for the resident population, handbook information and other written formats.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.234: Specialized training: Investigations

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

### 115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  
 Yes    No    NA



### 115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

### 115.234 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Policy 14-02 CC Sexual Abuse Prevention and Response

PREA Investigator Training Certificate  
CoreCivic Investigator Training Certificate  
Training Curricula  
MOU San Diego Police Department

**Interviews:**

Investigative staff

**Site Observations:**

Training records/logs of investigative staff

**Findings: Specialized Training: Investigations.**

**115.234 (a)** In addition to the general training provided to all employees and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PREA Compliance Manager shall ensure that more than one person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as a back-up during employee absences (e.g. leave, paid time off, sickness, offsite training, etc.) from work. The auditor interviewed investigative staff responsible for the investigations to include a review of their training certificates on file.

**115.234 (b)** Specialized training shall 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 auditor interviewed investigative staff responsible for the investigations to include a review of their training certificates on file.

**115.234 (c)** Documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with facility record retention policies. The facility has two investigators and their training was reviewed onsite. Investigations: All allegations of sexual conduct shall be promptly, thoroughly, and objectively investigated. Upon the conclusion of the investigation, each allegation will be classified as Substantiated, Unsubstantiated, or Unfounded. Allegations of Sexual Abuse will be referred to the appropriate law enforcement agency for investigation and potential prosecution. All substantiated allegations of sexual abuse or sexual harassment will result in the appropriate disciplinary actions taken against the Employee, Contractor, Volunteer, or Inmate, and where appropriate referral for prosecution.

Facility Investigators have all received specialized training regarding how to conduct investigations of sexual abuse in the correctional setting. Criminal allegations are generally referred via agreement to Local Law Enforcement Agencies or Investigating bodies under the authority of the Contracting Agency. The information is on the website: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

**115.234 (d) N/A**

**Corrective Action:** The auditor recommends no corrective action.

## **Standard 115.235: Specialized training: Medical and mental health care**

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

### 115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA

### 115.235 (b)

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

### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency

does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

14 14-02 CC Sexual Abuse Prevention and Response

#### Interviews:

No interviews conducted

#### Site Observations:

Ocean View does not have any mental health or medical staff at this facility.

#### Findings: Specialized training: Medical and mental health care.

115.235 (a) Ocean View does not have any mental health or medical staff at this facility.

115.235 (b) N/A

**Corrective Action:** The auditor recommends no corrective action.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.241: Screening for risk of victimization and abusiveness

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

#### 115.241 (a)

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

#### 115.241 (b)

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

#### 115.241 (c)

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

#### 115.241 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?  Yes  No

#### 115.241 (e)

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

#### 115.241 (f)

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

#### 115.241 (g)

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

#### 115.241 (h)

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

#### 115.241 (i)



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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response  
14-2 CC B-1 Sexual Abuse Screening Tool-Intake  
14-2 CC B-1 Sexual Abuse Screening Tool-30 day  
14-2 CC B-1 Sexual Abuse screening tool-New Information  
Memorandum-Residents Refusing to answer questions  
Memorandum-Access to resident files

#### **Interviews:**

Staff Responsible for Risk Screening  
Random Sample of Residents  
PREA Coordinator

#### **Site Observations:**

Resident records  
Records of initial assessments and reassessments  
Sample of records

#### **Findings: Screening for risk of victimization and abusiveness.**

**115.241 (a)** Within twenty-four (24) hours of arrival at the facility, and upon transfer from another facility, residents shall be screened by staff assigned to conduct the initial intake screening process in order to obtain information relevant to housing, cell, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The screening shall identify past victims and/or predators and assess vulnerability to sexual abuse victimization. The auditor interviewed staff responsible for risk screening and random sample of residents during the onsite portion of the audit.

**115.241 (b)** Initial intake screenings shall also include a review of the resident's institutional file (or other documentation provided), which must be completed within seventy-two (72) hours of admission to the facility. In the past 12 months: The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 1574. The auditor interviewed the staff responsible for risk screening and random sample of residents during the onsite portion of the audit.

**115.241 (c)** Initial intake screening will be completed and documented using the CoreCivic 14-2B-CC, sexual abuse screening tool. Staff shall complete the interview portion of the screening within twenty-four (24) hours of arrival at the facility. The facility uses the sexual abuse screening tool 14-2 CC-B-1.

**115.241 (d)** The auditor interviewed staff responsible for risk screening during the onsite portion of the audit. The auditor reviewed the Sexual Abuse Screening Tool 14-2 CC-B-1 and resident records during the onsite portion of the audit.

**115.241 (e)** The auditor reviewed the Sexual Abuse Screening Tool 14-2 CC-B-1 and resident records during the onsite portion of the audit. The auditor interviewed staff responsible for risk screening during the onsite portion of the audit.

**115.241 (f)** Within thirty (30) days of the resident's arrival at the facility. The reassessment will include any additional relevant information received by the facility since the initial intake screening. The auditor reviewed 15 resident files with reassessments conducted during the onsite portion of the audit. The auditor interviewed the staff responsible for risk screening and the random sample of residents during the onsite portion of the audit. The records of initial assessments and reassessments for risk of sexual victimization or abusiveness.

**115.241 (g)** When warranted, due to a referral, request incident of sexual abuse, or receipt of additional information that may impact the resident's risk of victimization or abusiveness. The auditor interviewed the staff responsible for risk screening and random sample of residents during the onsite portion of the audit.

**115.241 (h)** Residents are not disciplined for refusing to disclose the information during the audit process. The auditor interviewed the staff responsible for risk screening during the site review.

**115.241 (i)** Appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked pursuant to screening for risk of victimization and abusiveness in order to ensure that sensitive information is not exploited by employees or other residents to the resident's detriment. The auditor interviewed the PREA coordinator and the staff responsible for risk screening during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

## **Standard 115.242: Use of screening information**

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

#### **115.242 (a)**

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.242 (b)

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

#### 115.242 (c)

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

#### 115.242 (d)

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

#### 115.242 (e)

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

**115.242 (f)**

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response  
Sexual Abuse Screening Tool  
Memo regarding showering for Transgender/Intersex

## Housing of victim/predators

### **Interviews:**

PREA Coordinator  
Staff responsible for risk screening  
Transgender/Intersex residents  
LGBTI residents

### **Site Observations:**

Documentation of risk-based housing decisions  
Living areas for transgender/intersex residents (showers/restrooms)

### **Findings: Use of screening information**

**115.242 (a)** Within twenty-four hours of arrival at the facility, and upon transfer from another facility, residents shall be screened by staff assigned to conduct the initial intake screening process in order to obtain information relevant to housing, cell, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The auditor interviewed the PREA coordinator and staff responsible for risk screening during the audit.

**115.242 (b)** The screening shall identify past victims and/or predators and assess vulnerability to sexual abuse victimization. The auditor interviewed the PREA coordinator and staff responsible for risk screening during the audit.

**115.242 (c)** Consideration should also be given as to whether the placement would present management or security problems. The auditor interviewed the PREA coordinator and the transgender residents during the onsite audit.

**115.242 (d)** In deciding whether to house a transgender or intersex resident in a male housing unit/area or a female housing unit/area, or when making other housing and programming assignments for such residents, the facility shall consider the transgender or intersex resident's own views with respect to his/her own safety and shall consider on a case-by-case basis whether such a placement would ensure the resident's health and safety. The auditor interviewed the following staff: PREA coordinator, staff responsible for risk screening, and the transgender/intersex residents.

**115.242 (e)** Transgender and intersex residents shall be given the opportunity to shower separately from other residents. At this facility, procedures for showering transgender and intersex residents separate from other residents. Residents are offered the opportunity to shower while staff stand outside the area to ensure others do not enter the shower at the same time. The auditor interviewed the following staff: PREA coordinator, staff responsible for risk screening, and the transgender/intersex residents.

**115.242 (f)** The establishment of a unit or pod solely dedicated to the housing of LGBTI and/or Gender non-conforming residents is strictly prohibited unless required by consent decree, legal settlement, or legal judgement for the purpose of protecting that resident. The auditor interviewed the PREA coordinator and the LGBTI residents during the onsite audit.

**Corrective Action:** The auditor recommends no corrective action.

# REPORTING

## Standard 115.251: Resident reporting

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

### 115.251 (a)

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

### 115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No

### 115.251 (c)

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

### 115.251 (d)

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

### Auditor Overall Compliance Determination

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



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

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

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

#### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response  
PREA Poster  
PREA Brochure (English/Spanish)  
Resident Handbook  
PREA Incident Report  
Employee Ethics Line Poster

#### **Interviews:**

Random Sample of Staff  
Random Sample of Residents  
PREA Coordinator

#### **Site Observations:**

PREA signs displayed throughout the facility  
PREA Compliance Manager  
National Sexual Assault Number

#### **Findings:**

**115.251 (a)** Residents shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other residents or employees for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

**115.251 (b)** Residents who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods. Calling the facility twenty-four (24) hour toll-free notification telephone number; verbally telling any employee; forwarding a letter, sealed and marked "confidential", to the Administrator/Director or any other employee; calling or writing someone outside the facility who can notify facility staff, forwarding a letter to the FSC PREA coordinator at the following address; electronically report allegations of sexual abuse and harassment to any department listed in the C-ORES system as a contact. At this facility additional resident reporting methods required by the contracting agency are the United States probation office; County residents can call San Diego County Domestic Violence and Sexual Abuse 24-hour crisis line: 888-385-4657; Residents can call: 800.656.4673, they will be routed to a local RAINN affiliate etc. Anonymous Reporting: each facility shall provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of CoreCivic, or the contracting agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to facilities officials, allowing the resident to remain

anonymous upon request. The facility has large signs displaying PREA information in both English and Spanish with the PREA Compliance Manager and National Sexual Assault Number.

**115.251 (c)** Employees must take all allegations of sexual abuse and harassment seriously including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. All reports of sexual abuse and sexual harassment will be reported to the PREA Compliance Manager/Investigated.

**115.251 (d)** Employees may privately report sexual abuse and sexual harassment of residents by forwarding a letter, sealed and marked “confidential”, to the facility Administrator/Director, or contact the CoreCivic ethics and compliance hotline. Reporting Allegations of Sexual Abuse/Sexual Harassment: Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment; including inmates, staff, or third parties. This can include allegations that may have occurred at another correctional facility. At a CoreCivic facility, there are multiple options to file a report; including, but not limited to:

Send a letter to the warden of the facility at the address provided on our facility locator. Inmates may notify any staff member either verbally or in writing or they may call the PREA hotline numbers posted at their facilities. Staff may report allegations via their chain of command or anonymously through the employee hotline numbers provided. Staff and third parties may contact the CoreCivic's Ethics and Compliance Hotline: 1-866-757-4448 or e-mail <http://www.corecivic.ethicspoint.com/>. 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. <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.252: Exhaustion of administrative remedies

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

### 115.252 (a)

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

### 115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (c)

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

#### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (e)

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

### 115.252 (f)

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

### 115.252 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response

**Interviews:**

PREA Compliance Manager

**Site Observations:**

Resident Handbook

**Findings: Exhaustion of administrative remedies.**

**115.252 (a-g)** The facility procedure is unless otherwise mandated by contract, alleged PREA incidents will not be processed through the facility's resident grievance process. Should a report be submitted and received as a resident grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or administrator duty officer.

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.253: Resident access to outside confidential support services**

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

**115.253 (a)**

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

**115.253 (b)**

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

**115.253 (c)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response  
 PREA Agency Assistance Flyer  
 Memorandum of Understanding Center for Community Solutions

#### **Interviews:**

Random Sample of Residents  
 Residents who reported sexual abuse

#### **Site Observations:**

The flyers displayed with phone numbers and addresses at no charge to the resident.

#### **Findings: Resident access to outside confidential support services.**

**115.253 (a)** Residents shall be provided access to outside victim advocates for emotional support services related to sexual abuse to giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Such information shall be included in the facility’s resident handbook. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The facility provides residents with mailing addresses and phone numbers free of charge posted in all housing areas.

**115.253 (b)** Residents shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The facility informs residents prior to giving them access to outside support services of the extent to which such communications will be monitored. The auditor interviewed a random sample of residents, there were no residents onsite who reported a sexual abuse.

**115.253 (c)** CoreCivic shall maintain or attempt to enter into Memorandums of Understanding (MOU) or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. Before developing or attempting to enter into an MOU, the facility shall contact the FSC Assistant General Counsel, Vendor Contracts. CoreCivic shall maintain copies of agreements of documentation showing attempts to enter into such agreements.

The PREA Agency Assistance: Women’s Resource Center, Center for Community Solutions, San Diego County, Battered Women (YMCA), San Diego County Mental Health, Center for Women Studies and Services, & SART (Sexual Assault Response Team). The facility has an MOU with the Center of Solutions to provide residents calling the hotline with information on the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The information is displayed on a flyer throughout the facility and resident housing areas.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.254: Third-party reporting

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

#### 115.254 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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



**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response  
PREA Brochure (English/Spanish)

**Site Observations:**

The information was posted throughout the facility for all staff, visitors and residents.

**Findings: Third-party reporting**

**115.254 (a) Reporting Allegations of Sexual Abuse/Sexual Harassment:** Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment; including inmates, staff, or third parties. This can include allegations that may have occurred at another correctional facility. At a CoreCivic facility, there are multiple options to file a report; including, but not limited to:

Send a letter to the warden of the facility at the address provided on our facility locator. Inmates may notify any staff member either verbally or in writing or they may call the PREA hotline numbers posted at their facilities. Staff may report allegations via their chain of command or anonymously through the employee hotline numbers provided. Staff and third parties may contact the CoreCivic's Ethics and Compliance Hotline: 1-866-757-4448 or e-mail <http://www.corecivic.ethicspoint.com/>. 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. <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

This information can be found on the website: <https://www.corecivic.com/facilities/ocean-view>.

Third Party Reporting Method(s): Call the San Diego Police: 619-531-2000

Call the Federal Bureau of Prisons (BOP): 310-732-5179 (for BOP residents only)

Contact the CoreCivic 24-hour Ethics Line: 1-866-757-4448 or visit [www.CoreCivic.ethicspoint.com](http://www.CoreCivic.ethicspoint.com)

Mail a letter to the facility:

Ocean View

ATTN: PREA Compliance Manager

551 South 35th Street

San Diego, CA 92113

**Corrective Action:** The auditor recommends no corrective action.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

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

**115.261 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.261 (b)

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

#### 115.261 (c)

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

#### 115.261 (d)

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

#### 115.261 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response  
Sexual Abuse Incident Checklist  
Ocean View PREA Log

**Interviews:**

Random Sample of Staff  
No medical or mental health staff employed by the facility for interviews  
Director/PREA Coordinator

**Site Observations:**

Sample of reports/Investigations

**Findings: Staff and agency reporting duties.**

**115.261 (a)** Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Any retaliation against residents or staff who reported such an incident: 0. The auditor interviewed a random sample of staff during the site review.

**115.261 (b)** Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions. The auditor interviewed a random sample of staff during the site review.

**115.261 (c)** Unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outlines above in L.2.a. At the initiation of providing medical care, both medical and mental health professionals will inform residents of their professional duty to report and the limitations of confidentiality.

**115.261 (d)** If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the designated state or local services agency under applicable mandatory reporting laws. At this facility, the designated state and/or local reporting agency are the director or administrative duty officer will notify the oversight agency representative and local law enforcement. Any additional reporting will be at the discretion of the oversight agency representative. The auditor reviewed samples of the sexual abuse incident check sheets. The auditor reviewed the PREA log for ocean view investigations. The auditor interviewed the Director/PREA manager during the onsite audit.

**115.261 (e)** All reports of sexual abuse and sexual harassment will be reported to the PREA Compliance Manager/Investigator. The auditor interviewed the facility director during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.262: Agency protection duties

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

### 115.262 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Policy 14-02 CC Sexual Abuse Prevention and Response

### Interviews:

Agency Head/Director  
Random Sample of Staff

### Findings: Agency protection duties.

**115.262 (a)** In the past 12 months, the number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0. CoreCivic has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. Such conduct is prohibited by this policy and will not be tolerated; to include resident-on-resident sexual abuse or harassment and employee-on-resident sexual abuse or harassment. When it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident. When it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.263: Reporting to other confinement facilities

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

### 115.263 (a)

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

### 115.263 (b)

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

### 115.263 (c)

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

### 115.263 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Policy 14-02 CC Sexual Abuse Prevention and Response

### Interviews:

Agency Head/Director

### Site Observations:

No reports received from other confinements.

**Findings: Reporting to other confinement facilities. 115.263 (a-b)** The administrator/director that received the allegation shall contact the facility head or appropriate office of the facility where the

alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0. Determine whether the allegation was reported and investigated.

**115.263 (c)** If the allegation was reported and investigated by the appropriate officials, the facility shall document the allegation, the name and title of the person contacted, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur. If the allegation was not reported or not investigated, a copy of the statement of the resident shall be forwarded to the appropriate official at the location where the incident was reported to have occurred. All such contacts and notifications shall be documented on the 5-1B Notice to Administration; including the allegation, any details learned from contact with the site where the alleged abuse took place, and the facility's response to the allegation.

**115.263 (d)** If an allegation is received from another facility, the administrator/director will ensure the allegation is investigated. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.264: Staff first responder duties

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

### 115.264 (a)

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

### 115.264 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Policy 14-02 CC Sexual Abuse Prevention and Response  
 PREA First Responder Card  
 Sexual Abuse Incident Checklist

#### Interviews:

Security Staff and Non-Security staff first responders  
 Random Sample of Staff

#### Findings: Staff first responder duties.

**115.264 (a)** The alleged victim is kept safe, has no contact with the alleged perpetrator, and is immediately escorted to a private area. While in the private area, and if the abuse occurred within a time frame that allows for the collection of physical evidence, employees shall, to the best of their ability, ensure that the victim does not wash, shower, remove clothing, use the restroom facilities, eat drink, smoke or brush his/her teeth. The highest-ranking authority onsite is immediately notified and will further ensure to protect the safety of the victim and the integrity of the crime collection is required. In the past 12 months, the number of allegations that a resident was sexually abused:

**115.264 (b)** If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. The auditor interviewed a total of 26 staff members, and they all carried the PREA first responder card as part of their uniform.

**Corrective Action:** The auditor recommends no corrective action.

### Standard 115.265: Coordinated response



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

**115.265 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response  
PREA Retaliation report monitoring (30/60/90)  
PREA Incident Report  
14-2E-CC Resident PREA Allegation status notification

**Interviews:**

Director

**Findings: Coordinated response.**

**115.265 (a)** The PREA Compliance manager will review the facility’s response to sexual abuse allegations, with the Administrator/Director to ensure the policy was implemented effectively and victim needs are addressed.

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.266: Preservation of ability to protect residents from contact with abusers**

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

**115.266 (a)**

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

### 115.266 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

14-2 CC Sexual Abuse Response and Prevention

### Interviews:

Agency head

### Findings: Preservation of ability to protect residents from contact with abusers.

**115.266 (a)** Neither CoreCivic nor any other entity responsible for collective bargaining on CoreCivic's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the company's ability to remove alleged employee sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Nothing in this requirement shall restrict the entering into or renewal of agreements that govern i. ii.

**115.266 (b) N/A**

**Corrective Action:** The auditor recommends no corrective action.

### Standard 115.267: Agency protection against retaliation

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

### 115.267 (a)

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

### 115.267 (b)

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

### 115.267 (c)

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

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

#### 115.267 (d)

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

#### 115.267 (e)

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

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Policy 14-02 CC Sexual Abuse Prevention and Response  
 PREA Retaliation report monitoring (30/60/90)  
 PREA Incident Report  
 14-2E-CC Resident PREA Allegations status notifications

#### Interviews:

Agency Head/Director or Designee  
 Designated Staff Member Charged with Monitoring Retaliation  
 Residents who Reported a Sexual Abuse (no residents onsite for interviews)

**Site Observations:**

Documentation of monitoring for retaliation of residents

**Findings: Agency protection against retaliation.**

**115.267 (a)** Policy 14-2 CC Sexual Abuse prevention and response page 11 of 35. At this facility the position that will serve as the designated staff person conducting the 30/60/90-day monitoring is the facility director or designee.

**115.267 (b)** The auditor interviewed the following staff: Agency head/Director responsible for monitoring retaliation of residents. There were residents onsite who reported sexual abuse for interviews. The auditor reviewed seven investigations for the monitoring of retaliation; one of the seven had an incomplete monitoring for retaliation required 30/60/90 days. The auditor noted an observation of the incomplete monitoring for retaliation. The auditor and facility director discussed the standard and requested training and monitoring for a 30-day period for consistency with the standard. The director completed the 30-day monitoring and no further action was required.

**115.267 (c)** The facility utilizes the monitoring shall document on the 14-2D-CC, PREA retaliation monitoring report (30/60/90) form. Monitoring shall continue beyond ninety (90) days if the initial monitoring indicates a continuing need. Ensure prompt actions are taken to remedy any identified retaliation. The auditor interviewed the director/staff member charged with monitoring retaliation of staff/residents. The number of times an incident of retaliation occurred in the past 12 months: 0.

**115.267 (d)** The auditor reviewed the PREA retaliation monitoring report (30/60/90). The auditor interviewed the director/charged with monitoring retaliation for staff/residents.

**115.267 (e)** Ensure any other individual who cooperates with an investigation and expresses fear of retaliation is protected from retaliation. The auditor interviewed the director/charged with monitoring retaliation for staff/residents.

**115.267 (f) N/A**

**Corrective Action:** The auditor recommends no corrective action.

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

**115.271 (a)**

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  NA
  
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of

criminal OR administrative sexual abuse investigations. See 115.221(a.)

Yes  No  NA

#### 115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  Yes  No

#### 115.271 (c)

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

#### 115.271 (d)

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

#### 115.271 (e)

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

#### 115.271 (f)

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

#### 115.271 (g)

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

#### 115.271 (h)

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

#### 115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response  
PREA Investigation Certificate and curricula  
PREA Incident Report  
Memorandum of Understanding with San Diego Police Department  
CoreCivic Record Retention Schedule

**Interviews:**

Investigative Staff  
Residents who reported sexual abuse (no residents onsite for interviews)  
Director or Designee  
PREA Coordinator  
Investigative Staff

**Site Observations:**

Sample of investigative records/reports of allegations of sexual abuse/sexual harassment

**Findings: Criminal and Administrative Agency Investigations.**

**115.271 (a)** It is CoreCivic's policy to aggressively investigate all allegations, regardless of the source, and prosecute those who are involved in incidents of sexual abuse. Alleged victims of sexual abuse or harassment will be provided a supportive and protective environment. Employees must take all allegations of sexual abuse and harassment seriously, including verbal, anonymous, and third-party reports, and verbal reports. The auditor interviewed the investigative staff and reviewed records and sample of reports and allegations.

**115.271 (b)** In addition to the general training provided to all employees and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in a confinement setting. Specialized training shall 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 auditor reviewed the specialized trained staff files for the completion of the specialized training.

**115.271 (c)** Documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with facility record retention policies. The auditor interviewed specialized staff who conduct the investigations who completed the required training.

**115.271 (d-j)** The administrator/director shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse and sexual harassment. The auditor interviewed staff who were trained to conduct sexual abuse investigations. A sample of investigative reports were reviewed by the auditor.

**115.271 (e)** The auditor interviewed the investigative staff and there were no residents who reported sexual abuse onsite for interviews.

**115.271 (f)** The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations shall be documented on the 5-1G Incident Investigation Report (or designated equivalent) agency via the 5-1 IRD (where applicable) and shall

detail in the components. The auditor conducted an interview with investigative staff and a sample of investigative reports were reviewed.

**115.271 (g)** The facility has a Memorandum of Understanding (MOU) with the San Diego Police Department (Investigating Agency).

**115.271 (h)** The PREA Compliance Manager, Administrator/Director shall immediately report all allegations of rape, sexual assault, or employee on resident sexual misconduct to state or local law enforcement agencies for criminal investigation if the allegation would be considered a criminal act under federal, state, or local law. The auditor conducted an interview with investigative staff and a sample of investigative reports were reviewed.

**115.271 (i)** When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

**115.271 (k)** N/A

**115.271 (l)** Serve as a primary liaison with local law enforcement or delegate this responsibility. The auditor interviewed the Director/PREA Manager and investigative staff during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.272: Evidentiary standard for administrative investigations

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

#### 115.272 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response  
PREA Investigation Certificate and Curricula

**Interviews:**

Investigative staff

**Site Observations:**

Documentation of administrative findings

**Findings: Evidentiary standards for administrative investigations.**

**115.272 (a).** In any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining, whether sexual abuse or sexual harassment has taken place. The auditor reviewed the Certificate of Completion for staff who completed the PREA: Investigating Sexual Abuse in a Confinement Setting by the National Institute of Corrections. The auditor interviewed the investigative staff during the onsite audit.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.273: Reporting to residents

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

#### 115.273 (a)

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

#### 115.273 (b)

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

#### 115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the

resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No

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

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

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

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response  
Resident PREA Allegations status notification

**Interviews:**

Director or Designee – Q: 10  
Investigative Staff – Q: 20  
Residents who Reported a Sexual Abuse – Q

**Site Observations:**

Sample of alleged sexual abuse investigations

**Findings: Reporting to Residents**

**115.273 (a)** Following the investigation into a resident’s allegation that he/she suffered sexual abuse at the facility, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. In the past 12 months: The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 7. The number of residents who were notified, verbally or in writing, of the results of the investigation: 6.

**115.273 (b)** If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the resident.

**115.273 (c)** Following a resident’s allegation that an employee has committed sexual abuse against the resident, the facility shall subsequently inform the resident (unless the facility has determined that the allegation is unfounded) etc.

**115.273 (d)** Following a resident’s allegation that he/she has been sexually abused by another resident, the facility shall subsequently inform the alleged victim etc.

**115.273 (e)** All resident notifications or attempted notifications shall be documented on the 14-2E-CC Resident Allegation Status Notification. The resident shall sign the 14-2E-CC, verifying that such notification has been received. The signed 14-2E-CC shall be filed in the resident’s institutional file.

**115.273 (f)** The facility’s obligation to notify the resident as outlined in this section shall terminate if the resident is released from CoreCivic’s custody. The auditor reviewed the Resident PREA allegation status notification during the onsite audit. One of the seven investigations did not have the notification during the review. The auditor discussed the Resident PREA Allegation Status Notification 14-2E-CC with the director. The auditor requested for the director to monitor the PREA Allegation status notification for a duration of 30-days. The facility director monitored the process for 30-days and no further action was required.

**Corrective Action:** The auditor recommends no corrective action.

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

#### 115.276 (a)

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

#### 115.276 (b)

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

#### 115.276 (c)

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

#### 115.276 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response  
Employee Problem Solving Notice/Termination for PREA Incident  
Code of Ethics/Acknowledgment

**Site Observations:**

Sample records/documentation

**Findings: Disciplinary sanctions for staff.**

**115.276 (a)** Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic’s sexual abuse or sexual harassment policies.

**115.276 (b)** Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. In the past 12 months: The number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 1. The number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies

**115.276 (c)** Disciplinary sanctions for violations of CoreCivic policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee’s disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories.

**115.276 (d)** All terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.277: Corrective action for contractors and volunteers**

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

**115.277 (a)**

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



### 115.277 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Policy 14-02 CC Sexual Abuse Prevention and Response

### Interviews:

Director

### Findings: Corrective Action for Contractors and Volunteers.

**115.277 (a)** Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0.

**115.277 (b)** Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions. The auditor interviews the director and there were no reports made in the past 12 months.

**Corrective Action:** The auditor recommends no corrective action.

### Standard 115.278: Interventions and disciplinary sanctions for residents

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

### 115.278 (a)

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

#### 115.278 (b)

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

#### 115.278 (c)

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

#### 115.278 (d)

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

#### 115.278 (e)

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

#### 115.278 (f)

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

#### 115.278 (g)

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

#### Auditor Overall Compliance Determination

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

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

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

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

#### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response  
Ocean View Resident Handbook  
Resident Acknowledgement of rules and regulations

#### **Interviews:**

Director

#### **Findings: Disciplinary sanctions for residents.**

**115.278 (a)** Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engages in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months: The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0.

**115.278 (b)** Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The auditor interviewed the director during the onsite portion of the audit.

**115.278 (c)** The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. The auditor interviewed the director during the onsite portion of the audit.

**115.278 (d)** Residents will seek community treatment if needed.

**115.278 (e)** A resident may be disciplined for sexual conduct with an employee only upon finding that the employee did not consent to such contact.

**115.278 (f)** Residents who deliberately allege false claims of sexual abuse can be disciplined. For the purpose of disciplinary action, a report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

**115.278 (g)** All sexual activity between residents is prohibited in CoreCivic facilities and residents will be disciplined for engaging in such activity. Such activity, however, does not constitute sexual abuse if it is determined that it is not coerced.

**Corrective Action:** The auditor recommends no corrective action.

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

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

#### 115.282 (a)

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

#### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.282 (c)

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

#### 115.282 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response  
PREA First Responder Card  
Memorandum of Understanding with Center of Community Solutions

**Interviews:**

Security staff and non-security staff first responders  
There were no residents who reported sexual abuse onsite for interviews.

**Findings: Access to emergency medical and mental health services.**

**115.282 (a)** The victims of sexual abuse will be offered access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by a SAFE or SANE where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SAFEs or SANEs. The auditor interviewed 26 staff members and they all carried the PREA first responder duties.

**115.282 (b)** The facility has a Memorandum of Understanding (MOU) with the Center of Community Solutions, all victims of sexual abuse are offered access to forensic medical exams were evidentiarily or medically appropriate. Such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE).

**115.282 (c)** The MOU offers victims of sexual abuse timely information about emergency contraception and sexually transmitted infections prophylaxis, sexually transmitted diseases, and comprehensive information about lawful pregnancy related services.

**115.282 (d)** The facility has a Memorandum of Understanding with the Center of Community Solutions to ensure that forensic examinations and treatment services shall be at no cost to the resident.

**Corrective Action:** The auditor recommends no corrective action.

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

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

**115.283 (a)**

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

#### 115.283 (b)

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

#### 115.283 (c)

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

#### 115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.283 (f)

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

#### 115.283 (g)

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

#### 115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response  
Memorandum of Understanding with Center of Community Solution

#### **Findings: Ongoing medical and mental health care for sexual abuse victims and abusers.**

**115.283 (a)** The facility has a Memorandum of Understanding (MOU) with the Center for Community Solutions; offers all victims of sexual abuse access to forensic medical exams where evidentiary or medically appropriate. Such examination shall be performed by a Sexual Assault Forensic Examiner whenever possible.

**115.283 (b)** Provide resident victims, as appropriate, with treatment plans, referrals for continued care, and/or contact information upon their transfer to another facility or release from custody as appropriate.

**115.283 (c)** The victims of sexual abuse will be offered access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate.

**115.283 (d, e, f)** Offer victims of sexual abuse timely information about emergency contraception and sexually transmitted infections prophylaxis, sexually transmitted diseases, and comprehensive information about lawful pregnancy related services.

**115.283 (g)** Such examinations shall be performed by a SAFE or SANE where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SAFEs or SANEs.

**115.283 (h)** Ocean View will refer any known abuser for Mental Health and comply with any recommendations by the Mental Health Practitioner.

**Corrective Action:** The auditor recommends no corrective action.



## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

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

#### 115.286 (b)

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

#### 115.286 (c)

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

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

## 115.286 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Policy 14-02 CC Sexual Abuse Prevention and Response  
14-02 CC (F) Sexual Abuse or Assault Incident Review Form  
Ocean View Review Team Assignment

#### Interviews:

Director/PREA Coordinator  
Incident Review Team

#### Site Observations:

Administrative Investigations

#### Findings: Sexual Abuse Incident Review

**115.286 (a)** The administrator/director will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The auditor reviewed the facility investigations and the sexual abuse or assault incident review form 14-2F-CC were completed.

**115.286 (b)** Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation. The auditor reviewed the facility investigations and the sexual abuse or assault incident review form 14-2F-CC were completed. The facility director was interviewed and explained the Sexual abuse incident review team and the process.

**115.286 (c)** In addition to the administrator/director, the incident review team shall include upper-level facility management, with input from line supervisors, investigators, and medical or mental health practitioners (if available). The auditor reviewed the facility investigations and the sexual abuse or assault incident review form 14-2F-CC were completed.

**115.286 (d)** The review team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. All findings and recommendations for improvement will be documented on the 14-2F-CC Sexual Abuse Incident Review Report. Completed 14-2F-CC forms will be forwarded to the administrator/director, the PREA Compliance Manager, and the FSC PREA Compliance Coordinator. The auditor interviewed the director/PREA manager/Incident review team during the onsite portion of the audit.

**115.286 (e)** The facility shall implement the recommendations for improvement or shall document reasons for not doing so.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.287: Data collection

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

#### 115.287 (a)

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

#### 115.287 (b)

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

#### 115.287 (c)

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

#### 115.287 (d)

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

#### 115.287 (e)

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

## 115.287 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Primary 14-02 CC Sexual Abuse Prevention and Response  
CoreCivic 2018 Annual PREA Report

### Findings: Data Collection

**115.287 (a/c)** Allegation Tracking: each facility will ensure that incidents of sexual abuse are entered into the IRD (where applicable) as required by CoreCivic Policy 5-1 Incident Reporting and 14-2BB-CC PREA 5-1 IRD Incident Reporting Definitions.

**115.287 (b/d)** Online Resources <https://www.corecivic.com/hubfs/files/PREA/14-02%20DHS-1.pdf>. The full text of DHS and DOJ PREA Standards can be found below. Additional information on the Prison Rape Elimination Act can be obtained from the Department of Justice PREA Resource Center at [www.PREAResourceCenter.org](http://www.PREAResourceCenter.org). CoreCivic Policy 14-2 (For inmates under DOJ Standards including County, State, Federal Bureau of Prisons, and United States Marshal Service)  
CoreCivic Policy Change Notice (1)  
CoreCivic Policy 14-2 DHS-FRS (for ICE Family Residential Centers)  
CoreCivic Policy 14-2 CC (for Community Corrections)  
CoreCivic Policy Change Notice (Community Corrections (1))  
CoreCivic Policy 14-2 DHS (for ICE detainees under DHS Standards)  
DOJ PREA Final Standards for Prisons and Jails  
DOJ PREA Final Standards for Community Confinement  
DHS Final Standards  
CoreCivic 2018 PREA Report  
CoreCivic 2017 PREA Report  
CoreCivic 2016 PREA Report  
CoreCivic 2015 PREA Report

CoreCivic 2014 PREA Report  
CoreCivic 2013 PREA Report  
Social Responsibility  
Community Support  
Corporate Ethics  
PREA

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.288: Data review for corrective action

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

#### 115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.288 (b)

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

#### 115.288 (c)

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

#### 115.288 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Policy 14-02 CC Sexual Abuse Prevention and Response  
CoreCivic 2018 PREA Annual Report  
CoreCivic Website

#### **Interviews:**

Agency Head/PREA Manager

#### **Findings: Data review for corrective action.**

**115.288 (a)** The FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training include: identifying problem areas, taking corrective action on an ongoing basis; and preparing an annual report of findings and corrective actions for each facility, as well as CoreCivic as a whole. The auditor interviewed the Agency head/PREA Manager during the onsite portion of the audit.

**115.288 (b)** Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of CoreCivic's progress in addressing sexual abuse. The auditor PREA annual reports were reviewed.

**115.288 (c)** CoreCivic's report shall be approved by the company's Chief Corrections Officer and made readily available to the public through the CoreCivic website. The auditor interviewed the Agency head during the onsite portion of the audit.

**115.288 (d)** Specific material may be redacted (d) from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated. The auditor interviewed the director/PREA manager during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

### **Standard 115.289: Data storage, publication, and destruction**

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

#### 115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes  No

#### 115.289 (b)

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

#### 115.289 (c)

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

#### 115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Policy 14-02 CC Sexual Abuse Prevention and Response  
CoreCivic 2018 PREA Annual Report  
CoreCivic website  
Policy 1-15 CC Record Retention Schedule

#### Interviews:

PREA Manager



**Findings: Data storage, publication, and destruction.**

**115.289 (a)** Data collected for this purpose shall be securely stored and retained in accordance with the facility's record retention policies. The auditor interviewed the PREA Manager during the onsite portion of the audit.

**115.289 (b)** The FSC PREA coordinator shall make all aggregated sexual abuse data available to the public at least annually through the CoreCivic website. The auditor reviewed a sample of publicly available sexual abuse data on the website.

**115.289 (c)** Before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers. The auditor reviewed a sample of publicly available sexual abuse data on the website.

**115.289 (d)** The agency maintains sexual abuse data collected for at least 10 years after the date of initial collection.

**Corrective Action:** The auditor recommends no corrective action.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

##### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

##### 115.401 (h)

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

##### 115.401 (i)

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

##### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents?  Yes  No

##### 115.401 (n)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The CoreCivic Ocean View facility demonstrated compliance with the standard. The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for the facility. The audits were reviewed, at a minimum, a sampling of relevant documents and other records and information for the recertification period. The auditor had access to all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. The auditor interviewed a representative sample of residents, monitors, supervisors, contractors/volunteers and administrators. The auditor reviewed a sampling of available surveillance cameras and other electronically available data that may be relevant to the provisions being audited. The auditor was permitted to conduct private interviews with residents. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor was able to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The auditor concluded that the facility complies with the standard for the relevant recertification period.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

## Auditor Overall Compliance Determination

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

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

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

CoreCivic will ensure that the auditor's final report is published on CoreCivic's website in order to be readily available to the public. The information is displayed on the CoreCivic website <https://www.corecivic.com/facilities/ocean-view>.

## 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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### **Auditor Instructions:**

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

Noelda Martinez

3/27/2020

**Auditor Signature**

**Date**

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

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