

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

Interim Final

Date of Interim Audit Report: May 7, 2021

Date of Final Audit Report: September 9, 2021

Auditor Information

Name: Kendra Prisk **Email:** 2KConsultingLLC@gmail.com

Company Name: 2K Consulting, LLC.

Mailing Address: PO Box 204 **City, State, Zip:** Malone, FL 32445

Telephone: 814-883-9766 **Date of Facility Visit:** March 29-April 1, 2021

Agency Information

Name of Agency: CoreCivic

Governing Authority or Parent Agency (If Applicable):

Physical Address: 5501 Virginia Way, Suite 110 **City, State, Zip:** Brentwood, TN 37027

Mailing Address: 5501 Virginia Way, Suite 110 **City, State, Zip:** Brentwood, TN 37027

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

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

Agency Chief Executive Officer

Name: Damon T. Hininger

Email: Damon.Hininger@corecivic.com **Telephone:** 615-263-3000

Agency-Wide PREA Coordinator

Name: Eric S. Pierson

Email: Eric.Pierson@corecivic.com **Telephone:** 615-263-6915

PREA Coordinator Reports to: **Number of Compliance Managers who report to the PREA Coordinator:**
Steven Conry, Vice President 68

Facility Information

Name of Facility: Coffee Correctional Facility

Physical Address: 1153 North Liberty Street

City, State, Zip: Nicholls, GA 31554

Mailing Address (if different from above):
P.O. Box 650

City, State, Zip: Nicholls, GA 31554

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <https://www.corecivic.com/facilities/coffee-correctional-facility>

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:

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
The 2019 operations audit, 2020 operations audit and 2019 and 2021 Georgia customer audit.

Warden/Jail Administrator/Sheriff/Director

Name: Steve Upton

Email: Steve.Uptonsr@corecivic.com

Telephone: 912-345-5058

Facility PREA Compliance Manager

Name: Audrey Williams

Email: Audrey.Williams@corecivic.com

Telephone: 912-345-5058

Facility Health Service Administrator

Name: Deborah Stewart

Email: Deborah.Stewart@corecivic.com

Telephone: 912-345-5058

Facility Characteristics

Designated Facility Capacity:

2102

Current Population of Facility:

2207

Average daily population for the past 12 months:

2460

Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	19-76
Average length of stay or time under supervision:	473 Days
Facility security levels/inmate custody levels:	Minimum & Medium
Number of inmates admitted to facility during the past 12 months:	469
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	469
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	469
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates 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
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input 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 checked="" 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: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	276
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	84
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	6
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	29
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	23
Physical Plant	

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates 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 inmates, 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>	8
<p>Number of inmate housing units:</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 inmates 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 inmates 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>	43
<p>Number of single cell housing units:</p>	0
<p>Number of multiple occupancy cell housing units:</p>	11
<p>Number of open bay/dorm housing units:</p>	32
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	170
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Medical and Mental Health Services and Forensic Medical Exams</p>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input checked="" type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe):
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Investigations

Criminal Investigations

<p>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:</p>	<p>0</p>
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<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<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 checked="" type="checkbox"/> Other (please name or describe): Georgia Criminal Investigations Division <input type="checkbox"/> N/A
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Administrative Investigations

<p>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?</p>	<p>2</p>
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<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<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): <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) re-certification audit for Coffee Correctional Facility (Coffee CF) in Nicholls, Georgia was conducted on March 29, 2021 through April 1, 2021 to determine the continued compliance of the Prison Rape Elimination Act Standards. Coffee CF is a private for profit prison under CoreCivic. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through the agency directly and had a contract with CoreCivic. The auditor is personally accountable for complying with the DOJ certification requirements and audit findings. The contract described the specific work required according to the DOJ standards and PREA auditor handbook to include the pre-audit, on-site audit and post-audit. The auditor signed the contract on December 15, 2020.

The previous PREA audit was conducted by PREA auditor Talia Huff on April 17-19 2018. The previous auditor found that the facility exceeded eight standards and met 37.

Pre-Audit

On February 5, 2021 the auditor provided her mailing address to the agency PREA Coordinator (PC) for the audit announcements. On February 18, 2021 the auditor was provided access to the facility's Pre-Audit Questionnaire (PAQ), policies, procedures and supporting documentation through a shared folder program. The auditor had correspondence via telephone and email with the PC and facility staff during the pre-audit phase. On numerous dates in February and March the auditor had correspondence with the PC and the facility staff related to questions about the PAQ, policies, procedures and supporting documentation (all documents reviewed are listed under the appropriate PREA standard). On March 29, 2021 the auditor provided the PC with information on the listings that would be needed on the first day of the audit, as well as some of the supplemental documentation that would need to be reviewed on-site. The PC and facility staff were responsive and provided the auditor with updated and clarifying information numerous times in March 2021. Facility staff ensured the audit announcement was placed throughout the facility prior to the audit. The auditor received a photo of the PREA audit announcement posted at the facility as well as an assurance memo. The auditor received one letter from an inmate at Coffee CF.

The auditor contacted SART, LLC. related to forensic medical examinations. The staff member confirmed that they do provide forensic medical examinations on-site at the facility. The staff member stated that they go into the facility when called related to an exam and that they have a contract with the facility to provide these services. The staff member confirmed that all individual who provide exams are Sexual Assault Nurse Examiners (SANE). The auditor contacted Satilla Advocacy Services related to victim advocacy services. The facility does not currently have a Memorandum of Understanding (MOU) with the local rape crisis center, however during the on-site portion of the audit they were working with Satilla Advocacy Services (SAS). The auditor spoke to SAS related to their relationship with the facility and any correspondence with the inmate population. The staff member stated they have had correspondence with inmates at Coffee CF, however the correspondence has not been related to sexual abuse or sexual harassment. The staff member stated that SAS did not have any concerns related to sexual safety at Coffee CF. The auditor also contacted Just Detention International (JDI) and Rape, Abuse & Incest National Network (RAINN), two national anti-sexual violence organizations. JDI indicated that they did not have any correspondence with inmates at Coffee CF. RAINN advised that they do not track the individuals who receive their services and as such they could not provide any information requested.

The auditor conducted a web-based search related to Coffee CF. The auditor located a few results, however none pertained to sexual abuse or sexual harassment. The auditor confirmed that the agency

website had the PREA policy, the annual report, a link to the PREA Resource Center, PREA auditor reports and a method to report allegations. The previous PREA audit report for Coffee CF was not found on the CoreCivic website, but rather through the Georgia Department of Corrections website.

On-Site

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site portion of the audit. Based on the population on the first day of the audit (2207) the PREA auditor handbook indicated that at least 40 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least one inmate was selected from each of the housing units with the exception of the segregation and quarantine units. One unit was under quarantine during the on-site portion of the audit due to COVID-19 (8-NN) and six housing units were closed. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaire*. The table following the inmate listings depicts the breakdown of inmate interviews. The inmate that the auditor received correspondence from was still at the facility during the on-site portion of the audit. The auditor interviewed the inmate related his concern, which was not PREA related.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

Category of Inmates	Number of Interviews
Random Inmates	20
Targeted Inmates	23
Total Inmates Interviewed	43 ¹
Targeted Inmate Interview:	
• Youthful Inmates	0
• Inmates with a Disability	5
• Inmates who are LEP	5

¹ Only 40 total inmates were interviewed. A few of the inmates were included in more than one targeted category.
 PREA Audit Report – V6. Page 7 of 142 Coffee CF

• Inmates with a Cognitive Disability	0
• Inmates who Identify as Lesbian, Gay or Bisexual	4
• Inmates who Identify as Transgender or Intersex	3
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	5
• Inmates who Reported Sexual Victimization During Screening	1

The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site portion of the audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Staff from both the day shift and the evening shift were interviewed. Staff selected for the specialized interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* and the *Interview Guide for Specialized Staff*. The table following the staff listings depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
 - Agency contract administrator
 - Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
 - Line staff who supervise youthful inmates, if any
 - Education staff who work with youthful inmates, if any
 - Program staff who work with youthful inmates, if any
 - Medical staff
 - Mental health staff
 - Non-medical staff involved in cross gender strip or visual searches
 - Administrative (Human Resource) staff
 - SAFE and/or SANE staff
 - Volunteers who have contact with inmates
 - Contractors who have contact with inmates
 - Criminal investigative staff
 - Administrative investigative staff
 - Staff who perform screening for risk of victimization and abusiveness
 - Staff who supervise inmates in segregated housing
 - Staff on the sexual abuse incident review team
 - Designated staff member charged with monitoring retaliation
 - First responders
 - Intake staff

Category of Staff	Number of Interviews
Random Staff	12
Specialized Staff	23
Total Staff Interviews	35
Specialized Staff Interviews	
• Agency Contract Administrator	0
• Intermediate or Higher-Level Facility Staff	4
• Line Staff who Supervise Youthful Inmates	0
• Education and Program Staff who Work with Youthful Inmates	0
• Medical and Mental Health Staff	4
• Human Resource Staff	1
• Volunteers and Contractors	2
• Investigative Staff	1
• Staff who Perform Screening for Risk of Victimization	2
• Staff who Supervise Inmates in Segregated Housing	2
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• First Responders	3
• Intake Staff	2

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Mr. Steve Conroy (Agency Head Designee)
- Mr. Steve Upton (Warden)
- Mr. Eric Pierson (PREA Coordinator “PC”)
- Ms. Audrey Williams (PREA Compliance Manager “PCM”)

The on-site portion of the audit was conducted on March 29, 2021 through April 1, 2021. The auditor had an initial briefing with facility leadership and discussed audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documents to review. The auditor conducted a tour of the facility on March 29, 2021. The tours included all areas associated with Coffee CF. This included housing units, visitation, commissary, the kitchen, the dining area, intake, education, medical, recreation,

the chapel, mental health, vocation, maintenance and the warehouses. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings.

During the tour, the auditor identified a blind spot in the kitchen. The facility installed a mirror prior to the auditor completing the on-site portion of the audit. Additionally, the bathroom in the kitchen had a large window that required additional privacy. The facility added materials to partially obstruct the view through the window.

Interviews were conducted on March 30, 2021 and March 31, 2021. Evening shift staff were interviewed on March 30, 2021 while day shift staff were interviewed on March 30, 2021 and March 31, 2021. All interviews were conducted in a private setting.

During the audit the auditor requested personnel and training files of staff, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is below.

Personnel and Training Files. The facility has 276 staff assigned. The auditor reviewed a random sample of 21 personnel and/or training records that included seven individuals hired within the past twelve months. The sample included a variety of job functions and post assignments, including supervisors and line staff. Additionally, personnel and training files for six volunteers, five contractors and seven medical and mental health care staff were reviewed. Most security staff files reviewed were of those selected for interview. Medical and mental health care staff, volunteer and contractor files were selected at random from the listings.

Inmate Files. A total of 39 inmate files were reviewed although some files were only reviewed for a specific area the auditor was reviewing. 24 inmate files were of those that arrived within the previous twelve months, five were disabled inmates, four were LEP inmates, three were transgender or intersex inmates and eleven were inmates who reported prior victimization during the risk screening or had a history or prior abusiveness. All inmate files reviewed were of those selected for interview.

Medical and Mental Health Records. During the past year, there were 29 inmates that reported sexual abuse or sexual harassment at the facility. The auditor reviewed medical and mental health records of fourteen of the inmate victims, as well as mental health documents for eleven inmates who disclosed victimization during the risk screening or were identified by the risk screening of having prior sexual abusiveness.

Grievances. In the past year, the facility had zero grievances of sexual abuse. The facility indicated that they do not have a PREA grievance procedure for sexual abuse and as such are exempt. When an inmate reports an allegation it is immediately referred for investigation.

Hotline Calls. The facility has a hotline number as well as an electronic way to report through JPay. The facility documented seven calls through the hotline and thirteen JPay emails within the previous twelve months.

Incident Reports. The auditor reviewed the incident reports for the fourteen reviewed investigations. The auditor also reviewed the incident report log to spot check reported incidents.

Investigation Files. During the previous twelve months, there were 29 allegations reported. Four of the allegations had a criminal and administrative investigations initiated. All 29 administrative investigations were closed while all four of the criminal investigations were open. The auditor reviewed fourteen closed investigations to ensure all components were included from the investigating authority. In the previous twelve months there were four allegations that were referred for a criminal investigation and all four were still open. One allegation was referred to the District Attorney for prosecution.

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	0	0	0	0
Unsubstantiated	9	3	6	3
Unfounded	2	4	2	1
Ongoing	4	0	0	0
Total Allegations	15	7	8	4

During the on-site portion of the audit, the auditor tested the hotline number in three units and left a message in one unit. The PC provided the auditor with confirmation the same day that the information was received and forwarded to him. Additionally, the auditor observed that each housing unit had the opposite gender announcement painted as well as the hotline number.

Post-Audit

At the completion of the on-site portion of the audit, the PC provided the auditor with a few additional audit documents via email. The auditor spoke to the PC and facility staff about the recommendations under standards 15.41 and 115.67. Additionally, the auditor communicated the area that staff were less familiar with during interviews (prohibition of inmate translators).

On April 1, 2021 the auditor was provided a copy of the proposed Memorandum of Understanding (MOU) with Satilla Advocacy Services. However, the MOU was not signed prior to the issuance of the interim report. On July 21, 2021 the auditor was provided a signed executed copy of the MOU with Satilla Advocacy Center. The MOU was signed on June 30, 2021 and stated that SAS agrees to provide a sexual abuse/assault crisis line telephone hotline number and mailing address that may be posted throughout the facility and in written resources given to inmates. It further states that SAS will provide inmates with confidential emotional support services related to sexual abuse including, crisis intervention, information and referrals as needed via telephone calls.

During the on-site portion of the audit, the auditor reviewed seven medical and mental health staff training records. Only two of the staff had the specialized training. As such, the auditor advised the facility that further documentation would be required to show the standard compliant. On May 5, 2021 the auditor received training documents for 115.35. The facility provided a snapshot of the specialized medical and mental health staff training. Eleven of the staff had completed either the National Institute of Corrections (NIC) or CoreCivic equivalent specialized PREA training. While the facility did provide training to medical and mental health care staff during the interim report period, there were still twelve staff that needed to complete the required specialized training. As such the auditor required additional documentation to show this standard compliant.

On May 5, 2021, the auditor was also provided inmate training records and a memo from the PCM related to Standard 115.33. During the on-site portion of the audit, the auditor had randomly selected three inmates that had been at the facility prior to 2013. None of the three had documentation indicating that they received comprehensive education after the standards were released in 2013. The facility then

generated a list of the inmates that arrived at the facility prior to 2013. The list was over 200 inmates. The PCM stated that all of the inmates were shown a video but there was not documentation indicating they viewed the video. As such, the auditor indicated that the facility would need to education all inmates who had been at the facility prior to 2013 and ensure they were documented with completing the training. In addition to those that arrived prior to 2013, the auditor reviewed four LEP inmate files, only one of which arrived within the previous two years. One inmate had not received comprehensive PREA education, two had signed an English acknowledgment form and one had signed the appropriate Spanish acknowledgment form. The interviews with the LEP inmates confirmed what the documentation revealed. One inmate indicated he received the information in Spanish and understood it, two stated it was in English and they did not understand it, one stated he did not have PREA education at all and a fifth stated that he was provided the information in English but they called the translation service to translate the information. He stated he really didn't understand it though. Based on this information the auditor advised the facility that they would need to re-educate all LEP inmates. On May 5, 2021 the facility provided the auditor with a memo indicating that every inmate at Coffee CF was re-educated on PREA through the video (Spanish for LEP inmates). Additionally, the facility provided the auditor with 37 training acknowledgment examples, including 30 inmates who had been at the facility prior to 2013 and seven inmates who were LEP and signed a Spanish acknowledgment form. As such, the auditor determined that based on the re-education of the entire inmate population, Standard 115.33 was corrected within the interim report period.

The auditor attempted to contact the criminal investigator from the Georgia Department of Corrections, however was unsuccessful. The auditor will continue to work with the facility to obtain the interview during the corrective action period. While the auditor can make determinations based on the interview with the administrative facility investigator, the interview with the criminal investigator would provide additional information related to policy, procedure and practice. The auditor asked the PCM to set up an interview with the investigator, however at the date of issuance of this report the auditor still had not received a call for interview from the Georgia Department of Corrections investigator.

On August 25, 2021 the auditor received training documents related to standards 115.35 (CoreCivic PREA Training Acknowledgment Specialized Training 14-2A1 forms), 115.81, 115.82 and 115.83 (Training/Activity Attendance Roster and training outline). The facility provided 30 staff training records indicating the completion of the medical and mental health specialized training. Additionally, the facility provided training to medical and mental health care staff related to requirements under 115.81, 115.82 and 115.83. Medical and mental health staff received training on August 10, 2021 and August 11, 2021 related to their responsibilities when an inmate discloses sexual abuse during the risk screening, is identified with prior sexual abusiveness during the risk screening and/or reports an incident of sexual abuse. The PC informed the PCM that the organization that provides SANE forensic medical examinations are not required to provide any additional medical or mental health services, such as infection prophylaxis and testing. The training discussed his direction as well as covered that facility medical and mental health care staff are required to provide and document the outlined services for inmate victims of sexual abuse. Additionally, staff were provided training on the requirement of providing a mental health evaluation on all known inmate-on-inmate abusers within 60 days. The training also provided direction to mental health staff on mental health follow-ups under 115.81. In addition to the training documentation, the auditor was also provided housing determination documents for standard 115.42 for the two transgender inmates and the one intersex inmate (Transgender/Intersex Assessment and Treatment Plan). The forms documented housing determination, safety concerns and inmate preferences. The reviews were completed by the Sexual Assault Response Team, including the Assistant Warden, PCM, medical staff and classification.

On September 8, 2021 the auditor was provided documentation related to 115.81. The facility provided the auditor with eight examples of inmates who disclosed prior sexual victimization (one) or a history of prior sexual abusiveness (seven) during the corrective action period. Five of the seven prior sexual abusiveness examples had mental health documentation indicating the inmate was seen by mental health within fourteen days. Two of the inmates were seen by mental health, but it was outside of the

fourteen day timeframe. The one inmate who disclosed prior victimization (outside of an institutional setting) was seen by mental health within fourteen days. On September 9, 2021 the auditor was provided two additional examples of inmates identified with prior sexual abusiveness during the risk screening. Both inmates were offered a mental health follow-up and were seen within fourteen days by mental health care staff.

On September 8, 2021 the auditor was provided advocacy posters that the facility created to post throughout the facility. The posters identified Satilla Advocacy Services as the non-profit organization available to provide services for sexual assault survivors, including counseling, emotional support, emergency assistance and advocacy. The poster provided the advocacy mailing address. The auditor was provided photos of the posters throughout the facility. Additionally, the auditor was provided photos of the JPay message that was sent to the inmate population related to Satilla Advocacy Services. The auditor contacted the PCM and advised that a phone number is required to be provided and that information on how the inmates can contact Satilla Advocacy Services, the level the communication is monitored and the level of confidentiality would need to be added. On September 9, 2021 the auditor was provided updated advocacy posters with appropriate information. The posters included SAS phone number and mailing address. The posters stated that all mail to the advocacy center was subject to inspection and that the phone number could not be accessed via the inmate telephone system, however they could contact unit team or the shift supervisor to make a confidential call on an unrecorded line. The facility provided photos of the updated poster around the facility. Additionally, the information was sent through JPay to the inmate population.

Facility Characteristics

Coffee CF is a privately operated state prison under the authority of CoreCivic and the Georgia Department of Corrections, located at 1153 North Liberty Street, in Nicholls, Georgia. CoreCivic's purpose is to help government better the public good. The mission of CoreCivic is to help government better the public through: CoreCivic Safety, CoreCivic Community and CoreCivic Properties. CoreCivic Safety is described as operating safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety. CoreCivic Community is described as delivering proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe. CoreCivic Properties is described as offering innovative and flexible real estate solutions that provide value to government and the people they serve. Coffee CF is a medium security facility that houses adult male inmates. Coffee CF is located in Coffee County, approximately thirteen miles east of Douglas, Georgia and approximately 108 miles northwest of Jacksonville, Florida. The facility has a total capacity of 2101 inmates, which was recently reduced. The average daily population over the previous twelve months was 2460. On the first day of the audit the population at the facility was 2207. The age range of the facility's population is 19-76 years of age. The average length of stay for inmates at the facility is approximately 473 days.

The facility employs 276 staff. Security staff mainly make up two shifts, day shift works from 6:00am-6:00pm and evening shift works from 6:00pm-6:00am. A review of the 2021 staffing plan indicates that each shift has a shift supervisor and an assistant shift supervisor. Housing units have at least one correctional officer and case managers. Additional officers are assigned to other areas to include intake, visitation, education, vocation, laundry, recreation, kitchen and medical to assist with monitoring. The facility employs 29 contractors and has 23 active volunteers.

Facility Description

The facility comprises seven building, including a warehouse that is outside the secure perimeter. The facility is equipped with reflective mirrors and video monitoring to alleviate blind spots and assist with monitoring. PREA posters and painted information, including reporting information was observed throughout the facility. The below describes the basics of the facility.

Administration – This area contains numerous offices, including the Warden's office.

Commissary – Has two separate spaces, one is a warehouse for storage with boxes of goods. The second space is open store style with shelves of goods.

Education – The space contains the library, law library and classrooms. The inmate restroom has a solid door for privacy.

Food Services – The facility has two dining areas. Both dining areas are open with tables and stools. The kitchen comprises necessary elements to feed over 2000 inmates, including kettles, grills, ovens, a food preparation area, a dish room, coolers, freezers and dry storage. The inmate restroom has a door with a large security window. Half of the window had materials added during the on-site portion of the audit to provide appropriate privacy.

Health Services – There are two medical spaces, old medical and new medical. Old medical has medical and dental areas. Dental has chairs and work stations. Medical includes a pharmacy, exam rooms, records and a waiting area. All exam rooms have doors with security windows that allow for adequate privacy. Medical records are contained behind two locked doors. Additionally, medical has three observation cells. The cells contain a bunk, toilet and sink. New medical has the same features including dental, exam rooms, medical records, a waiting room and six observation cells. Exam rooms have solid

doors for privacy and the inmate restroom has a door with a security window. The observation cells contain a bunk, toilet, sink and shower. The showers have curtains and both the showers and the toilets are behind a door with a security window.

Intake – Small area with holding cells and property. Strip searches are not conducted in this area, rather they are done in the segregation unit prior to the inmates being escorted to intake. The holding cells contain a toilet and a shower, both of which have a curtain for privacy.

Laundry – A small area with washers and dryers.

Maintenance – Open area with space for each trade, including materials and equipment.

Mental Health – Comprises staff offices with solid doors and windows.

Recreation – Both indoor and outdoor. All housing units have a small outdoor recreation area off the unit with a basketball court and benches. Additionally, there is a shared large outdoor concrete recreation area. The indoor recreation area is a large gymnasium with a basketball court and equipment room. The inmate restrooms have raised half walls for privacy.

Religious Services – The space includes a chapel, offices and a small library.

Sick Call – Open waiting area with seating and a triage room. The triage room has a solid door for privacy.

Visitation – Indoor visitation is open with chairs, a COVID-19 barrier, vending machines and no contact booths. The strip search area is behind a solid wall and the inmate restroom has a solid door for privacy.

Vocation – This area contains welding and diesel programs. Each program has its own bay with necessary tools and equipment. The strip search area contains raised walls and a curtain while the inmate restroom has a door with a security window for privacy. Additionally, there is an outdoor horticulture program.

Warehouse – Two warehouses, one inside and one outside the secure perimeter. Both are open and contain goods and materials.

Old segregation is two separate wings (old segregation and isolation). Both wings mirror one another and a solid door separates the two wings. Both units have outdoor recreation enclosures for the inmates in the units. Both wings have holding cells and individual showers. The showers have metal doors with covered flaps that provide privacy. Cells are double bunked with a desk, stool, sink and toilet. Cell doors are solid with a security window.

Segregation (Unit 1) has three units separated by solid doors. The three units share an officer's station and a sally port. Each unit is two tiered. The first tier contains the dayroom with tables, benches, telephones and televisions. All showers are single person with metal doors for privacy. Cells are double bunked with a desk, stool, sink and toilet. Cells doors are solid with a small security window.

Units 2 and Units 5 have the same set up as Unit 1 with the exception of the showers. Showers have half wall separators and a curtain at the entrance to provide privacy. Additionally, Units 2 and Units 5 are all general population inmates rather than segregation.

Units 3, 4 and 6 have the same set up. All units have six housing areas that are separated by solid doors with a shared barbershop in the entrance hallway. All units are open bay style. A dayroom is located in each unit with telephones, benches and televisions. The bathrooms are shared and have raised half walls and curtains for privacy. The showers have raised half wall separators and curtains for privacy. The living areas in the units are separated by raised walls. Each living area is double bunked with a locker.

Units 7 and 8 have the same set up. The entrance hall to the units have program rooms and classrooms/multipurpose rooms. The units have seven housing areas that are separated by solid doors. The units are open bay style with a dayroom at the front of each unit containing tables, stools, televisions and telephones. The restrooms have raised walls and curtains at the entrance for privacy. Showers are individual with curtains for privacy. The living areas have bunk beds in rows with lockers corresponding to each bunk.

Unit	Capacity	Style	Inmate Population
1-A	88	Double Occupancy	Segregated Housing
1-B	78	Double Occupancy	Segregated Housing
1-C	86	Double Occupancy	Segregated Housing
2-D	88	Double Occupancy	General Population
2-E	80	Double Occupancy	General Population
2-F	88	Double Occupancy	General Population
3-G	58	Open Bay	Closed
3-H	68	Open Bay	Closed
3-J	60	Open Bay	Closed
3-K	60	Open Bay	Closed
3-L	60	Open Bay	Closed
3-M	60	Open Bay	Closed
4-N	60	Open Bay	General Population
4-P	60	Open Bay	General Population
4-Q	60	Open Bay	General Population
4-R	60	Open Bay	General Population
4-S	60	Open Bay	General Population
4-T	60	Open Bay	General Population
5-U	88	Double Occupancy	General Population
5-V	80	Double Occupancy	General Population
5-W	88	Double Occupancy	General Population
6-X	58	Open Bay	General Population – Kitchen/Detail Workers
6-Y	68	Open Bay	General Population – Kitchen/Detail Workers

6-Z	60	Open Bay	General Population – Kitchen/Detail Workers
6-AA	60	Open Bay	General Population – Kitchen/Detail Workers
6-BB	60	Open Bay	General Population – Kitchen/Detail Workers
6-CC	60	Open Bay	General Population – Kitchen/Detail Workers
7-DD	58	Open Bay	General Population
7-EE	82	Open Bay	General Population
7-FF	82	Open Bay	General Population
7-GG	82	Open Bay	General Population
7-HH	82	Open Bay	General Population
7-JJ	82	Open Bay	General Population
7-KK	82	Open Bay	General Population
8-LL	50	Open Bay	General Population
8-MM	60	Open Bay	General Population
8-NN	60	Open Bay	General Population
8-PP	60	Open Bay	General Population – Drug Treatment Program
8-QQ	60	Open Bay	General Population
8-RR	60	Open Bay	General Population – Dog Program
8-SS	58	Open Bay	General Population – Dog Program
Old Segregation	50	Double Occupancy	Segregated Housing
Isolation	45	Double Occupancy	Segregated Housing

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.17 & 155.86

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: NA

PREVENTION PLANNING

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Human Rights Policy Statement
4. 14-2AA PREA Pamphlet
5. Inmate Handbook
6. PREA Zero Tolerance Policy Acknowledgement
7. PREA Coordinator Position Description

8. CoreCivic Organizational Chart
9. Letter from the Warden Related to the PREA Compliance Manager
10. Facility Organizational Chart

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The agency has a comprehensive PREA Policy: 14-2 Sexual Abuse Prevention and Response as well numerous other documents to supplement the policy. These include the Human Rights Policy Statement, the inmate handbook and the PREA pamphlet. 14-2 Sexual Abuse Prevention and Response states on page 4 that CoreCivic has mandated zero tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines the strategies on preventing, detecting and responding to such conduct and includes definitions of prohibited behavior. The policy address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policy address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policy address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. The policy and supporting documentation are consistent with the PREA standards and outlines the agency's approach to sexual safety. All CoreCivic staff are required to sign a PREA zero tolerance policy acknowledgment which states the zero tolerance policy, directs staff on their requirements in reporting and methods of reporting, states that all allegations will be aggressively investigated and lists the definitions of sexual abuse and sexual harassment.

115.11 (b): The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide. The PC is the Senior Director of PREA Programs and Compliance. The PC reports to the Vice President of Operations Administration. The PC's position description states that the Senior Director develops, implements and oversees company policies and procedures in complying with the standards of the Prison Rape Elimination Act (PREA). Additionally, it states that the Senior Director manages the company's compliance efforts, reporting requirements and audit processes related to PREA. The PC has 68 PREA Compliance Managers that report to him. The interview with the PC indicated that he has enough time to manage all of his PREA related responsibilities. He stated that at any given time there are approximately 68 PCM including those from Community Corrections. He stated that the PREA Office consists of two individuals, himself and a Director that coordinates PREA investigations. The PC indicated that they have quarterly training sessions with the PCMs via skype and that he travels to facilities for audits and training sessions. He further stated that the PREA staff are in contact with facilities daily on investigations and audit issues.

115.11 (c): The facility has designated the Chief of Unit Management as the staff member responsible for ensuring PREA compliance. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. That PAQ stated that the PCM's position at the facility is the Case Manager. The facility's organizational chart as well as the letter from the Warden confirm that the Chief of Unit Management is responsible for PREA compliance and that she reports to the Assistant Warden. The interview with the PREA Compliance Manager indicated she has sufficient time to coordinate the facility's PREA compliance.

Based on a review of the PAQ, PREA policy, the agency's organization chart, the facility's organizational chart, the PREA pamphlet, the inmate handbook, the memo from the Warden, the PC position description, the Human Rights Policy Statement and information from the interviews with the PC and PCM, this standard appears to be compliant.

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) 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*)

Documents:

1. Pre-Audit Questionnaire
2. Memorandum from the PREA Compliance Manager

Interviews:

1. Interview with the Agency's Contract Administrator

Findings (By Provision):

115.12 (a): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's inmates and does not contract with other entities for the confinement of inmates in their care. The PAQ as well as the letter from the PCM indicated that this standard is not applicable as the agency does not contract for the confinement of its inmates. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its inmates and as such an interview was not conducted.

115.12 (b): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's inmates and does not contract with other entities for the confinement of inmates in their care. The PAQ as well as the letter from the PCM indicated that this standard is not applicable as the agency does not contract for the confinement of its inmates. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its inmates and as such an interview was not conducted.

Based on the review of the PAQ and the letter from the PCM this standard appears to be not applicable and as such compliant.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? 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 inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or

standards? 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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. The Staffing Plan
4. Deviations from Staffing Plan (5-1B)
5. Annual PREA Staffing Plan Assessment (14-21)
6. Documentation of Unannounced Rounds

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): 14-2 Sexual Abuse Prevention and Response, page 8 addresses the agency's staffing plan development. Specifically, it states that the facility, in coordination with CoreCivic Facility Support Center (FSC), shall develop an annual staffing plan that provides for adequate levels of staffing to protect inmates/detainees 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: generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate/detainee population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the current staffing is based off of 2555 inmates. The facility employs 276 staff. Security staff mainly make up two shifts, day shift works from 6:00am-6:00pm and evening shift works from 6:00pm-6:00am. A review of the 2021 staffing plan indicates that each shift has a shift supervisor and an assistant shift supervisor. Housing units have at least one correctional officer and case managers. Additional officers are assigned to other areas to include intake, visitation, education, vocation, laundry, recreation, kitchen and medical to assist with monitoring. During the tour the auditor observed that mirrors and cameras were installed throughout the facility. The mirror and camera placements were appropriate to alleviate blind spots but still allow adequate privacy in housing units. The auditor located only one blind spot in the kitchen and the facility installed a mirror prior to the auditor departing the facility. Additionally, the auditor observed that staff were present in each housing unit and in common areas. Staffing levels appeared to be adequate to supervisor and protect the inmate population. Interviews with the Warden and the PCM confirmed that the facility has a staffing plan that provides adequate staffing levels and that they comply with the plan on a regular basis. The Warden stated that the facility has a plan and the plan is reviewed at the facility level and is then forwarded to the PC and the Vice President of the company. The current plan includes video monitoring and is suitable for the inmate population. The Warden indicated that the plan considers American Correctional Association (ACA) and National Institute of Corrections (NIC) standards. He stated that larger areas, such as housing units 8 and 9 have additional staff based on the physical plant. He stated that higher security units have more staff and as such the plan considers the inmate population. The Warden stated

that the staffing plan has more personnel on shifts with more inmate movement and in areas with high inmate traffic.

115.13 (b): 14-2 Sexual Abuse Prevention and Response, page 9 states that the PCM shall document and describe the deviation on the 5-1B Notice to Administration (NTA), along with a thorough justification for the deviation and description of any corrective actions that were taken to resolve the deviation. The PAQ indicated that deviations from the staffing plan have occurred and that the most common reason was due to lack of staff. A review of three examples provided in the supplemental PAQ documentation indicated that deviations were documented to include the deviation and the reason from the deviation as well as the date and time the deviation occurred. An additional review of deviation on-site indicated that all deviations are documented related to date, time and reason. The interview with the Warden confirmed that deviations have occurred and that the PCM and the Captain check the staffing plan regularly for compliance. He indicated that the Captain checks it daily when completing his/her roster. He also stated that any deviations, where the plan is not compliant, are addressed with the PCM and then a notice to the administration is completed and is sent to him and his bosses.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. 14-2 Sexual Abuse Prevention and Response, page 8 states that the facility PCM will complete the 14-21 Annual PREA Staffing Plan Assessment and forward it to the Warden/Facility Administrator for review. Upon completion of the Warden/Facility Administrator's review, the 14-21 Annual Staffing Plan Assessment will be forwarded to the FSC PREA Coordinator. Following consultation with the facility staff, the FSC PREA Coordinator shall assess, determine and document whether adjustments are needed to: the staffing plan established pursuant to this section, the facility's deployment of video monitoring systems and other monitoring technology; and the resources the facility has available to commit to ensure adherence to the staffing plan. The staffing plan was most recently reviewed on October 17, 2020 by the PCM and Warden. The plan was reviewed to ensure all required components under provision (a) were incorporated as well as was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. Previous reviews of the staffing plan were completed in August 2019 and February 2018. The PC confirmed he is consulted regarding any assessments of, or adjustment to the staffing plan. He confirmed he is consulted annually or when there has been a signification change that would require re-evaluation of the plan.

115.13 (d): 14-2 Sexual Abuse Prevention and Response, page 8 indicates that intermediate level and/or upper level facility supervisors shall conduct unannounced facility rounds to identify and deter staff sexual abuse and sexual harassment. The occurrences of such rounds shall be documented as unannounced rounds or "PREA Rounds" in the applicable log. This practice shall be implemented for night shifts as well as day shifts and through all areas where inmates/detainees are permitted. Additionally, it states that employees shall be prohibited from alerting other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. A review of the PAQ supplemental documentation showed three instances on separate days of rounds being made on both shifts. An additional review of documentation on-site of two weeks of unannounced rounds in the housing units indicated that both day shift and evening shift supervisors were making unannounced rounds, typically daily. Interviews with four intermediate-level supervisors indicated that they make unannounced rounds and that they document the rounds on the visitor log and on a form that they are required to sign. All four staff indicated that their rounds are irregular. They stated that they just pop up in units at any time and staff never know when they are coming. The staff stated they mix up their times and locations and they don't always go in a straight line down the hall to each unit.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the staffing plan, Deviations from Staffing Plan (5-1B), Annual PREA Staffing Plan Assessment (14-21), documentation of

unannounced rounds, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level staff, this standard appears to be compliant.

Standard 115.14: Youthful inmates

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Memorandum from the PREA Compliance Manager

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations in Housing Units Related to Age of Inmates

Findings (By Provision):

115.14 (a): The PAQ and the memo from the PCM indicated that no youthful inmates are housed at Coffee CF. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

115.14 (b): The PAQ and the memo from the PCM indicated that no youthful inmates are housed at Coffee CF. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

115.14 (c): The PAQ and the memo from the PCM indicated that no youthful inmates are housed at Coffee CF. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

Based on a review of the PAQ, the memo from the PCM, observations made during the tour and information from the interviews with the Warden and PCM, this standard appears to be not applicable and as such compliant.

Standard 115.15: Limits to cross-gender viewing and searches**115.15 (a)**

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

115.15 (b)

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

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No

- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

3. CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities
4. CoreCivic Policy 9-5 Searches of Inmates
5. Search Procedures Facilitators Guide
6. Staff Training Records

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with Transgender/Intersex Inmates

Site Review Observations:

1. Observations of Privacy in Bathrooms and Showers
2. Observation of Cross Gender Announcement Painting

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender visual body cavity searches of inmates and that there have been zero searches of this kind in the previous twelve months. 14-2 Sexual Abuse Prevention and Response, page 15 as well as 9-5 Searches of Inmates, page 3, indicates that cross gender inmate/detainee strip searches shall not be conducted except in exigent circumstances or when performed by medical practitioners. 9-5 Searches of Inmates specifically states that the strip search shall be conducted by employees of the same sex as the inmate/resident being searched except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. Any occurrences of such cross gender strip searches shall be documented in the 5-1 Incident Report administration process using Form 5-1B Notice to Administration (NTA). Security staff shall be trained on how to conduct cross-gender strip searches. Additionally, page 2 states that visual inspections of body cavities may be conducted when reasonable suspicion exists that an inmate/resident may have secreted contraband in the rectum and/or vagina, upon approval of the Shift Supervisor. The Shift Supervisor will designate two correctional staff of the same gender as the inmate/resident to perform the visual inspection.

115.15 (b): 14-2 Sexual Abuse Prevention and Response, page 15 states that pat searches of female inmates/detainees by male staff are prohibited except in exigent circumstances. The facility shall not restrict female inmate/detainee access to regularly available programming or out of cell opportunities in order to comply with this provision. 9-5 Searches of Inmates, page 2 states that conducting frisk/pat searches of female inmates/residents by male staff is prohibited except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility as authorized by the Shift Supervisor or above. Any occurrences of such frisk/pat searches shall be documented in the 5-1 Incident report administration process Form 5-1B Notice to Administration. Security staff shall be trained in how to conduct cross gender frisk/pat down searches. The PAQ indicated that no female inmates are housed at the facility and therefore this provision of the standard does not apply. The facility does not house cisgender females, but it does house two transgender female inmates and one intersex inmate. All three inmates indicated that the facility conducts searches in accordance with the facility type and as such they are strip searched by male staff and pat searched by both male and female staff. Because the facility does not house cisgender female inmates and the transgender and intersex inmates are searched relative to male inmate procedures, staff were not asked the question during interviews associated with this provision.

115.15 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. Additionally, the PAQ indicated that the facility does

not house female inmates and as such any documentation of cross gender pat down searches of female inmates would not apply. 14-2 Sexual Abuse Prevention and Response, page 15 states that whenever a cross gender pat search of a female inmate/detainees, cross gender body cavity search of any inmate/detainee, or a cross gender strip search of any inmate/detainee does occur, the search shall be documented. Documentation shall be in a log maintained by the facility and in a 5-1B. Additionally, 9-5 Searches of Inmates, page 2 and 3 state that any occurrences of such frisk/pat searches shall be documented in the 5-1 Incident report administration process using Form 5-1B Notice to Administration and any occurrences of such cross gender strip searches shall be documented in the 5-1 Incident Report administration process using Form 5-1B Notice to Administration.

115.15 (d): The PAQ indicates that the facility has implemented policies and procedures that enable inmates to 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 or when such viewing is incidental to routine cell checks. 14-2 Sexual Abuse Prevention and Response, page 16 states that inmates/detainees may shower, perform bodily function, and change clothes without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell/living quarter checks. Additionally, it states that staff of the opposite gender are required to announce their presence when entering an inmate/detainee housing unit. Where a large housing unit is broken into several individual smaller units such as pods, cell-blocks, dorms, etc. the staff member must announce as he/she enters each of the smaller units. Interviews with 40 inmates indicated that all 40 had never been naked in front of a female staff member and as such had privacy when showering, using the restroom and changing their clothes. All twelve of the staff interviewed also confirmed that inmates have privacy when showering, using the restroom and changing their clothes. Additionally, all twelve staff indicated that an announcement is made when an opposite gender staff member enters a housing unit. 39 of the 40 inmates confirmed that this announcement is being made. During the tour, the auditor heard the opposite gender announcement being made upon entering each of the housing units. Additionally, each housing unit had the opposite gender announcement requirement painted on or next to the entrance door. The auditor observed that all housing units afforded inmates privacy through shower curtains, cell doors with security windows, solid metal doors and/or raised half walls.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and that no searches of this nature have occurred within the previous twelve months. 14-2 Sexual Abuse Prevention and Response, pages 16-17 and 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities state that the facility shall not search or physically examine a transgender or intersex inmate/detainee for the sole purpose of determining the inmate/detainee's genital status. If the inmate/detainee's genital status is unknown, it may be determined during conversation with the inmate/detainee, 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. Interviews with twelve staff indicated that ten were aware of a policy prohibiting searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. Interviews with the two transgender inmates and the one intersex inmate indicated that none had ever been searched for the sole purpose of determining their genital status.

115.15 (f): 9-5 Searches of Inmates, page 1, states that security staff shall be trained in how to conduct searches of transgender and intersex inmates while page 2 states that security staff shall be trained in how to conduct cross gender frisk/pat down searches. 14-2 Sexual Abuse Prevention and Response, page 17 and 19-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 4, states that all searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy, including officer safety. The PAQ indicated that 100% of staff had received training on conducting cross gender pat down

searches and searches of transgender and intersex inmates. A review of the Search Procedures Facilitator Guide indicates that staff are trained to conducting frisk searches on both male and female inmates through the instruction on hair, clothing, and body. Staff are instructed to utilize the blade of the hand for breast and crotch no matter the gender of the inmate. During the search training staff watch a video that demonstrates proper search techniques. Staff also practice with a same sex partner after instruction. A review of eighteen staff training records indicated that seventeen had received the search training. Ten of the twelve staff interviewed stated that they had received training on how to conduct cross gender pat searches and searches of transgender inmates.

Based on a review of the PAQ, 14-1 Sexual Abuse Prevention and Response, 9-5 Searches of Inmates, 19-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, Search Procedures Facilitator Guide, staff training records, observations made during the tour to include raised half walls, shower curtains, metal doors, cell doors with security windows, the opposite gender announcement as well as information from interviews with random staff, random inmates and transgender and intersex inmates indicate this standard appears to be compliant.

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. TTY Phone Memo
4. Hearing Impaired Inmate Memo

5. Language Line Service, Inc.
6. Inmate Handbook - Spanish

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters in English and Spanish

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates 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. 14-2 Sexual Abuse Prevention and Response, page 13, states that the facility shall take appropriate steps to ensure that inmate/detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and response to sexual abuse and sexual harassment. Specifically it indicates that inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective and appropriate to the needs of the inmate/detainee shall be provided when simple written or oral communication is not effective. The facility will ensure that information is effectively communicated orally, on an individual basis, to inmates/detainees with limited reading skills. In the event an inmate/detainee has difficulty understanding provide information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such inmate/detainees on an individual basis. The policy further elaborates and states that each inmate is screened at intake and any disabilities are noted. The Americans with Disabilities Act (ADA) Coordinator and Admission and Orientation (A&O) Case Manager ensures the inmates understands his rights under PREA. The PCM provided a memo indicating the TTY phone is available at the facility in the education department. A memo was also provided that indicated if any inmate arrived at the facility who was legally deaf the administration would request through the Georgia Department of Corrections that the inmate be transferred to another institution that is better equipped to manage his/her disability. The interview with the Agency Head Designee indicated the agency has established procedures to provide inmates with disabilities and inmates who are LEP 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. He stated that the CoreCivic corporate office provides assistance to the facilities that enable them to locate potential vendors and/or agencies that would provide support services for inmates with disabilities. He stated that the agency maintains a comprehensive contract with Language Line and some facilities even have an MOU with organizations in the local communities to provide translation services when needed. He stated that TTY phones are provided and arrangements are made to assist those inmates who are blind. Interviews with five disabled inmates confirmed that all five received information in a format that they could understand. During the tour the auditor observed that PREA information was posted and painted in each housing unit and in common areas. The information was posted/painted in large print and bright colors.

115.16 (b): The PAQ stated that the agency has established procedures to provide inmates with limited English proficiency 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. 14-2 Sexual Abuse Prevention

and Response, page 13, states that the facility shall take reasonable steps to ensure meaningful access to all aspects of the facility and agency efforts to prevent, detect and respond to sexual abuse and sexual harassment to residents who are Limited English Proficient (LEP). Interpreters shall be provided who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The policy further elaborates that the facility utilizes Language Line as well as facility staff translators, when available. The policy further states that the A&O Case Manager has each inmate read a documented printed in English. If the inmate has trouble reading it, he is provided an interpreter. The facility has staff that can interpret Spanish and Lionbridge. The agency has a contract with Language Line Services, Inc. to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. The contract was signed on April 11, 2019. A review of the inmate handbook confirmed that PREA information is available in Spanish. The interview with the Agency Head Designee indicated the agency has established procedures to provide inmates with disabilities and inmates who are LEP 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. He stated that the CoreCivic corporate office provides assistance to the facilities that enable them to locate potential vendors and/or agencies that would provide support services for inmates with disabilities. He stated that the agency maintains a comprehensive contract with Language Line and some facilities even have an MOU with organizations in the local communities to provide translation services when needed. He stated that TTY phones are provided and arrangements are made to assist those inmates who are blind. Interviews with five LEP inmates indicated that one inmate received information in Spanish, one had it translated via the telephone language line and three received information in English. The three inmates did however state that they read information in Spanish on the posters on the wall and one stated he received it in Spanish at his prior facility. During the interim report period, the facility re-educated all LEP inmates at the facility through the Spanish PREA video and the Spanish acknowledgement form. The auditor was provided a sample of training records for confirmation. During the tour the auditor confirmed that PREA information was posted and painted in each housing unit and in common areas. The information was in both English and Spanish.

115.16 (c): The PAQ stated that agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. 14-2 Sexual Abuse Prevention and Response, page 14 states that the facility will not rely on inmates/detainees to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate/detainee's safety, the performance of first responder duties or the investigation of the inmate/detainee's allegation. The PAQ indicated the facility documents the limited circumstances in individual cases where inmate interpreters, readers or other assistants are used. The PAQ expressed that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with twelve staff indicated that seven were aware of a policy that prohibits the use of inmate interpreters, translator, readers or other types of inmate assistances for sexual abuse allegations. Interviews with five disabled and five LEP inmates indicated that only one had a translator utilized and that the translator was through the contracted telephone translation service.

Based on a review of the PAQ, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, the TTY Phone Memo, the Hearing Impaired Inmate Memo, the contract with Language Line Service, Inc. , the inmate handbook – Spanish, inmate re-education materials, observations made during the tour to include the PREA signage as well as interviews with the Agency Head Designee, random staff, inmates with a disability and LEP inmates indicates that this standard appears to be compliant.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H)
4. Personnel Files of Staff
5. Contractor Background Files
6. Volunteer Background Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 when 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 described above. 14-2 Sexual Abuse Prevention and Response, page 4 states that to the extent permitted by law, CoreCivic will decline to hire or promote any individuals, and decline to enlist the services of any contractor, who may have contact with inmates and who has: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 when 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 described above. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the following questions; “Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?”, “Have you ever 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 when the victim did not consent or was unable to consent or refuse?”, “Have you even been civilly or administratively adjudicated to have engaged in the activity described above?”, and “Has a substantiated allegation of sexual harassment ever been made against you?”. A review of personnel files for seven staff who were hired in the previous twelve months indicated that all had completed the Self-Declaration of Sexual Abuse/Sexual Harassment form. Additionally, all seven staff had a criminal background check completed prior to being granted entry into the facility. A review of five contractor files confirmed that all five had a criminal background check completed prior to enlisting their services.

115.17 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. 14-2 Sexual Abuse Prevention and Response, page 5 states that 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 inmates. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the question “Has a substantiated allegation of sexual harassment ever been made against you?”. Human Resource staff confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 14-2 Sexual Abuse Prevention and Response, page 5 states that all applicants, employees and contractors who may have direct contact with inmates, shall be asked about previous misconduct, as outlined in provision (a). Additionally it states that the CoreCivic 14-2H form, or equivalent contracting agency form, will be completed as part of the hiring process. The 14-2H form shall be completed by employees as part of the promotional process including both inner-facility promotions and intra-facility promotions. The policy further indicates that Consistent with federal, state, and local law, the facility shall 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 CoreCivic 3-20-2B PREA Questionnaire for Prior Institutional Employers form, or contracting agency equivalent form, shall be used to obtain such prior employment information. (115.17 (c) (2)). The PAQ indicated that 84 people were hired in the previous twelve months and that 100% of those hired had a criminal background record check. A review of seven personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background check completed and relevant prior institutional employers contacted. Additionally, all staff are fingerprinted and any future arrest is automatically reported to the agency. Human Resource staff indicated that the records department checks the Georgia Crime Information Center (GCIC) and the National Crime Information Center (NCIC). She stated that security staff have a background checks every year and non-security and contractors have one completed ever five years. She also stated that all staff and contractors are fingerprinted and if they get arrested the agency is notified.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. 14-2 Sexual Abuse Prevention and Response, page 5 states that before hiring new employees or enlisting the service of any contractor who may have contact with inmates/detainees, CoreCivic shall ensure that a criminal history record check has been conducted. In addition, CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with inmates/detainees, or, have in place a system for otherwise capturing such information. The PAQ indicated that there have been six contracts for services where criminal background checks were conducted on all staff covered under the contract. A review of five contractor personnel files indicated that a criminal background check had been conducted. Human Resource staff confirm that contractors have a criminal background check completed prior to enlisting their services.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees. 14-2 Sexual Abuse Prevention and Response, page 5 states that before hiring new employees or enlisting the service of any contractor who may have contact with inmates/detainees, CoreCivic shall ensure that a criminal history record check has been conducted. In addition, CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with inmates/detainees, or, have in place a system for otherwise capturing such information. The agency utilizes the Georgia Crime Information Center (GCIC) and the National Crime Information Center (NCIC) to conduct criminal background checks. Human Resource staff indicated that the records department checks the Georgia Crime Information Center (GCIC) and the National Crime Information Center (NCIC). She stated that security staff have a background checks every year and non-security and contractors have one completed ever five years. She also stated that all staff and contractors are fingerprinted and if they get arrested the agency is notified.

115.17 (f): 14-2 Sexual Abuse Prevention and Response, page 5 states that all applicants, employees and contractors who may have direct contact with inmates, shall be asked about previous misconduct, as outlined in provision (a). Additionally it states that the CoreCivic 14-2H form, or equivalent contracting agency form, will be completed as part of the hiring process. The 14-2H form shall be completed by employees as part of the promotional process including both inner-facility promotions and intra-facility promotions. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?", "Have you ever 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 when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated to have engaged in the activity described above?", and "Has a

substantiated allegation of sexual harassment ever been made against you?”. The interview with Human Resource staff confirmed that there is a form that staff complete that have the questions on. She stated the form is part of the packet staff are required to fill out prior to employment.

115.17 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. 14-2 Sexual Abuse Prevention and Response, page 5 states that to the extent permitted by law, CoreCivic may decline to hire or promote, and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. Human resource staff confirm that any false information or omissions would result in an employee or contractor being terminated.

115.17 (h): 14-2 Sexual Abuse Prevention and Response, page 5 states that 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. Human Resource staff indicated that this information would be provided when requested.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H) form, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that facility appears to exceed this standard. The agency conducts criminal background checks on security staff annually. Additionally, background checks are completed for all contractors and volunteers at leave every five years. Further, all employees and contractors are fingerprinted and all arrests are automatically reported to the agency. The agency/facility goes above the requirements under this provision to ensure that they do not hire or promote staff or contractors who have derogatory histories related to prior sexual abuse and/or sexual harassment.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Camera Listing
4. Form 7-1B PREA Physical Plant Considerations

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit, however the agency as a whole has. 14-2 Sexual Abuse Prevention and Response, page 9 states that when designing or acquiring any new facility and in planning substantial expansion or modification to existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the ability of the facility and company to protect inmates/detainees from sexual abuse. Considerations from modifications and renovations shall be documented on form 7-1B PREA Physical Plan Considerations. During the tour, the auditor did not observe any renovations, modifications or expansions. The interview with the Agency Head Designee indicated that CoreCivic employs architects and other professionals who through experience, research and consulting have knowledge of the issues and needs presented by PREA. He said new builds and renovations, the design staff will consult with the PREA Coordinator for recommendations and work to ensure that PREA is addressed. Real estate and design staff receive information from the field on privacy concerns in areas such as showers, restrooms and any other areas where inmates may be in a state of undress. He indicated that blind spots are identified that can be corrected through video surveillance coverage. During acquisition, the staff making the site visit develop a preliminary assessment and the PREA Coordinator is involved in the review of physical plan issues. At existing facilities, a form 7-1B is used to ensure PREA is considered when initiating a renovation/new construction. The interview with the Warden confirmed that there have not been any substantial expansions or modifications since the last PREA audit.

115.18 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 14-2 Sexual Abuse Prevention and Response, page 9 states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect inmates/detainees from sexual abuse. Such considerations shall be documented on 7-1B PREA Physical Plant Considerations. A review of camera listings indicated that the facility has over 300 cameras strategically located throughout housing, work, program and common areas. During the tour, the auditor observed video monitoring technology and mirrors strategically placed in all housing units and common areas. The interview with the Agency Head Designee

indicated that cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration to optimal coverage is addressed at the time of these upgrades. He said that camera placement also takes into consideration the privacy needs for cross gender viewing in areas like restroom and showers areas and that technology is also discussed with the facility during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the PREA Coordinator. The interview with the Warden confirmed that when the facility installs or updates video monitoring technology they consider how that technology can be utilized to protect inmates from sexual abuse.

Based on a review of the PAQ, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, Camera Listing, form 7-1B PREA Physical Plant Considerations, observations during the tour and information from interviews with the Agency Head Designee and Warden indicate that this standard appears to be compliant.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the 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

115.21 (e)

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

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *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*)

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 13-79 Sexual Assault Response
4. Georgia Department of Corrections Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program
5. Memorandum from the Warden
6. Memorandum of Understanding with SART, LLC
7. Documentation of Forensic Medical Examinations

Interviews:

1. Interview with Random Staff
2. Interview with SAFE/SANE
3. Interview with the PREA Compliance Manager
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative investigations while the Georgia Criminal Investigations Division is responsible for conducting criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 14-2 Sexual Abuse Prevention and Response, page 28 states that CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, however the facility shall request through the MOU that the investigating entity follow the requirements. The policy states 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 memo from the Warden states that anytime an outside investigation is requested or needed by the facility, the Warden or designee will request it through the Georgia Department of Correction's Office of Professional Standards (OPS). The Office will conduct the investigations and/or contact the Georgia Bureau of Investigations to request additional assistance as needed. The Georgia Department of Corrections Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, pages 15-16 state that an administrative and/or criminal investigations shall be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to OPS. Additionally, if an external agency is responsible for investigating the allegation of sexual abuse, the Department shall request that the investigating agency follow the requirements of this section. In the event the investigation is referred to an outside entity that entity shall have in place a policy governing the conduct of such investigations. The evidence protocol is outlined in the Georgia Department of Corrections Policy 208.06. Interviews with random staff indicate that all twelve knew and understood the agency's protocol on obtaining usable physical evidence. Staff indicated that they preserve the area and not let inmates destroy any evidence. Additionally, eleven of the twelve staff stated they knew that the facility investigator and the facility's Sexual Assault Response Team were responsible for conducting sexual abuse investigations.

115.21 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as they do not house youthful inmates. The PAQ did state that the protocol was adapted from or otherwise based

on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. 14-2 Sexual Abuse Prevention and Response, page 28 states that 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 DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. The memo from the Warden states that anytime an outside investigation is requested or needed by the facility, the Warden or designee will request it through the Georgia Department of Correction's Office of Professional Standards (OPS). The Office will conduct the investigations and/or contact the Georgia Bureau of Investigations to request additional assistance as needed. The Georgia Department of Corrections Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, pages 15-16 state that an administrative and/or criminal investigations shall be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to OPS. Additionally, if an external agency is responsible for investigating the allegation of sexual abuse, the Department shall request that the investigating agency follow the requirements of this section. In the event the investigation is referred to an outside entity that entity shall have in place a policy governing the conduct of such investigations. The evidence protocol is outlined in the Georgia Department of Corrections Policy 208.06

115.21 (c): The PAQ indicated that the facility offers inmates who experience sexual abuse access to forensic medical examination on-site. It stated that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ further states that when SAFE or SANE are not available that a qualified medical practitioner performs forensic examinations. 14-02 Sexual Abuse Prevention and Response, page 23 states that the facility shall offer all victims of sexual abuse access to forensic medical exams, where evidentiarily or medically appropriate. The PCM, facility investigator or ADO shall consult with law enforcement prior to transporting an inmate/detainee for an examination to be performed by SAFE or SANE. If it is determined that an examination is necessary for the collection of evidence, then the facility shall transport the alleged victim. If a SAFE/SANE provider is not available, the examination may be performed by other qualified medical practitioners. The policy stated that SAFE/SANE are provided or coordinated by SART, LLC in Waycross, Georgia. Additionally, page 28 states that the investigating agency shall offer all victims of sexual abuse access to forensic medical examinations, without financial cost, where medically appropriate or necessary for gathering evidence. Such examinations shall be performed by SAFE or SANE when possible. 13-9 Sexual Assault Response, page 2 states that upon receiving notice of an alleged rape that occurred within the previous 72 hours, QHCP (qualified health care professional) will examine the patient inmate/resident utilizing the 13-79A Rape/Sexual Assault Protocol and will arrange for the patient inmate/detainee to be transported to the local designated Emergency Room for examination, evidence collection and prophylaxis treatment for sexually transmitted disease. The policy indicated that the patient inmate/resident will be transported to Statesboro Regional Sexual Assault Center. The facility indicated that this is incorrect and policy needs updated. The inmate is no longer transported to an outside hospital. A review of the MOU with SART, LLC confirms the facility agrees to provide necessary space and security for the SAFE/SANE examiner to conduct the exam, while SART, LLC agrees to provide forensic examinations to inmate victims of sexual abuse. Such examinations are performed by either a SAFE or SANE. The MOU indicates that the SAFE/SANE examinations are provided on-site at Coffee CF, as appropriate. Additionally, the MOU states that SART, LLC agrees to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The protocol shall be the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate 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 DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic

Examinations, Adult/Adolescents” or similarly comprehensive and authoritative protocols developed after 2011. The MOU also states that SART, LLC will provide forensic examinations without financial cost to the alleged inmate victim. The PAQ stated that there were four forensic exams conducted in the previous twelve months. The PAQ indicated that these exams were performed by a SANE/SAFE nurse on-site at the facility. The interview with SART, LLC confirmed that they provide forensic medical examination on-site by SANE certified staff. A review of documentation confirmed that there were four forensic exams completed on-site by SANE through SART, LLC.

115.21 (d): The PAQ indicated that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. 14-02 Sexual Abuse Prevention and Response, page 23, states that as requested by the victim, either a victim advocate from a rape crisis center, or a qualified community based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Check List via the IRD. The policy states that victim advocates for a SAFE/SANE exam are provided by SART, LLC in Waycross, Georgia. Additionally, page 28 states that the investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center and that as requested by the victim, a victim advocate, 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. The MOU with SART, LLC states that SART, LLC agrees to allow a victim advocate, as requested by the victim and provided by a rape crisis center and/or the facility to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide confidential emotional support. The PCM stated that inmates are provided a victim advocate to accompany them during the forensic medical examination if he/she requests one. She stated that when they contact SART, LLC they inform the company that the victim wants an advocate and they bring an advocate with them. The interview with the SART, LLC staff member confirmed that they contact Satilla Advocacy Services and if an advocate is available they would utilize that staff member. If an advocate is not available, the SART, LLC staff stated the facility would then utilize a qualified agency/facility staff member.

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. 14-02 Sexual Abuse Prevention and Response, page 23, states that as requested by the victim, either a victim advocate from a rape crisis center, or a qualified community based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Check List via the IRD. The policy states that victim advocates for a SAFE/SANE exam are provided by SART, LLC in Waycross, Georgia. Additionally, page 28 states that the investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center and that as requested by the victim, a victim advocate, 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. The MOU with SART, LLC states that SART, LLC agrees to allow a victim advocate, as requested by the victim and provided by a rape crisis center and/or the facility to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide confidential emotional support. The interview with the SART, LLC staff member confirmed that they contact Satilla Advocacy Services and if an advocate is available they would utilize that staff member. If

an advocate is not available, the SART, LLC staff stated the facility would then utilize a qualified agency/facility staff member. The interview with the PCM confirmed that the advocacy staff that accompany SART, LLC are from the local rape crisis center. The interview with the staff member from SAS indicated that the current MOU they are working on does not include services of accompaniment during a forensic examination or during investigatory interviews. She stated they will not be providing those services. The facility indicated that they utilize medical and mental health care staff, when needed, to serve as victim advocates. The interviews with the four inmates who reported sexual abuse indicated that one had a counselor in the room during the forensic examination. The other three inmates indicated that their allegation did not involve penetration and as such a forensic examination was not conducted.

115.21 (f): The PAQ indicated that if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements under this standard. The facility and/or the Georgia Department of Corrections Office of Professional Standards conducts administrative investigations while the Georgia Criminal Investigations Division conducts criminal investigations. 14-2 Sexual Abuse Prevention and Response, page 28 states that CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, however the facility shall request through the MOU that the investigating entity follow the requirements. The memo from the Warden states that anytime an outside investigation is requested or needed by the facility, the Warden or designee will request it through the Georgia Department of Correction's Office of Professional Standards (OPS). The Office will conduct the investigations and/or contact the Georgia Bureau of Investigations to request additional assistance as needed. The Georgia Department of Corrections Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, pages 15-16 state that an administrative and/or criminal investigations shall be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to OPS. Additionally, if an external agency is responsible for investigating the allegation of sexual abuse, the Department shall request that the investigating agency follow the requirements of this section. In the event the investigation is referred to an outside entity that entity shall have in place a policy governing the conduct of such investigations.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): The auditor is not required to audit this provision.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 13-79 Sexual Assault Response, Georgia Department of Corrections Policy 208.06, the memo from the Warden, the MOU with SART, LLC, documentation of forensic medical examinations and information from interviews with random staff, the SAFE/SANE, the PREA Compliance Manager and inmates who reported sexual abuse indicates that this standard appears to be compliant.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 5-1 Incident Reporting
4. Memo from the Warden
5. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 14-2 Sexual Abuse Prevention and Response, page 26 states that the Warden/Facility Administrator shall ensure that an administrative

investigation and/or a referral for a criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Additionally, 5-1 Incident Reporting, page 7 states that a 5-1G Incident Investigative Report must be completed for all Priority PREA and I incidents by supervisory level employee, to be determined by the ADO, not involved in the incident. The PAQ indicated that there were thirty allegations of sexual abuse and/or sexual harassment reported within the previous twelve months, all thirty which resulted in an administrative investigation and four that were referred for criminal investigation. A review of documentation indicated there were 29 allegations, four of which had both a criminal and an administrative investigation initiated. All 29 administrative investigations were completed during the audit period, while the four criminal investigations were still open during the on-site portion of the audit. The interview with the Agency Head Designee indicated it is CoreCivic policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies with the legal authority to conduct criminal investigations. He stated that all administrative investigations are conducted by CoreCivic investigators who have received the specialized PREA training and/or law enforcement officials. The Agency Head Designee indicated that all allegations are reported in the CoreCivic Incident Reporting Database (IRD) system which triggers an investigation. This system requires multiple levels of administrative oversight and review. All allegations that could result, if substantiated, in criminal violations and referred to the appropriate law enforcement officials (or by contracted partner investigative entity). He stated that the staff work with outside law enforcement, upon request.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or make publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 14-2 Sexual Abuse Prevention and Response, page 22 states that the Administrative Duty Office (ADO) staff, the PCM, Warden/Facility Administrator or designed on-site supervisory staff shall immediately report all allegations of sexual assault, sexual abuse or sexual harassment to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegations does not involve potentially criminal behavior or the allegation would not be considered a criminal act under federal, state or local law. The memo from the Warden states that anytime an outside investigation is requested or needed by the facility, the Warden or designee will request it through the Georgia Department of Correction's Office of Professional Standards (OPS). The Office will conduct the investigations and/or contact the Georgia Bureau of Investigations to request additional assistance as needed. A review of CoreCivic's website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. A review of investigative reports and referrals indicted that four allegations were referred for criminal investigation. The interview with the facility investigator indicated that any criminal allegation would be referred to the Georgia Department of Corrections.

115.22 (c): The memo from the Warden states that anytime an outside investigation is requested or needed by the facility, the Warden or designee will request it through the Georgia Department of Correction's Office of Professional Standards (OPS). The Office will conduct the investigations and/or contact the Georgia Bureau of Investigations to request additional assistance as needed. A review of CoreCivic's website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available as well as CoreCivic Policy 14-2. Information is located at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

115.22 (d): The auditor is not required to audit this provision.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 5-1 Incident Reports, memo from the Warden, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and the facility investigator, this standard appears to be compliant.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

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

115.31 (b)

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

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. PREA Overview Facilitator Guide
4. Staff Training Records (14-2A CoreCivic PREA Training Acknowledgment)

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.31 (a): The PAQ stated that the agency trains all employees who may have contact with inmates on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual

harassment. At minimum, all employees shall receive pre-service and annual in-service training on the following: the CoreCivic zero tolerance policy for sexual abuse and sexual harassment, how to fulfill employee responsibilities for sexual abuse and sexual harassment prevention, detention, reporting and response in accordance with policy, the right of the inmates/detainees to be free from sexual abuse and sexual harassment, the right of the inmates/detainees and employees to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting including locations, situations and circumstances in which sexual abuse may occur, signs of victimization and common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates/detainees, how to communicate effectively and professionally with inmates/detainees including LGBTI and gender non-conforming inmates/detainees and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of the PREA Overview Facilitator Guide confirmed that the staff training includes information on: the agency's zero tolerance policy (page 3), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (pages 4-19), the inmates' right to be free from sexual abuse and sexual harassment (pages 19-20), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (pages 19-20), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 21-23), the common reactions of sexual abuse and sexual harassment victims (page 24-26), how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates (page 26-27), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (pages 28-30) and how to comply with relevant laws related to mandatory reporting (page 30). A review of eighteen staff training records indicated that 100% of those reviewed received PREA training. Interviews with twelve random staff confirmed that all twelve have received PREA training. Staff confirmed all required topics were covered in the training. Staff indicated that they are provided training on what they are required to do if an inmate reports an allegation. A few staff indicated that they go over LGBTI inmate topics and reporting mechanisms.

115.31 (b): The PAQ indicated that training is tailored to the gender of the inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. Such training shall be tailored to the gender of the inmates/detainees at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of inmate/detainee shall receive additional training. A review of the PREA Overview Facilitator Guide confirmed that the dynamics of sexual abuse in a confinement setting section included information for male facilities and female facilities. Additionally, the common reactions of victims of sexual abuse and sexual harassment includes information on male and female inmates. Facility staff indicated that staff at female facilities are provided additional training related to female inmates, however Coffee CF houses adult male inmates and as such the training is not required.

115.31 (c): The PAQ indicated that 276 or 100% of the staff have been trained or retrained in PREA requirements. The PAQ stated that staff are annually and that in between trainings staff are provided information during monthly unit team meetings. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. At minimum, all employees shall receive pre-service and annual in-service. A review of documentation confirmed that all eighteen staff had received PREA training in the last year and eleven had PREA training the previous two years. The seven that did not receive the training the previous two years were new hires and had received training upon hire.

115.31 (d): The PAQ stated that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. 14-2 Sexual Abuse Prevention and Response, page 6 states that employees shall be required, by either electronic or manual signatures, their understanding of the training that they have received at Pre-Service Training and annual In-Service Training each employee and contractor shall be required to sign a 14-2A PREA Training Acknowledgement Pre-Service/In-Service form. Signed documentation will be maintained in the employee's training and/or HR file. A review of a sample of eighteen staff training records indicated that all fourteen signed the PREA Training Acknowledgment form.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the PREA Overview Facilitator Guide, a review of a sample of staff training records as well as interviews with random staff indicate that the facility meets this standard.

Standard 115.32: Volunteer and contractor training

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. PREA Overview: Training for Contractors and Volunteers (14-2K)
4. Sample of Contractor Training Records (14-2A CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment and/or 14-2J PREA Zero Tolerance Policy Acknowledgment)

5. Sample of Volunteer Training Records (14-2K PREA Overview: Training for Contractors and Volunteers)

Interviews:

1. Interview with Volunteers or Contractors who have Contact with Inmates

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 14-2 Sexual Abuse Prevention and Response, pages 7 state that and volunteers and contractor who have contact with inmates/detainees shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting and response as outlined in policy. Contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. Contractors who may have contact with inmates/detainees, including but not limited to, vendors, delivery truck drivers, or service personnel repairing equipment in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment for which provides basic training on the zero tolerance policy and reporting incidents. Volunteers who have contact with inmates/detainees, shall complete the CoreCivic PREA training in the 14-2K PREA Overview Training for Contractors and Volunteers administered by the facility Chaplain or Volunteer Coordinator/designee. All volunteers and contractors receive the PREA Training for Level I Volunteers. A review of 14-2A, 14-2J and 14-2K indicate that all include information on the zero tolerance policy and how to report such incidents. 14-2K and 14-2A both include information on prevention, detection and response, how the volunteer/contractor fulfills their role in the CoreCivic policy and how to comply with relevant laws. The PAQ indicated that 52 volunteers and contractors had received PREA training, which is equivalent to 100%. A review of a sample of five contractor and six volunteer training records indicated that all eleven had received PREA training. The interviews with the contractors confirmed that they had received training related to the agency's sexual abuse and sexual harassment policies.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 14-2 Sexual Abuse Prevention and Response, page 7 states that the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact with inmates/detainee. All volunteers and contractors who have contact with inmates/detainees shall acknowledge the CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. All volunteers shall be required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment form. Contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. Contractors who may have contact with inmates/detainees, including but not limited to, vendors, delivery truck drivers, or service personnel repairing equipment in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment for which provides basic training on the zero tolerance policy and reporting incidents. Volunteers who have contact with inmates/detainees, shall complete the CoreCivic PREA training in the 14-2K PREA Overview Training

for Contractors and Volunteers administered by the facility Chaplain or Volunteer Coordinator/designee. All volunteers and contractors receive the PREA Training for Level I Volunteers. A review of 14-2A, 14-2J and 14-2K indicate that all include information on the zero tolerance policy and how to report such incidents. 14-2K and 14-2A both include information on prevention, detection and response, how the volunteer/contractor fulfills their role in the CoreCivic policy and how to comply with relevant laws. A review of a sample of five contractor and six volunteer training records indicated that all eleven had received PREA training. The interviews with the contractors confirmed they received information on the zero tolerance policy and who to report information to. One contractor stated that she receives training annually through CoreCivic and Trinity. The other contractor stated she received PREA training through the online web-based portal for new employees.

115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 14-2 Sexual Abuse Prevention and Response, page 8 states that the signed documentation confirming that each volunteer or contractors understand the training that he/she received will be kept in the volunteer or contractor's file by either the Learning Development Manager, facility Volunteer Coordinator or other staff designated by the Warden/Facility Administrator or PCM. A review of a sample of eleven training documents for contractors and volunteers indicated that 100% of those reviewed had signed the 14-2A, 14-2J or 14-2K. Each form has an acknowledgment above the signature stating that the individual has reviewed/read the information and understands the content.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, PREA Overview: Training for Contractors and Volunteers, a review of a sample of contractor and volunteer training records as well as the interviews with contractors indicates that this standard appears to be compliant.

Standard 115.33: Inmate education

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. 14-2AA PREA Pamphlet
4. Inmate Handbook
5. PREA Education Video

6. PREA Posters
7. Inmate Training Records

Documents Received During the Interim Report Period:

1. Memo from the PREA Compliance Manager
2. Inmate Training Records

Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Signs in English and Spanish

Findings (By Provision):

115.33 (a): The PAQ stated that inmates receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. 14-2 Sexual Abuse Prevention and Response, page 12 states that upon arrival at the facility for intake, each inmate/detainee shall be provide with information regarding sexual abuse prevention and reporting. Policy indicates that inmates/detainees are provide the 14-2AA PREA Pamphlet at intake in either English or Spanish. A review of the pamphlet confirms that it contains facts about sexual abuse, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. Inmates are required to sign an acknowledgment of the receipt of the PREA pamphlet/video form once received. The PAQ indicated that 469 inmates received information on the zero tolerance policy and how to report at intake. The is equivalent to 100% of inmates who received this information at intake. A review of 24 inmate files of those received within the previous twelve months indicated that all 24 received PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided the inmate handbook, the PREA pamphlet and view the PREA video upon arrival. The interviews with intake staff indicated that inmates receive information on the zero tolerance policy and how to report allegations of sexual abuse. Staff stated that inmates are provided the PREA pamphlet at intake and on the first or second day they watch the video and staff go over how to report, reiterate the zero tolerance policy and ask them questions related to how to report. 38 of the 40 inmates interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies.

115.33 (b): 14-2 Sexual Abuse Prevention and Response, pages 12-13 state that within 30 days following intake, either in person or through video, inmates/detainees shall receive comprehensive educational information on the following topics related to sexual abuse and sexual assault prevention and intervention: CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents, threats or suspicion of sexual abuse or sexual harassment; an inmate/detainee's right to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents; inmate/detainee on inmate/detainee sexual abuse; employee on inmate/detainee sexual abuse; availability of policies regarding sexual abuse prevention/intervention; and available emotional support services to include internal and external victim advocates and community support services. The policy states that comprehensive education includes a copy of the 14-2AA PREA pamphlet, the facility handbook and viewing of the PREA video. A review of the PREA video confirmed that it provides inmates/detainees information on the zero tolerance policy, how to report, rights to medical and mental health care, definitions, how to stay safe and information on the investigation. A review of the pamphlet

confirms that it contains facts about sexual abuse, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. Additionally, the inmate handbook contains information on the sexual abuse and sexual harassment policy, how to report, definitions and additional rights of inmates/detainees. The PREA posters also indicate the facility has a zero tolerance for sexual abuse and sexual harassment and direct inmates/detainees to report the information. The PAQ indicated that 469 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to over 100%. A review of 24 inmate files indicated that all 24 had received comprehensive PREA education within 30 days of intake. Interviews with the intake staff indicated that inmates view the PREA video either the first or second day. Staff stated that the video covers the required components under this provision and that case managers also go over the information with the inmates. 38 of the 40 inmates interviewed indicated that they were informed of their right to be free from sexual abuse, ways to report sexual abuse and their right to be free from retaliation for reporting sexual abuse. Most inmates indicated they received the information within a few days.

115.33 (c): The PAQ indicated that all current inmates at the facility had been educated on PREA. Additionally, it stated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation from reporting such incidents and on any agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. 14-2 Sexual Abuse Prevention and Response, page 13 states that inmates/detainees who have been transferred from another facility shall receive intake material from the receiving facility to serve as refresher training. The interview with the intake staff indicated that all inmates that enter the facility are provided the PREA video on the first or second day. During documentation review the auditor randomly selected three inmates that had been at the facility prior to 2013. None of the three had documentation indicating that they received comprehensive PREA education after the standards were released in 2013. The facility then generated a list of the inmates that arrived at the facility prior to 2013. The list was over 200 inmates. The PCM stated that all of the inmates were shown a video but there was not documentation indicating they viewed the video. As such, the auditor indicated that the facility would need to educate all inmates who had been at the facility prior to 2013 and ensure they were documented with completing the training. On May 5, 2021 the facility provided the auditor with a memo indicating that every inmate at Coffee CI was re-educated on PREA through the video. Additionally, the facility provided the auditor with 37 training acknowledgment examples, including 30 inmates who had been at the facility prior to 2013.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for inmates who are LEP, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. 14-2 Sexual Abuse Prevention and Response, page 12 states that the facility shall provide resident education at intake in formats accessible to all residents including those who are disabled or LEP. 14-2AA PREA pamphlet is available in English and Spanish. Policy states that inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective and appropriate to the needs of the inmate/detainee shall be provided when simple written or oral communication is not effective. The facility will ensure that information is effectively communicated orally, on an individual basis, to inmates/detainees with limited reading skills. In the event an inmate/detainee has difficulty understanding provide information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such inmate/detainees on an individual basis. Policy also states that interpreters shall be provided (for LEP inmates) who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The policy further elaborates that the facility utilizes Language Line as well as facility staff translators, when available. A review of five disabled inmate training records indicated that four of the five had received comprehensive PREA training and signed that they understood the training. Interviews with five disabled inmates confirmed that all five received information in a format that they could understand. A review of four LEP inmate files (one of which arrived within the previous

two years) confirmed that three had received PREA training. A review of documented indicated that one inmate had not received comprehensive PREA education, two had signed an English acknowledgment form and one had signed the appropriate Spanish acknowledgment form. Interviews with five LEP inmates confirmed what the documentation revealed. One inmate indicated he received the information in Spanish and understood it, two stated it was in English and they did not understand it, one stated he did not have PREA education at all and a fifth stated that he was provided the information in English but they called the translation service to translate the information. He stated he really didn't understand it though. Based on this information the auditor advised the facility they would need to re-educate all LEP inmates. On May 5, 2021 the facility provided the auditor with a memo indicating that every inmate at Coffee CI was re-educated on PREA through the video (in Spanish for LEP inmates). Additionally, the facility provided the auditor with 37 training acknowledgment examples, including seven inmates who were LEP and signed a Spanish acknowledgment form.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. 14-2 Sexual Abuse Prevention and Response, page 13 states that inmates/detainees shall sign indicating acknowledgment that they received intake information and the 30 day comprehensive education and this documentation shall be maintained by the facility in the inmate/detainee file. A review of 24 inmate files indicate that all 24 were documented to have received PREA education.

115.33 (f): The PAQ as well as 14-2 Sexual Abuse Prevention and Response, page 13 indicate that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks or other written formats. A review of documentation indicates that the facility had PREA information via the PREA pamphlet, inmate handbook and PREA posters. During the tour, the auditor observed the PREA signage in each housing unit and in common areas.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the PREA pamphlet, the inmate handbook, the PREA posters, the PREA video, a review of inmate records, documents received during the interim report period to include the memo and additional inmate training records, observations made during the tour to include the availability of PREA information via signage and documents as well information obtained during interviews with intake staff and random inmates indicate that this standard appears to be corrected during the interim report period and as such compliant.

Standard 115.34: Specialized training: Investigations

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

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

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. National Institute of Correction (NIC): Investigating Sexual Abuse in a Confinement Setting
4. Investigator Training Records (14-2A1 PREA Training Acknowledgment Specialized Training)

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 14-2 Sexual Abuse Prevention and Detection, page 6 states that 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 PCM 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 backup during employee absences. This training is completed through the NIC: Investigation Sexual

Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. A review of documentation indicated that two staff are documented with the NIC specialized investigator training. The interview with the facility investigator indicated he received specialized training through NIC twice, once in 2017 and again recently. He also stated that he did training with the Moss Group prior to the NIC training.

115.34 (b): 14-2 Sexual Abuse Prevention and Detection, page 7 states that specialized training for investigators shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. The PAQ indicated there are two facility staff that conduct investigations and that both have completed the NIC training. A review of documentation indicated that two staff are documented with the NIC specialized investigator training. The interview with the facility investigator confirmed that the required topics were covered in the training. He stated that the training discussed interview techniques, evidence collection, criminal versus administrative level of proof (preponderance versus proof beyond a reasonable doubt), initial response, hard and soft interviews and Miranda and Garrity.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that two investigators or 100% have completed the required training. A review of documentation indicated that two staff are documented with the NIC specialized investigator training.

115.34 (d): The memo from the Warden states that anytime an outside investigation is requested or needed by the facility, the Warden or designee will request it through the Georgia Department of Correction's Office of Professional Standards (OPS). The Office will conduct the investigations and/or contact the Georgia Bureau of Investigations to request additional assistance as needed. The auditor is not required to audit this provision.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the NIC training curriculum, investigator training records as well as the interview with the facility investigator, indicates that this standard appears to be compliant.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (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

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (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 or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (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*)

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic 14-2 Sexual Abuse Prevention and Response

3. National Institute of Corrections (NIC) Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff
4. PREA Medical and Mental Health Care: A Trauma Informed Approach
5. Medical and Mental Health Staff Specialized Training Records (14-2A PREA Training Acknowledgment Specialized Training)
6. Medical and Mental Health Training (14-2A CoreCivic PREA Training Acknowledgment)

Interviews:

1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. 14-2 Sexual Abuse Prevention and Response, page 7 states that in addition to the general training provided to all employees to comply with PREA Standard 115.31, all full and part-time qualified health care professionals and qualified mental health care professionals, shall receive specialized training. Training includes; how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations of sexual abuse and sexual harassment. The training consists of the PREA Resource Center (PRC) PREA Medical and Mental Health Care: A Trauma Informed Approach training as well as the Forensic Medical Examinations: An Overview for Victim Advocates training. Based on a review of the training modules, they include the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 23 medical and mental health staff and that 100% of these staff received the specialized training. A review of seven medical and mental health training records indicated that five had not received the specialized training. The PC indicated that they used to utilize the NIC training, however NIC no longer allowed their company to utilize the training for free so they developed their own specialized training. The PCM stated that after the NIC training ceased they did not implement the agency specialized training for the new medical and mental health care staff. As such the training was not completed. The interviews with medical and mental health care staff indicated that they have received PREA training through CoreCivic and the Georgia Department of Corrections. Staff stated that they receive PREA training annually and that the required components are covered during the training. The auditor confirmed that staff receive staff or contractor PREA training annually, however specialized training was not received for all medical and mental health care staff. On May 5, 2021 the auditor received training documents for 115.35. The facility provided a snapshot of the specialized medical and mental health staff training. Eleven of the staff had completed either the National Institute of Corrections (NIC) or CoreCivic equivalent specialized PREA training. While the facility did provide training to medical and mental health care staff during the interim report period, there were still twelve staff that needed to complete the required specialized training

115.35 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. Forensic exams are conducted on-site via SANE from SART, LLC. Interviews with medical staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. 14-2 Sexual Abuse Prevention and Response, page 7 states that medical and mental health staff are required to document completion of

this training by signing the 14-2A1 PREA Training Acknowledgment Specialized Training. This documentation shall be maintained in the employee training file. A review of seven medical and mental health training records indicated that two were documented with the specialized training. The PC indicated that they used to utilize the NIC training, however NIC no longer allowed their company to utilize the training for free so they developed their own specialized training. The PCM stated that after the NIC training ceased they did not implement the agency specialized training for the new medical and mental health care staff. As such the training was not completed. The interviews with medical and mental health care staff indicated that they have received PREA training through CoreCivic and the Georgia Department of Corrections. Staff stated that they receive PREA training annually. The auditor confirmed that staff receive staff PREA training annually, however specialized training was not received for all medical and mental health care staff and as such it was not documented. On May 5, 2021 the auditor received training documents for 115.35. The facility provided a snapshot of the specialized medical and mental health staff training. Eleven of the staff had completed either the National Institute of Corrections (NIC) or CoreCivic equivalent specialized PREA training. While the facility did provide training to medical and mental health care staff during the interim report period, there were still twelve staff that needed to complete the required specialized training.

115.35 (d): 14-2 Sexual Abuse Prevention and Response, page 6 states that employees shall be required, by either electronic or manual signatures, their understanding of the training that they have received at Pre-Service Training and annual In-Service Training each employee and contractor shall be required to sign a 14-2A PREA Training Acknowledgement Pre-Service/In-Service form. It also states that contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. A review of seven medical and mental health staff training documents indicated that 100% of those reviewed completed the staff or contractor PREA training.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the NIC training curriculum, the PREA Medical and Mental Health Care: A Trauma Informed Approach curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard requires corrective action. While all seven medical and mental health care staff had completed staff or contractor PREA training, five of the seven had not received specialized medical and mental health training. A review of seven medical and mental health training records indicated that five had not received the specialized training. The PC indicated that they used to utilize the NIC training, however NIC no longer allowed their company to utilize the training for free so they developed their own specialized training. The PCM stated that after the NIC training ceased they did not implement the agency specialized training for the new medical and mental health care staff. As such the training was not completed. The interviews with medical and mental health care staff indicated that they have received PREA training through CoreCivic and the Georgia Department of Corrections. Staff stated that they receive PREA training annually and that the required components are covered during the training. The auditor confirmed that staff receive staff or contractor PREA training annually. As such provisions (a) and (c) require corrective action.

Corrective Action:

The facility will need to ensure that all 23 medical and mental health care staff complete the specialized medical and mental health training under this standard. Once the training is completed the facility will need to forward the auditor the staff training records showing completion of the required training.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. CoreCivic PREA Training Acknowledgment Specialized Training 14-2A1 Forms

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to all provisions under this standard. On August 25, 2021 the auditor received training documents (CoreCivic PREA Training Acknowledgment Specialized Training 14-2A1 forms) related to this standard. The facility provided 30 staff training records confirming the completion of the medical and mental health specialized training. Based on the medical and mental health training records, the auditor determined that the facility provided the requested 23 medical and mental health care staff the required training under this standard and as such has been corrected and is compliant.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. 14-2B Sexual Abuse Screening Tool
4. Georgia Department of Corrections Policy 208.06 Attachment 4 – PREA Sexual Victim/Sexual Aggressor Classification Screening Tool
5. Inmate Assessment and Re-Assessment Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. 14-2 Sexual Abuse Prevention and Response, page 10 states that all inmate/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education and programming assignments. The goal is to keep separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. This includes inmates/detainees who have been transferred from another facility, have been received from a reception center where an assessment may already have been completed as part of reception and inmates/detainees who have been returned from court, or other leave status. Interviews with 24 inmates that arrived within the previous twelve months confirmed that all 24 were asked the risk screening questions within the first few days. The interviews with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization and/or abusiveness upon arrival. During the tour, the auditor observed the intake area. The risk screening is conducted in a private office setting.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. 14-2 Sexual Abuse Prevention and Response, page 10 states that inmates/detainees shall be assessed within 24 hours of arrival at the facility, unless contracting agency policy authorizes 72 hours following arrival. The PAQ stated that 469 inmates, or 100% of those that arrived in the previous twelve months, were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours. A review of 24 inmate records confirmed that all 24 were screened within 72 hours. Interviews with 24 inmates that arrived within the previous twelve months confirmed that all 24 were asked the risk screening questions within the first few days. The interviews with the staff who perform risk screening confirmed that inmates are screened for their risk of victimization and/or abusiveness within 72 hours of arrival at the facility.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 14-2 Sexual Abuse Prevention and Response, page 10 states that screenings will be completed and documented using an objective screening instrument. The CoreCivic 14-2B Sexual Abuse Screening Tool shall be utilized for this purpose unless the contracting agency requires usage of another form or computerized screening process. The policy states that the facility utilizes the Georgia Department of Corrections Policy 208.06 Attachment 4 – PREA Sexual Victim/Sexual Aggressor Classification Screening Tool. Additionally, policy states that screenings shall also include a review of the inmate/detainee’s available institutional file. A review of Attachment 4 indicates that the assessment includes ten questions for sexual victimization factors and four questions for sexual aggressor factors. At the end of each section the total number of “yes” answers are totaled to determine if there is a risk.

115.41 (d): 14-2 Sexual Abuse Prevention and Response, pages 10-11 indicate that the intake screening shall consider, at minimum, the following criteria to assess inmates/detainees for risk of victimization: whether the inmate/detainee has a mental, physical or developmental disability; the age of the inmate/detainee; the physical build of the inmate/detainee; whether the inmate/detainee has previously been incarcerated; whether the inmate/detainee’s criminal history is exclusively nonviolent; whether the inmate/detainee has prior convictions for sex offenses against an adult or child; whether the inmate/detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, whether the inmate/detainee has previously experienced sexual victimization; the inmate/detainee’s own perception of vulnerability and whether the inmate/detainee is detained solely for civil immigration purposes. Additionally, policy states that screenings shall also include a review of the inmate/detainee’s available institutional file. A review of Attachment 4 indicates that the assessment

includes ten questions for sexual victimization factors, including; prior victimization, age, physical stature, disabilities, prior incarceration, sexual preference and/or gender identity and own perceptions to vulnerability. Interviews with staff who perform the risk screening indicated that the risk screening is mostly yes or no questions. The staff stated that the risk screening involves asking the inmates a series of questions including if they are having any suicidal thoughts, if it is their first incarceration, their age, their weight, their height, their gender identity, their sexual preference, their history of prior victimization, if they feel vulnerable, if they have a history of sexual abuse against an adult or child and about any past sexually abusive behaviors.

115.41 (e): 14-2 Sexual Abuse Prevention and Response, page 11 states that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. Additionally, policy states that screenings shall also include a review of the inmate/detainee's available institutional file. Interviews with staff who perform the risk screening indicated that the risk screening is mostly yes or no questions. The staff stated that the risk screening involves asking the inmates a series of questions including if they are having any suicidal thoughts, if it is their first incarceration, their age, their weight, their height, their gender identity, their sexual preference, their history of prior victimization, if they feel vulnerable, if they have a history of sexual abuse against an adult or child and about any past sexually abusive behaviors.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 14-2 Sexual Abuse Prevention and Response, pages 11-12 states that within a set period of time not to exceed 30 days from the inmate's arrival at the facility, a reassessment of the inmate/detainee's risk level of victimization or abusiveness, will be completed utilizing the 14-2B Sexual Abuse Screening Tool, or contracting agency equivalent instrument. Additionally, policy states that the 30-day reassessment will include any additional relevant information received by the facility since the initial intake screening. The facility will maintain a tracking system to ensure that reassessments are not completed beyond 30 days. The PAQ indicated that 469, or 100% of inmates entering the facility were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility. Interviews with staff responsible for the risk screening indicated case managers complete the reassessment within 30 days. Interviews with 24 inmates who arrived in the previous twelve months indicated that thirteen were asked the risk screening questions on more than one occasion. A review of a sample of 24 inmate files indicated that eighteen inmates were reassessed within the 30-day timeframe. Of those sampled, two did not have a reassessment and four were reassessed after the 30-day timeframe.

115.41 (g): The PAQ indicated that policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. 14-2 Sexual Abuse Prevention and Response, page 12 states that a reassessment shall also be completed when warranted, due to referral, request, incident of sexual abuse, or receipt of additional information that may impact the inmate/detainee's risk of victimization or abusiveness. Additionally, policy states that following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and alleged perpetrator. A review of the inmates who alleged sexual abuse indicated that none of the allegations were substantiated and as such reassessments are not required. Interviews with staff responsible for risk screening indicated that inmates are reassessed within 30 days. Interviews with 24 inmates who arrived in the previous twelve months indicated that thirteen were asked the risk screening questions on more than one occasion.

115.41 (h): The PAQ indicated that policy prohibits disciplining inmates for refusing to answer whether or not the inmate has mental, physical or developmental disability; whether or not the inmate is or is

perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. 14-2 Sexual Abuse Prevention and Response, page 11 states that inmates/detainees may not be disciplined for refusing to answer, or for not disclosing complete information. The interviews with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening.

115.41 (i): 14-2 Sexual Abuse Prevention and Response, page 11 states that the facility shall control the dissemination within the facility of responses to questions on the screening forms in order to ensure that the sensitive is not exploited to the inmate/detainee's detriment by staff or other inmate/detainees. Measures taken shall include, but are not limited to: screening interview shall be conducted with as much privacy as is reasonable given security and safety concerns; an inmate/detainee shall not be permitted to complete his/her own 14-2B form or utilize other assistance from other inmates/detainees to complete the form; inmates/detainees shall not be permitted access to files containing assessment forms belonging to other inmates/detainees; and electronic assessments access is granted only to those staff involved in the assessment process, those making housing and program decisions, medical and mental health staff and staff with a need to know for the safe and secure operations of the facility. The interview with the PC confirmed that there is a policy that outlines who should have access to the inmate's risk screening assessment within the facility in order to protect sensitive information from exploitation. He stated that the risk assessment (14-B) or the partner agency risk assessment is secured in the inmate's file in the records office where it is controlled to only those who have a need to know, such as Case Managers and treatment personnel. He further stated that the assessments on the computers are protected by passwords that are not accessible by all staff. The PCM stated that medical, mental health and classification staff are those with accessibility to the risk screening information. The staff who conduct the risk screening indicated that the forms are entered into the computer and that the Chief of Unit Management and mental health get a copy of any victim or aggressor form. They stated that the records are stored in the inmates file with limited access.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Georgia Department of Corrections Policy 208.06 Attachment 4 – PREA Sexual Victim/Sexual Aggressor Classification Screening Tool, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears to be compliant.

Recommendation:

The risk assessment forms do not have the date they were completed. The auditor recommends that the facility add two spaces on the form, one for the date the inmate arrived and one the date the assessment was completed. This will reduce the amount of work in future audits in locating dates. Additionally, while the facility did not have any substantiated allegations of sexual abuse that required a reassessment, the auditor recommends that all inmates who report an allegation that is determined to be unsubstantiated be reassessed as a finding of unsubstantiated does not necessarily mean that the incident did not take place.

Standard 115.42: Use of screening information

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates 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*)

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities
4. Human Rights Policy Statement
5. Sample of Housing Determination Documents
6. 14-9A Transgender/Intersex Assessment and Treatment Plan Form
7. Transgender/Intersex Inmate Biannual Reviews
8. Memo from the Warden
9. LGBTI Inmate Housing Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

Site Review Observations:

1. Location of Inmate Records.
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. 14-2 Sexual Abuse Prevention and Response, page 10 states that all inmate/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education, and

programming assignments. The goal is to keep separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. Page 14 further states that the facility shall use the information from the 14-2B Sexual Abuse Screening Tool or equivalent contracting agency form, completed at initial screening and at all subsequent reassessments in the consideration of housing, recreation, work, program and other activities. Additionally, 18-2AA Coffee Correctional Facility Classification Plan states that following classification, housing assignments are completed and sent to the orientation unit to move the inmates to their assigned housing units. Inmates' PREA status is reviewed during housing assignments for aggressors, victims or both to make sure victims and aggressors are not housed in the same cell. Also in open dorms victims are housed toward the front part of the dorm as much as possible. The interview with the PREA Compliance Manager indicated that information is utilized to make housing and programming assignments. The interviews with the staff responsible for the risk screening indicated that if the inmate has a victim or aggressor designation that they will be flagged when anyone tries to inappropriately house the inmate. Inmates who are potential perpetrators would not be housed with potential victims. The staff also stated that in open bay housing units, victims would be placed strategically to ensure more staff visibility and more visibility on video monitoring. A review of inmate files and of inmate housing and work assignments confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive were not housed together. Additionally, they did not work together and did not attend education/programs together to the extent possible.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. 14-2 Sexual Abuse Prevention and Response, page 14 states that the facility shall make individualized case-by-case determinations about how to ensure the safety of each inmate/detainee. The interviews with the staff responsible for the risk screening indicated that if the inmate has a victim or aggressor designation that it will be flagged when they tried to house the inmate. Inmates who are potential perpetrators would not be housed with potential victims. The staff also stated that for the open bay housing units that victims would be placed strategically to ensure more staff visibility and more visibility on video monitoring. A review of inmate files indicated each inmate's housing is determined based on their risk assessment and as such each housing determination is made on a case-by-case basis.

115.42 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case by case basis. 14-2 Sexual Abuse Prevention and Response, page 14 states that in deciding whether to house a transgender/intersex inmate/detainee in a male or female unit, pod, cell or dormitory within the facility subsequent to arrival, or when making other housing and programming assignments for such inmates/detainees, the facility shall consider whether the placement would ensure the inmate/detainee's health and safety and whether the placement would present management or security problems. 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 6 states that following identification of a transgender or intersex inmate/detainee at intake (or upon identification after intake), the inmate/detainee shall be referred to the SART established by the facility for an assessment using the CoreCivic 14-9A Transgender/Intersex Assessment and Treatment Plan form. Additionally, page 8 states that CoreCivic facilities shall not base housing placement decisions for transgender or intersex inmates/detainees solely on the identify documents or physical anatomy of the inmate/detainee. The interview with the PCM indicated that the male or female housing determination is made by the Georgia Department of Corrections and because they contract to house state inmates, they do not review inmates for male/female housing determinations. The PCM stated that once they arrive at the facility they look at their disciplinary history, their PREA status (whether they have been a victim or aggressor, their size, age and other characteristics) to ensure they are placed in an area that they are most safe. She stated that most of the inmates identified as potential victims are placed in an open bay housing unit as they have better video monitoring. She confirmed that the inmate housing at the facility is reviewed on a case-by-case basis and that they speak to the inmate to ensure that they feel safe. Interviews with two transgender

inmates and one intersex inmate indicated that both transgender inmates were asked about their safe, however the intersex inmate was not. All three inmates stated that they did not feel they were housed solely in one facility, unit or dorm based on their gender identify. A review of the two transgender inmate housing determinations and the one intersex inmate housing determination indicated that none of the three had any documentation related to the male/female housing determination.

115.42 (d): 14-2 Sexual Abuse Prevention and Response, page 14 indicates placement and programming assignments for each transgender or intersex inmate/detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced the inmate/detainee. 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, pages 7-8 state that a reassessment shall be completed any time that additional relevant information becomes known or following any indicating of victimization or threats of safety experienced by the inmate/detainee. At minimum, SART shall consider the following in the reassessment: changes in the transgender inmate/detainee's housing preferences; variations in the inmate/detainee's medical or mental health status; safety/security of the inmate/detainee, other inmate/detainees, and/or facility staff; any threats to safety experienced by the inmate/detainee; continued availability of housing; and concerns documented by the facility. A review of two transgender inmate files and one intersex inmate file indicated that all three had meaningful contacts at least biannually, with most being reviewed every 90 days. Interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates are reassessed at least twice a year.

115.42 (e): 14-2 Sexual Abuse Prevention and Response, page 14, indicates that transgender and intersex inmate/detainee gender self-identification of safety needs shall be given serious consideration in all housing and programming assignments. The Human Rights Policy Statement indicates on page 1 that CoreCivic policy includes protection for freedom of expression and identity, including freedom from discrimination or harassment based on race, religion, national origin, sex, gender, sexual orientation, disability or political views and freedom of personal grooming. The interview with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views with respect to their safety are given serious consideration. Interviews with two transgender inmates and one intersex inmate indicated that both transgender inmates were asked about their safe, however the intersex inmate stated he was not.

115.42 (f): 14-2 Sexual Abuse Prevention and Response, page 17 and 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, pages 8 indicate that transgender and intersex inmates/detainees shall be given the opportunity to shower separately from other inmates/detainees. Facilities should adopt procedures that will afford transgender and intersex inmate/detainees the opportunity to disrobe, shower and dress apart from other inmate/detainees. The memo from the Warden states that transgender and intersex inmates have the opportunity to shower in the Medical Department on a daily basis during the hours of 1:00pm to 1:30pm. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are provided the opportunity to shower separately. The PCM stated that if inmates want to shower separately they write a request to staff and they are then authorized to shower in medical. The interviews with the transgender and intersex inmates indicated that all three were afforded the opportunity to shower separately. The inmates stated that if they wanted to they could shower in new medical. During the tour it was observed that all inmates are provided privacy while showering. Open bay housing units have wall barriers and shower curtains while double occupancy housing units have single person showers with curtains or expanded metal. Additionally, the showers in medical are single person showers with curtains as well.

115.42 (g): 14-2 Sexual Abuse Prevention and Response, page 15 states that the establishment of a unit, pod or wing solely dedicated to the house of LGBTI and/or gender non-conforming inmates/detainees is strictly prohibited unless required by consent decree, court order or other

comparable legal authority. A review of housing assignments for the seven inmates who identified as LGBTI indicated that inmates were not assigned to one housing unit based on their sexual preference or gender identity. The interviews with the PC and PCM confirmed that the agency does not have a consent decree. The PC stated that is contrary to CoreCivic policy to place LGBTI inmates together in one dedicated unit. He stated that housing decision are made at the facility level using the screening forms to assess risk. The interviews with the LGBTI inmates indicated that all seven did not feel that they were placed in any specific housing unit based on their sexual preference and/or gender identity.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, the Human Rights Policy Statement, a sample of housing determinations, 14-9A Transgender/Intersex Assessment and Treatment Plan Forms, Transgender/Intersex Inmate Biannual Reviews, the Memo from the Warden, LGBTI Inmate Housing Documents and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI inmates, indicates that this standard appears to require corrective action. While the transgender and intersex inmates were reviewed every 90 days there was limited information pertaining to their safety, housing and programming related to their gender identity. Additionally, inmates who identify as transgender or intersex at Coffee CF did not have any documented reviews of their male/female housing determination. As such provision (c) requires corrective action while the auditor has a recommendation for provision (d).

Corrective Action:

The facility will need to ensure that a male/female case-by-case housing determination is made for each transgender or intersex inmate. Because CoreCivic is unable to make the determination the auditor recommends that Coffee CF contact the Georgia Department of Corrections related to the gender identity review they should have completed prior to sending the inmate to Coffee CF. The facility will then need to forward the determinations to the auditor to show compliance with provision (c). If the Georgia Department of Corrections has not reviewed the inmate or does not have the appropriate documentation, Coffee CF should include the information sent to the Georgia Department of Corrections asking that they review the inmates to determine if they should be housed at a male or female facility and well as their response, showing that the agency has done its due diligence and all it can under this provision.

Recommendation:

The auditor recommends that the facility ensure that during at least two of the meaningful contact encounters language is added to ensure all requirements are covered related to the biannual transgender reviews (i.e. safety, programming and housing placements).

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Transgender/Intersex Assessment and Treatment Plan 14-9A/14-9A CC Forms

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to all provisions under this standard. On August 25, 2021 the auditor was provided housing determination documents for standard 115.42 for the two transgender inmates and one intersex inmate at the facility. The forms documented housing determination, safety concerns and inmate preferences. The reviews were completed by the Sexual Assault Response Team, including the Assistant Warden, PCM, medical staff and classification.

Standard 115.43: Protective Custody

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 10-1 Special Management/Restrictive Housing Unit Management
4. Housing Assignments of Inmates at High Risk of Victimization

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing
3. Interviews with Inmates in Segregation for their Risk of Victimization

Site Review Observations:

1. Observations in the Segregation Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that inmate/detainees at high risk for sexual victimization shall not be placed in involuntary restricted housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary restrictive housing for less than 24 hours while completing an assessment. Every 30 days a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. The PAQ indicated there have been zero instances where inmates have been placed in involuntary

segregated housing due to their risk of sexual victimization. A review of housing assignments for inmates at high risk of victimization indicated that none were placed in segregation due to their risk of victimization. The Warden confirmed that the agency has a policy that prohibits placing inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. He stated that they had not placed any high risk inmates in involuntary segregated housing over the two years he has been at the facility. During the tour the auditor did not observe any inmates in restrictive housing due to their risk of victimization.

115.43 (b): 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that inmates/detainees placed in restrictive housing pursuant to section 1.8 [provision (a)] shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programming, privileges, education or work opportunities is restricted, the facility shall document the following; the opportunities that have been limited; the duration of the limitation; and the reason for such limitations. The interviews with the staff who supervise inmates in segregated housing indicated that any inmates placed in involuntary segregated housing under this provision would be provided access to programs, privileges, education and work opportunities to the extent possible. Staff stated that the inmate would still be able to go to recreation, can still get books and papers, would still be provided commissary, but more than likely would not have a job assignment. Both staff stated that any restrictions would be documented. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (c): 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated that if they were unable to locate an alternative means of separation that the Georgia Department of Corrections is very good with having the inmate moved to another facility. He further indicated that if there was an issue that the inmate would be moved out no later than the following week. The interviews with the staff who supervise inmates in segregated housing indicated that the inmate would only be involuntarily segregated until they could find alternative housing. Staff stated they would keep the inmate as safe as possible until better housing becomes available. They stated they would not place him/her back in the same unit or a unit with the perpetrator. Both staff indicated that the length of time would depend on the situation but that they tried to find alternative housing within fourteen days. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (d): 14-2 Sexual Abuse Prevention and Response, page 15 states if involuntary restrictive housing is warranted as outlined above [in provision (a), (b) and (c)] the documentation of such actions shall clearly specify a basis for the facility concern for the inmate/detainee's safety and the reason(s) why no alternative means of separation can be arranged. There were no inmates at high risk of victimization that were involuntarily segregated over the previous twelve months.

115.43 (e): The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that every 30 days a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. The interviews with the staff who supervise inmates in

segregated housing indicated that inmates in segregated housing would be reviewed at least every 30 days.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 10-1 Special Management/Restrictive Housing Unit Management, housing assignments for inmates at high risk of victimization, observations from the facility tour related to segregation areas as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Inmate Handbook
4. PREA Posters
5. The Ethics Line Poster
6. 14-2AA PREA Prevent Detect Respond Pamphlet

Interviews:

1. Interview with the PREA Compliance Manager
2. Interview with Random Staff
3. Interview with Random Inmates

Site Review Observations:

1. Observation of PREA Reporting Information in all Housings Units

Findings (By Provision):

115.51 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for inmates to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 14-2 Sexual Abuse Prevention and Response, page 18 states that inmates/detainees shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other inmates/detainees or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the inmate handbook and PREA signage, indicated that there are multiple ways for inmates to report. These methods include: calling the National Sexual Assault Hotline (1-800-656-4673), notifying the Nicholls Police Department, sending a letter to the Warden (PO Box 650, Nicholls, GA 31554), sending a letter to the Managing Director of Facility Operations (10 Burton Hills Blvd, Nashville, TN 37215), calling the Georgia Department of Corrections Inmate Affairs – Ombudsman (478-992-5358), notifying any staff member either verbally or in writing, calling the PREA Hotline number 7732, or by electronically reporting through PREA.REPORT@GDC.GA.GOV. The handbook notifies inmates that all calls and emails are subject to monitoring and recording. Additionally, it states that personal information is not required to be provided, however the more information that can be given related to dates, times, locations, witnesses, and other details, will assist law enforcement in their efforts to

successfully conduct an investigation. The PREA pamphlet also advises inmates they can report to any staff, volunteer, contractor, chaplain, medical or mental health staff, by telling a family member, friend or anyone else outside the facility who can report on their behalf by calling the facility, by calling the PREA hotline number, by calling the number posted to an agency outside of the facility (you can remain anonymous upon request) and by reporting on someone's behalf or someone at the facility can report on their behalf. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units. Interviews with 40 inmates confirm that all were aware of at least one method to report sexual abuse and/or sexual harassment. Most inmates indicated that they would tell a staff member or call the hotline. Interviews with twelve staff confirm that inmates have multiple ways to report sexual abuse and sexual harassment allegations. Staff stated that inmates can tell any staff member or they can report through the hotline.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report abuse or harassment to a public entity or office that is not part of the agency. 14-2 Sexual Abuse Prevention and Response, pages 18-19 state that each facility shall provide at least one way for inmates/detainees to report abuse or harassment to a public entity or private entity or office that is not part of CoreCivic or the contracting agency and that is able to receive and immediately forward inmate/detainee reports of sexual abuse and sexual harassment to facility officials, allowing the inmate/detainee to remain anonymous upon request. The policy indicates that the outside reporting agency for Coffee CF is the Nicholls Police Department. Additionally, staff indicated that the inmates can also report via JPay, which is also an outside reporting mechanism. The handbook notifies inmates that all calls and emails are subject to monitoring and recording. Additionally, it states that personal information is not required to be provided, however the more information that can be given related to dates, times, locations, witnesses, and other details, will assist law enforcement in their efforts to successfully conduct an investigation. The PREA pamphlet also advises inmates they can report by calling the number posted to an agency outside of the facility (you can remain anonymous upon request). During the tour, it was observed that information pertaining on how to report PREA allegations was posted in all housing units, including the third party reporting mechanisms. The interview with the PCM indicated that the outside reporting is done through JPay. She stated that JPay will then forward the information to the her and the Warden. She stated they would then initiate an investigation into the allegation. While on-site the auditor had an inmate illustrate how to utilize the third party (JPay) reporting mechanism. The Warden provided confirmation that the information was received by JPay and forwarded back to him for handling. Interviews with 40 inmates indicated that fourteen were aware of the outside reporting mechanism. While the PAQ indicated that inmates are not detained solely for civil immigration purpose at Coffee CF, 14-2 Sexual Abuse Prevention and Response does indicate one page 19 that inmates/detainees detained solely for civil immigration purposes shall be provided information on how to contact relevant consular offices and relevant officials at the Department of Homeland Security.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately. 14-2 Sexual Abuse Prevention and Response, page 19 states that employees/contractors must take all allegations of sexual abuse seriously, including verbal, anonymous, and third party reports and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. A review of additional documentation to include the inmate handbook and PREA signage, indicated that there are multiple ways for inmates to report. These methods include: calling the National Sexual Assault Hotline (1-800-656-4673), notifying the Nicholls Police Department, sending a letter to the Warden (PO Box 650, Nicholls, GA 31554), sending a letter to the Managing Director of Facility Operations (10 Burton Hills Blvd, Nashville, TN 37215), calling the Georgia Department of Corrections Inmate Affairs – Ombudsman (478-992-5358), notifying any staff member either verbally or in writing, calling the PREA Hotline number 7732, or by electronically reporting through PREA.REPORT@GDC.GA.GOV. Interviews with 40 inmates confirmed that 38 knew they could report verbally to staff and through a third party such as their family, friends or an attorney. Interviews with

twelve staff indicate they accept all allegations of sexual abuse and sexual harassment made verbally, in writing, anonymously and through a third party and they would document verbal allegations in a written report as soon as possible. A review of fourteen investigations indicated that twelve allegations were verbally reported to staff and two were reported via a written document. All verbal allegations were documented in a written report by staff.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ stated that staff can submit a sealed confidential letter to the Warden. 14-2 Sexual Abuse Prevention and Response, page 20 states that CoreCivic employees, contractors, volunteers and interested third parties may report allegations of sexual abuse and sexual harassment to the CoreCivic 24-hour Ethics line at 1-800-461-9330. Interviews with a twelve staff indicate all twelve were aware that they can privately report sexual abuse and sexual harassment of inmates through their hotline.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the inmate handbook, PREA signage, the Ethics line signage, the PREA pamphlet, observations from the facility tour related to PREA posters and other posted information and interviews with the PCM, random inmates and random staff, this standard appears to be compliant.

Recommendation:

While the agency has two outside reporting mechanisms and inmates are provided information on these mechanisms in the inmate handbook, the PREA pamphlet and through PREA posters, the auditor recommends that this information be emphasized at intake, during comprehensive PREA education and during other encounters. Additionally, the auditor recommends that the facility update their printed information and enhance/highlight the outside reporting mechanisms. During the interviews only fourteen of the 40 inmates were aware of the outside reporting mechanism.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion

thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).

Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Georgia Department of Corrections Policy 227.02 Statewide Grievance Procedure

Findings (By Provision):

115.52 (a): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy. Georgia Department of Corrections

Policy 227.02, page 5 indicates that sexual abuse and sexual harassment shall be forwarded to the institutional Sexual Assault Response Team (SART) and processed according to SOP 208.06, Prison Rape Elimination Act: Sexually Abusive Behavior Prevention and Intervention Program.

115.52 (b): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy. Georgia Department of Corrections Policy 227.02, page 5 indicates that sexual abuse and sexual harassment shall be forwarded to the institutional Sexual Assault Response Team (SART) and processed according to SOP 208.06, Prison Rape Elimination Act: Sexually Abusive Behavior Prevention and Intervention Program.

115.52 (c): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy. Georgia Department of Corrections Policy 227.02, page 5 indicates that sexual abuse and sexual harassment shall be forwarded to the institutional Sexual Assault Response Team (SART) and processed according to SOP 208.06, Prison Rape Elimination Act: Sexually Abusive Behavior Prevention and Intervention Program.

115.52 (d): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy. Georgia Department of Corrections Policy 227.02, page 5 indicates that sexual abuse and sexual harassment shall be forwarded to the institutional Sexual Assault Response Team (SART) and processed according to SOP 208.06, Prison Rape Elimination Act: Sexually Abusive Behavior Prevention and Intervention Program.

115.52 (e): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy. Georgia Department of Corrections Policy 227.02, page 5 indicates that sexual abuse and sexual harassment shall be forwarded to the

institutional Sexual Assault Response Team (SART) and processed according to SOP 208.06, Prison Rape Elimination Act: Sexually Abusive Behavior Prevention and Intervention Program.

115.52 (f): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy. Georgia Department of Corrections Policy 227.02, page 5 indicates that sexual abuse and sexual harassment shall be forwarded to the institutional Sexual Assault Response Team (SART) and processed according to SOP 208.06, Prison Rape Elimination Act: Sexually Abusive Behavior Prevention and Intervention Program.

115.52 (g): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy. Georgia Department of Corrections Policy 227.02, page 5 indicates that sexual abuse and sexual harassment shall be forwarded to the institutional Sexual Assault Response Team (SART) and processed according to SOP 208.06, Prison Rape Elimination Act: Sexually Abusive Behavior Prevention and Intervention Program.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response and the Georgia Department of Corrections Policy 227.02 indicates that this provision is not applicable and as such compliant.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. PREA Pamphlet

Interviews:

1. Interview with Random Inmates
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with Victim Advocate

Findings (By Provision):

115.53 (a): The PAQ indicated the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by; giving inmates mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations; giving inmates mailing addresses and telephone numbers for immigration services agencies for person detained solely for civil immigration purpose; and enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. 14-2 Sexual Abuse Prevention and Response, page 9 states that inmates shall have access to outside victim advocates for emotional support services related to sexual abuse by being provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations. A review of documentation indicated that inmates were not provided with mailing address or telephone numbers to a local, state or national victim advocacy service. Additionally, during the tour the auditor did not observe advocacy information posted at the facility. Interviews with 40 inmates indicated nineteen were aware of some type of victim advocacy service. Most inmates indicated they believed that any contact with these services would be confidential and free. Interviews with inmates who reported sexual abuse indicated that none of the four were provided mailing addresses or telephone numbers and none spoke

to anyone after they reported their allegation. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply. The interview with the staff from SAS indicated that they were currently working with the facility to execute an MOU. She stated that they would be providing services via access to their mailing address and telephone number. She further stated that all services would be either through correspondence or via phone.

115.53 (b): The PAQ stated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs inmates about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. 14-2 Sexual Abuse Prevention and Response, page 9 state that inmates shall be informed, prior to giving them access, of the extent to which such communication shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. It further states that consistent with applicable laws and emotional support services provider policy, information shall be reported to the facility without the inmate's consent, in the event the inmate 1) threatens suicide or to commit other harm to self; 2) threatens to harm another person; 3) shares with the community agency information that relates to abuse or neglect of a child or vulnerable adult; or 4) threatens the security of the facility or to escape. The PREA pamphlet states that calls made to community agency/rape crisis center PREA hotline numbers are not monitored or recorded. Information that is provided to community agencies concerning an allegation of sexual abuse will remain confidential, as required by law. It continues by stating that there are, however, certain situations and conditions under which staff from these agencies/services are required to report. These may include, but are not limited to, situations where you may cause harm to yourself or others; any threats made to the safety and security of the facility and/or public; and any information that relates to abuse or neglect of a child or vulnerable adult. A review of documentation indicated that inmates were not provided with mailing address or telephone numbers to a local, state or national victim advocacy service and as such they were not specifically provided information related to how the services would be monitored. Additionally, during the tour the auditor did not observe advocacy information posted at the facility. Interviews with 40 inmates indicated nineteen were aware of some type of victim advocacy service. Most inmates indicated they believed that any contact with these services would be confidential and free. Interviews with inmates who reported sexual abuse indicated that none of the four were provided mailing addresses or telephone numbers and none spoke to anyone after they reported their allegation. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply. The interview with the staff from SAS indicated that they were currently working with the facility to execute an MOU. She stated that they would be providing services via access to their mailing address and telephone number. She further stated that all services would be either through correspondence or via phone.

115.53 (c): The PAQ indicated that the agency or facility maintains memoranda of understanding or other agreements with community service providers that are able to provide inmates with emotional services related to sexual abuse. It also states that the agency or facility maintains copies of the MOU. 14-2 Sexual Abuse Prevention and Response, page 8 states that CoreCivic shall maintain, or attempt to enter into, Memorandum of Understanding (MOU) or other agreements with community service providers that are able to provide inmates with confidential emotional support services. Additionally, it states that all MOUs must be reviewed and approved by the CoreCivic Legal Department prior to signature. The facility and Legal shall maintain copies of the MOUs. A review of documentation indicated the facility's MOU with Satilla Advocacy Services had lapsed. During the on-site portion of the audit the facility was working on a new MOU with SAS.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the 14-2AA PREA Pamphlet, observations from the facility tour related to PREA signage and posted information and

information from interviews with random inmates, inmates who reported sexual abuse and the staff member from SAS, this standard appears to require corrective action. The facility does not have a current MOU with SAS nor has the facility provided inmates with a mailing address and phone number to a local, state or national victim advocacy service. Due to both of these factors, inmates have also not been informed the extent to which the contact with the organizations would be monitored and information related to mandatory reporting by these organizations. As such provisions (a), (b) and (c) of this standard require corrective action.

Corrective Action:

The facility will need to establish and execute the MOU with SAS. Once executed, the facility will need to provide the current inmate population and all future inmates with the mailing address and telephone number of the organization. The facility will need to educate all current inmates on the organization, what they offer, how to reach them and the level of which their communication will be monitored. The auditor suggests that the facility update the inmate handbook with the required information and well as post the information around the facility and on the computers. The auditor also recommends that the information be emphasized during intake and during the comprehensive PREA education. The facility will need to send the auditor a copy of the executed MOU, all updated inmate education materials with the required information under this standard and evidence of all current inmates being educated on the information.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memorandum of Understanding (MOU) with Satilla Health Foundation DBA Satilla Advocacy Services
2. Satilla Advocacy Services Poster/Bulletin
3. Photos of the Poster/Bulletin in the Facility
4. Photos Satilla Advocacy Services Information Sent through JPay to Inmate Population

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to all provisions under this standard. On July 21, 2021 the auditor received a copy of the signed MOU with Satilla Advocacy Services. The MOU outlined offered services, including confidential emotional support services related to sexual abuse including crisis intervention, information and referrals as needed. The MOU specifically states that Satilla Advocacy Services will provide a telephone number and mailing address for the inmate population.

On September 8, 2021 the auditor was provided advocacy posters that the facility created to post throughout the facility. The posters identified Satilla Advocacy Services as the non-profit organization available to provide services for sexual assault survivors, including counseling, emotional support, emergency assistance and advocacy. The poster provided the advocacy mailing address. The auditor was provided photos of the posters throughout the facility. Additionally, the auditor was provided photos of the JPay message that was sent to the inmate population related to Satilla Advocacy Services. The auditor contacted the PCM and advised that a phone number is required to be provided and that information related to how the inmates can contact Satilla Advocacy Services, the level the communication is monitored and the level of confidentiality. On September 9, 2021 the auditor was provided updated advocacy posters with appropriate information. The posters included SAS phone number and mailing address. The posters stated that all mail to the advocacy center was subject to inspection and that the phone number could not be accessed via the inmate telephone system, however they could contact unit team or the shift supervisor to make a confidential call on an unrecorded line. The

facility provided photos of the updated poster around the facility. Additionally, the information was sent through JPay to the inmate population. Based on a review of the MOU, the updated inmate advocacy poster, photos of the advocacy posters throughout the facility and the confirmation that the information was sent to the inmate population via JPay, the auditor determined that this standard has been corrected and as such is compliant.

Standard 115.54: Third-party reporting

115.54 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. The Ethics Line Poster

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PAQ indicated the method is through the agency website. 14-2 Sexual Abuse Prevention and Response, page 20 states that CoreCivic employees, contractors, volunteer, and interested parties may report allegation of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line at 1-866-461-9330 or through www.CoreCivic.ethicspoint.com. A review of the agency's website confirms that third parties can report via the phone number of the weblink above. The agency website and third party reporting information and direction is found at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Ethics line poster and the agency's website this standard appears to be compliant.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Investigative Reports

Interviews:

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 14-2 Sexual Abuse Prevention and Response, page 19 states that in accordance with policy, employees/contractors are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that has occurred in any facility. Interviews with twelve staff confirm that they take all allegations seriously and that they know they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 14-2 Sexual Abuse Prevention and Response, page 19 states that apart from reporting to designated supervisors or officials, employees/contractors shall not reveal any information related to a sexual abuse reported to anyone other than to the extent necessary and as specified in policy, to make treatment, investigation and other security and management decision. Interviews with twelve staff confirm that they all would immediately report the information to their supervisor.

115.61 (c): 14-2 Sexual Abuse Prevention and Response, page 19 states that unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outline in policy. At the initiation of providing medical care, both medical and mental health professionals will inform inmates/detainees of their professional duty to report and the limitations of confidentiality. Interviews with medical and mental health care staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting. Medical and mental health care staff indicated that they inform inmates of the limits of confidentiality and their duty to report.

115.61 (d): 14-2 Sexual Abuse Prevention and Response, page 19 states that If an alleged victim is under the age of eighteen or is considered a vulnerable adult under a state or local vulnerable person's

statue, the allegation shall be reported to the investigating entity responsible for criminal investigations and the contracting agency or applicable contracting governmental agency. The interview with the PC indicated that each state has its own law and reporting requirements. In most of the facilities a notification to law enforcement and a partner agency triggers the notification to any other agency as required. The Warden stated that normally anything the is sexual assault would be referred to the Georgia Department of Corrections who has criminal investigators who would handle the allegation.

115.61 (e): 14-2 Sexual Abuse Prevention and Response, page 19 states that in accordance with policy, employees/contractors are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that has occurred in any facility. Additionally, page 19 states that employees/contractors must take all allegations of sexual abuse seriously, including verbal, anonymous, and third party reports and treat them as if the allegation is credible. The interview with the Warden confirmed that this is the practice. A review of investigative reports indicate that all allegations are reported initially to the facility investigator and forwarded to the Georgia Department of Corrections, if necessary.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, investigative report and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicate that this standard appears to be compliant.

Standard 115.62: Agency protection duties

115.62 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Random Staff

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. 14-2 Sexual Abuse Prevention and Response, pages 19 and 21 state that when it is learned that an inmate/detainee

is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate/detainee. The PAQ stated that there have been zero inmates were subject to substantial risk of imminent sexual abuse within the previous twelve months. The interview with the Agency Head Designee indicated that staff take immediate action when they learn that an inmate is subject to substantial risk of imminent sexual abuse. He stated staff would protect inmates by removing the inmate from the area and/or individuals where risk may be stemming from and an investigation would be immediately initiated. The Warden stated there were a couple of things they could do. He stated that they have a housing unit that they consider their safe housing and that the inmate could be placed there because it is easier to monitor him/her with regard to the layout and video monitoring technology. He stated that they have not placed anyone in segregation over the two years he has been at the facility but that it is an option. He further indicated that the goal is to get the inmate somewhere else where he feels safe and that is suitable for him/her to be housed. The interviews with twelve staff confirmed that they would all contact their supervisor and most would either remove the inmate from the area or keep the inmate within eyesight until the supervisor arrived. Staff stated they would try to get the inmate moved to another housing unit away from the harm.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Findings (By Provision):

115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration. The PAQ indicated that during the previous twelve months, the facility had zero inmates report that they were sexually abused while confined at another facility. A review of documentation confirmed there were zero inmates who reported sexual abuse that occurred within another facility/agency.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration.

115.63 (c): The PAQ indicated that the agency or facility documents that is has provided such notification within 72 hours of receiving the allegation. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration.

115.63 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving notification from another facility that an incident/allegation of sexual abuse had occurred while the inmate/detainee was previously confined at the facility, the facility shall record the name of the agency making the notification and any information that may assist in determining whether an investigation was conducted. If the allegation was not reported and/or not investigated facility staff shall initiate reporting and investigations procedures in accordance with policy. The incident shall be reported through the 5-1 incident report . The PAQ indicated there have been zero inmates who reported to another facility that they were abused at Coffee CF. A review of

fourteen investigative reports confirmed that all were reported at Coffee CF. The interview with the Agency Head Designee indicated that if an allegation was alleged to have occurred at another facility, the facility Warden receiving the information would notify the Warden at the other facility within 72 hours. If the allegation received was that an incident of sexual abuse allegedly occurred within the CoreCivic facility, both the partner agency and the investigative entity response for criminal investigation would be notified. The Agency Head Designee stated that there are examples of such allegations and that the most common examples are allegations inmates make during their intake process. He stated that the CoreCivic staff obtain as much information as possible from the inmate and provide this to the Warden at the other facility as part of the notification. The interview with the Warden indicated that they have not had any of these types of allegations over the previous twelve months, but if there were that the facility would either directly or indirectly work the allegation to include working with the other facility to ensure an investigation was completed. A review of investigative reports indicated that all allegations were reported directly at Coffee CF.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, a review of investigations and interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

Standard 115.64: Staff first responder duties

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. PREA Overview Facilitators Guide
4. 14-2C Sexual Abuse Incident Checklist
5. First Responder Card
6. Incident Reports

Interviews:

1. Interview with First Responders
2. Interviews with Random Staff

Findings (By Provision):

115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 14-2 Sexual Abuse Prevention and Response, page 21 states that upon learning of sexual abuse, the first security responder is required to complete the following; separate the alleged victim from the alleged abuse and when the alleged abuser is an inmate/detainee, he/she shall be secured in a single cell to facilitate the collection of evidence; preserve and protect any crime scene until appropriate steps can be taken to collect evidence; ensure that the alleged victim is taken to the facility Health Services Department; and notify the highest supervisory authority on-site. Policy also states that while in the Health Services Department, and if the abuse occurred within a time period that allows for the collection of physical evidence, responding staff shall, to the best of their ability, request that the victim not take any actions that could destroy physical evidence. This would include as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating or brushing his/her teeth. Additionally, policy states that if the abuse occurred within a time period that allows for the collection of physical evidence and when the alleged abuser is an inmate/detainee, staff shall ensure that the alleged abuser does not take any actions that could destroy physical evidence. This would include as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating or brushing his/her teeth. The PREA Overview Facilitators Guide confirmed that all staff are trained on first responder duties, including ensuring the victim does not shower, change clothes, use the restroom or consume fluids; notifying the highest ranking supervisor on site; securing the alleged perpetrator in a cell, file an incident report form, keep the information confidential, and secure the crime scene. An additional review of the Sexual Abuse Incident Check Sheet confirmed that first responder duties are listed on the checklist for staff to ensure they complete, if appropriate. The PAQ indicated that during the previous twelve months, there have been sixteen allegation of sexual abuse, all sixteen which required the first security staff member to separate the alleged victim and abuser. Four of the sixteen occurred within a timeframe that allowed for the collection of evidence and as such staff preserved and protected the crime scene, requested the victim not take any action to destroy

physical evidence and ensured the abuser did not take any action that could destroy physical evidence. A review of fourteen investigative reports indicated that when applicable the victim and alleged perpetrator were separated with a housing change. None of the allegations reviewed involved a need for immediate physical separation. Four of the allegations involved securing a crime scene and collecting evidence, to include DNA. Interviews with first responders indicated that they would separate the inmates, preserve the crime scene, notify the inmates not to destroy any evidence on their body, notify the supervisor and get the inmate to medical. Two of the inmates who reported sexual abuse indicated that staff handled their allegation timely. They both stated that they went to talk to the supervisor after they made the allegation and then they were taken to medical. One inmate said that he reported it to staff and that they never followed-up or did anything. The fourth inmate stated that when he initially reported the allegation he remained in the cell with the alleged perpetrator for three days until someone came to talk to him about the allegation. Documentation reviewed indicated that the inmate reported through written format and it was not received immediately.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. 14-2 Sexual Abuse Prevention and Response, page 21 states that if the first staff responder is not a security staff member, the responder shall be required to request the alleged victim not taken any action that could destroy physical evidence, and then shall notify security staff. The PAQ indicated that during the previous twelve months, there were sixteen allegations of sexual abuse, three of which involved a non-security staff first responder. Interviews with first responders confirmed that non-security first responders would separate the inmate if possible and notify security and mental health. Interviews with random staff indicated that they were all well versed on first responder duties and that they would isolate the inmate or separate the inmate and then immediately notify their supervisor. A review of fourteen investigative reports indicated one was reported to mental health staff, however it did not involve a non-security first responder as the inmate was not required to be separated from the alleged abuser.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the PREA Overview Facilitators Guide, the 14-2C Sexual Abuse Incident Checklist, staff First Responder Cards, a review of investigative reports and interviews with random staff and staff first responders, this standard appears to be compliant.

Standard 115.65: Coordinated response

115.65 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 13-79 Sexual Assault Response Protocol
4. 13-79A Sexual Assault Response Protocol
5. 14-2C Sexual Abuse Incident Check Sheet

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. 14-2 Sexual Abuse Prevention and Response, page 20 states that in order to coordinate actions taken by initial first responders, medical and mental health practitioners, investigators and facility leadership in response to an incident of sexual abuse, the facility has established a Sexual Abuse Response/Review Team (SART) that shall include, but is not limited to; PCM and/or ADO, medical representative, security representative, mental health representative and victim services coordinator. The memo from the Warden indicated that the following staff make up the facility SART; Chief of Unit Management, a registered nurse, the Chief of Security, a mental health counselor and the Health Service Administrator. 13-79 Sexual Assault Response Protocol details facility specific information, additional medical and mental health requirements, additional reporting requirements and facility victim support/counseling. Additionally, 13-79A Sexual Assault Response Protocol and 14-2C Sexual Abuse Incident Check Sheet contain the requirements for an allegation of sexual abuse as it relates to first responders, Health Services, Shift Supervisors, victim advocates, SANE/SAFE, investigators and the PCM. The Warden confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 13-79 Sexual Assault Response Protocol, 13-79A, 14-2C and the interview with the Warden, this standard appears to be compliant.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers**115.66 (a)**

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Collective Bargaining Agreement with the International Union Security, Police, Fire Professionals of American and it's Amalgamated Local 60

Interviews:

1. Interview with the Agency Head Designee

Findings (By Provision):

115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. Documentation indicated that Coffee CF is not subject to collective bargaining. 14-2 Sexual Abuse Prevention and Response, pages 31-32 state that neither CoreCivic nor any other entity responsible for collective bargaining on CoreCivic's behalf, shall enter into or renew any collective bargaining agreements or other agreements that limits the company's ability to remove alleged employee sexual abusers from contact with any inmate/detainee pending the outcome of an investigation or of a determination of whether to what extent discipline is warranted. The interview with the Agency Head Designee confirmed that CoreCivic has entered into and/or renewed collective bargaining agreements since August 20, 2012. He stated that the agreements permit CoreCivic to remove alleged staff sexual abusers from contact with an inmate pending an investigation or disciplinary action. Coffee CF does not have a collective bargaining agreement, however a review of another facilities agreement confirmed that page 9 state that the rights reserved to and retained by the Company (CoreCivic) under this Agreement include, but are not limited to: the right to maintain order and efficiency, to discipline, suspend, or discharge for just cause; to relieve employees of duties.

115.66 (b): The auditor is not required to audit this provision.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response and the interview with the Agency Head Designee, this standard appears to be compliant.

Standard 115.67: Agency protection against retaliation

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Investigative Reports
4. 14-2C Sexual Abuse Incident Check Sheet
5. 14-2D PREA Retaliation Monitoring Report

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protection all inmates and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. 14-2 Sexual Abuse Prevention and Response, pages 24-25 describe the monitoring process. Specifically, it states that inmates/detainees and staff who report sexual abuse or sexual harassment (or cooperate with sexual abuse or sexual harassment investigations) shall be protected from retaliation by other inmates/detainees or staff. The PAQ indicated that medical is responsible for monitoring for retaliation, however further information in policy indicated that the Chief of Unit Management or the PCM is responsible for monitoring for retaliation. Further information from the facility indicated that at Coffee CF, mental health care staff monitor for retaliation.

115.67 (b): 14-2 Sexual Abuse Prevention and Response, pages 24-25 describe the monitoring process. Specifically, it states that the facility shall employ multiple protective measures to monitor retaliation against inmates/detainees including but not limited to; housing changes or transfers for inmates/detainee victims or abusers; removal of alleged staff or inmate/detainee abuser from contact with victims; emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports,

housing and housing or program changes. Additionally, it states that ADO staff, or the Warden/Facility Administrator will determine, on a case by case basis, whether or not placement of a staff member in a non-contact role with the victim and/or other inmates/detainees is warranted. This determination will take into account the gravity and credibility of the allegation. A review of investigative reports and monitoring documents indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with the Agency Head Designee indicated for both inmates and staff who have reported allegations of sexual abuse, the agency provides monitoring on a 30/60/90 day period (longer if needed) to ensure no retaliation has occurred. He stated the reviews are documented on an attachment to the 14-2 policy. He stated the reviews take into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with inmates and shift changes, evaluations, etc. for staff. He indicated that these reviews also occur for victims of sexual harassment/sexual abuse. Policies and practice prohibit retaliation for any reason and that they include this expectation in training with staff. He stated any violation would be acted upon accordingly. The interview with the Warden indicated that the facility has a zero tolerance policy for retaliation. He stated if it did occur and it was a staff member, that they would address it accordingly through termination or prosecution. He stated all allegations of retaliation would be looked into and investigated. He indicated possible measures that could be taken include moving the staff member to another housing area or another facility and/or moving the inmate's housing unit (either through housing unit changes or a facility transfer). The staff responsible for monitoring indicated that the first thing they look at is the inmate's current housing situation to make sure they have been removed from the situation. The staff stated the second thing they do is make sure the inmate's needs are being met. She stated she follows up with them every 30, 60 and 90 days. She stated that measures they would take to protect an inmate from retaliation would include removing the person that the allegation is against or separating the perpetrator through a housing move or a facility transfer. She stated that if it were staff they could remove staff from a specific post or prevent them from contact with inmates. The staff member further stated that she would meet in person with the inmate every 30 days. She stated she meets with them in her office or in the housing unit in a private office. Interviews with inmates who reported sexual abuse indicated that two felt protected against retaliation. One inmate stated he didn't feel protected because it was prison and the other inmate stated that he does but if he would push the issue he knows that he wouldn't because it is prison and people in power can do things to people without power.

115.67 (c): The PAQ states that the agency/facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any such retaliation and that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. 14-2 Sexual Abuse Prevention and Response, pages 24-25 indicate that for at least 90 days (30/60/90) following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates/detainees who reported sexual abuse and inmate/detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by inmates/detainees or staff. Policy states that the facility shall employ multiple protective measures to monitor retaliation against inmates/detainees including but not limited to; housing changes or transfers for inmates/detainee victims or abusers; removal of alleged staff or inmate/detainee abuser from contact with victims; emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. Additionally, policy states that for at least 90 days (30/60/90) following a report of sexual abuse the agency shall monitor the conduct and treatment of staff who reported sexual abuse to see if there are any changes that may suggest possible retaliation

by inmates/detainees or other staff. All monitoring shall be documented on the 14-2D PREA Retaliation Monitoring Report (30-60-90) or contracting agency equivalent form. Retaliation monitoring for staff shall include, but is not limited to, monitoring negative performance reviews, disciplinary reports and reassignments. Additionally, emotional support services may be provided for staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. 14-2 also states that the facility shall continue such retaliation monitoring beyond 90 days if the initial monitoring indicates a continuing need and that the obligation to monitor shall terminate if the facility determines that the allegation is unfounded. The Warden indicated that if an allegation of retaliation was reported or suspected that they would investigate it and take appropriate action. The interview with the staff member who monitors for retaliation indicated she monitors housing, job and program changes. She said she looks at any disciplinary reports and that she checks to see if any privileges have been restricted or if they have not been allowed to participate in any programs or activities. She indicated she monitors for 90 days, but that she would monitor for longer if needed. She stated that she has met with an inmate previously for over a year to ensure he was protected. A review of a sample of fourteen investigative reports indicated that seven required monitoring. Of the seven all had monitoring completed, however one was months after the investigation was closed. The monitoring staff stated she was out of work during that time and when she returned she realized it was not completed so we went back and monitored the inmate.

115.67 (d): 14-2 Sexual Abuse Prevention and Response, page 24 states that the facility shall employ multiple protective measures to monitor retaliation against inmates/detainees including but not limited to; housing changes or transfers for inmates/detainee victims or abusers; removal of alleged staff or inmate/detainee abuser from contact with victims; emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. A review of a sample of fourteen investigative reports indicated that seven required monitoring. Of the seven all had monitoring completed, however one was months after the investigation was closed. The monitoring staff stated she was out of work during that time and when she returned she realized it was not completed so we went back and monitored the inmate. The staff member who monitors for retaliation stated that she would monitor the inmate for 90 days and meet in person with the inmate every 30 days. She stated she meets with them in her office or in the housing unit in a private office

115.67 (e): 14-2 Sexual Abuse Prevention and Response, page 25 states if any other individual who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The interview with the Agency Head Designee indicated that this is handled as described in provision (b). He stated agency policies and practices prohibit retaliation for any reason and they include this expectation in training with staff. He stated any violations would be acted upon accordingly. The Warden indicated that the facility has a zero tolerance policy for retaliation. He stated if it did occur and it was a staff member, that they would address it accordingly through termination or prosecution. He stated all allegations of retaliation would be looked into and investigated. He indicated possible measures that could be taken include moving the staff member to another housing area or another facility and/or moving the inmate's housing unit (either through housing unit changes or a facility transfer).

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, investigative reports, 14-2Cs, 14-2Ds and interviews with the Agency Head Designee, Warden and staff charged with monitoring for retaliation, this standard appears to be compliant.

Recommendation:

While the facility complies with this standard. The current form does not include information related to the required housing, program and disciplinary checks. The auditor recommends that either boxes be added to the form to indicate they were checked, or information be added to the comments related to the checks.

Standard 115.68: Post-allegation protective custody

115.68 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Inmate Victim Housing Documents

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing
3. Interview with Inmates in Segregated Housing

Site Review Observations:

1. Observations of the Special Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. 14-2 Sexual Abuse Prevention and Response, page 15 states that inmate/detainees at high risk for sexual victimization shall not be placed in involuntary restricted housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary restrictive housing for less than 24 hours while completing an assessment. Every 30 days a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. It also states inmates/detainees placed in restrictive housing pursuant to section I.8 [provision (a)] shall have access to programs, privileges, education, and work opportunities to the extent possible. If access is

programming, privileges, education or work opportunities is restricted, the facility shall document the following; the opportunities that have been limited; the duration of the limitation; and the reason for such limitations. Additionally, it indicates that restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days and if involuntary restrictive housing is warranted as outlined above [in provision (a), (b) and (c)] the documentation of such actions shall clearly specify a basis for the facility concern for the inmate/detainee's safety and the reason(s) why no alternative means of separation can be arranged. The PAQ indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour, it was observed that there were no inmates placed in segregation due to a PREA allegation. A review of fourteen investigations indicated that none of the inmate victims were involuntarily segregated, however eight were in segregation after their allegation. Of the eight, six were already in segregated housing when they reported the allegation, one was placed in segregation due to fighting and one was initially placed in segregation involuntarily but immediately requested protective custody and as such was no longer involuntarily segregated. The Warden confirmed that the agency has a policy that prohibits placing inmates at who reported sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. He stated that they had not placed any inmates who reported sexual abuse in involuntary segregated housing over the two years he has been at the facility. He further indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated that if they were unable to locate an alternative means of separation that the Georgia Department of Corrections is very good with having the inmate moved to another facility. He further indicated that if there was an issue that the inmate would be moved out no later than the following week. The interviews with the staff who supervise inmates in segregated housing indicated that any inmates placed in involuntary segregated housing under this provision would be provided access to programs, privileges, education and work opportunities to the extent possible. Staff stated that the inmate would still be able to go to recreation, can still get books and papers, would still be provided commissary, but more than likely would not have a job assignment. Both staff stated that any restrictions would be documented. The staff who supervise inmates in segregated housing indicated that the inmate would only be involuntarily segregated until they could find alternative housing. They also stated they would keep the inmate as safe as possible until better housing becomes available. Staff indicated they would not place the inmate back in the same unit or a unit with the alleged perpetrator. Both staff indicated that the length but that inmates in segregated housing would be reviewed at least every 30 days. There were no inmates who reported sexual abuse that were involuntarily segregated and as such no interviews were conducted.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, housing assignments for inmate victims of sexual abuse and the interviews with the Warden and staff who supervise inmates in segregated housing, this standard appears to be compliant.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Georgia Department of Corrections Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program
4. CoreCivic Policy 5-1 Incident Reporting
5. CoreCivic Records Retention Schedule
6. Investigator Training Records
7. Investigative Reports

Interviews:

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator

5. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 14-2 Sexual Abuse Prevention and Response, page 27 states that facility administrative investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly and objectively for all allegations including third-party reports and anonymous reports. Additionally, 5-1 Incident Reporting, page 7 states that a 5-1G Incident Investigative Report must be completed for all Priority PREA incidents by supervisory level employee, to be determined by the ADO, not involved in the incident. 208.06, page 15 also states that an administrative and/or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potential criminal behavior will be referred for investigation to OPS. This referral does not alleviate the facility from its responsibility of reaching a disposition on the administrative SART investigation. The PAQ stated there were 30 allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months. Further review determined there were 29 allegations with four of the allegations involving both an administrative and criminal investigation. Of the 33 investigations, four were still ongoing. A review of a sample of fourteen administrative investigations determined that all fourteen were completed within 30 days, with most being completed within two weeks. All fourteen reviewed were timely, thorough and objective. The interview with the facility investigator confirmed that an investigation is initiated and completed promptly. He stated that upon receiving an allegation he meets with the inmate victim in medical and get a statement as soon as possible. The investigator stated that all allegations, whether reported anonymously or through a third party, would be investigated the same.

115.71 (b): 14-2 Sexual Abuse Prevention and Detection, page 6 states that 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. A review of documentation indicated that two staff are documented with the NIC specialized investigator training. The interview with the facility investigator indicated he received specialized training through NIC twice, once in 2017 and again recently. He also stated that he did training with the Moss Group prior to the NIC training. He stated that the required topics were covered in the training. He stated that the training discussed interview techniques, evidence collection, criminal versus administrative level of proof (preponderance versus proof beyond a reasonable doubt), initial response, hard and soft interviews and Miranda and Garrity.

115.71 (c): 14-2 Sexual Abuse Prevention and Detection, page 27 states investigators shall gather and preserve direct and circumstantial evidence including any available physical and DNA evidence and any available electronic monitoring data. Investigators shall interview alleged victims, suspected perpetrators and witnesses and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The PAQ stated there were 30 allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months. Further review determined there were 29 allegations with four of the allegations involving both an administrative and criminal investigation. Of the 33 investigations, four were still ongoing. A review of a sample of fourteen administrative investigations determined that all fourteen involved statements/interviews from victims, alleged perpetrators (if applicable) and witnesses (if applicable). Ten of the fourteen involved a review of video monitoring and all included photos of the alleged victim. Four of the fourteen required collection of physical evidence, include DNA through a forensic medical examination. The interview with the facility investigator indicated that the first thing he would do is get an initial statement from the victim and the alleged aggressor so he can determine what direction to look. He stated he would then review any cameras and review medical records. The investigator stated he would then interview any witnesses, review the inmates transfer history and prior PREA allegations. He stated he would pull up everything he could that could be related to the

investigation. He indicated he would then piece it together and come up with a conclusion. The investigator stated that he would be responsible for collecting physical evidence such as clothing, bed sheets, letters, weapons, DNA evidence as well as video monitoring evidence and statements.

115.71 (d): 14-2 Sexual Abuse Prevention and Detection, page 28 states that when the quality of evidence appears to support criminal prosecution, the investigating entity shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. A review of investigative reports indicated that none of the fourteen administrative investigations involved compelled interviews, however there were four criminal investigations still open. The interview with the facility investigator indicated that all of that would be done through the Georgia Department of Corrections.

115.71 (e): 14-2 Sexual Abuse Prevention and Detection, page 28 states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate/detainee or staff. Additionally, it indicates that no agency shall require an inmate/detainee to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such allegation. The interview with the investigator confirmed that the he would not require an inmate victim to take a polygraph or truth telling device test. He further stated that he would not judge credibility and that all victims, perpetrators and witnesses are treated as credible. The four inmates who reported abuse confirmed that none were required to take a polygraph or truth telling device test.

115.71 (f): 14-2 Sexual Abuse Prevention and Detection, page 27 states that 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 and shall detail the following components: investigative facts, physical evidence, testimonial evidence, reasoning behind credibility assessments, investigative findings and an explanation as to how the conclusion of the investigations was reached. 29 administrative investigations were completed in the previous twelve months. A review of fourteen of the investigations confirmed that all were documented in a written report with investigatory facts and findings. The interview with the facility investigator confirmed that administrative investigations would be documented in written reports and include all facts and findings. He stated the report would include the initial allegation, information on all interviews, forensic examination information, photographs, medical and mental health documentation, camera review information and the investigative outcome. The facility investigator confirmed that all investigations include a review to determine if staff actions or failure to act contributed to the allegation. He stated they review all information to ensure that staff made rounds correctly, that they were following the appropriate staffing pattern and other such areas.

115.71 (g): 14-2 Sexual Abuse Prevention and Detection, page 29 states that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. There had been no criminal investigations completed related to sexual abuse within the previous twelve months, however there were four open at the time of the on-site portion of the audit. The interview with the facility investigator confirmed that all criminal investigations are completed by the Georgia Department of Corrections and that their investigations include a written report.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. 14-2 Sexual Abuse Prevention and Detection, page 29 states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The PAQ indicated that there have not been any allegations referred for prosecution since the last PREA audit. The interview with the facility investigator confirmed that anytime a crime is alleged that they refer the allegation to the Georgia Department of Corrections who would refer for prosecution.

115.71 (i): The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. 14-2 Sexual Abuse Prevention and Detection, page 29 states that the agency shall retain all investigative reports into allegations of sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The CoreCivic Record Retention Schedule confirmed that PREA investigative files are retained for five years after inmate release or post-employment of alleged abuser. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): 14-2 Sexual Abuse Prevention and Detection, page 27 states that the departure of the alleged abuser or victim from employment control of the facility or agency shall not provide a basis for terminating an investigation. The facility investigator stated that they would complete the investigation in both circumstances, departure of staff and/or departure of inmate, as a crime was still committed.

115.71 (k): The auditor is not required to audit this provision.

115.71 (l): 14-2 Sexual Abuse Prevention and Detection, page 29 states that the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The memo from the Warden indicates that any time an outside investigation is required or needed by Coffee CF, the Warden or designee will request it through the Georgia Department of Correction's Office of Professional Standards. The Office of Professional Standards will conduct the investigation and/or contact the Georgia Bureau of Investigations to request additional assistance as needed. The PC stated that each facility develops its own relationship with local law enforcement and must follow-up on cases. He indicated that where CoreCivic has more than one facility, the partner agency OIG is often consulted about the status of investigations. The interview with the Warden indicated that usually the investigator will contact the PCM about the status and outcome of the case. The interview with the PCM indicated the outside agency would typically email or call the facility related to the status and any follow-up. She stated if they had not called in a certain time that the facility would call and check in related to the status. The facility investigator stated that he would be responsible for assisting the outside agency with whatever they needed, including escorting them.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, Georgia Department of Corrections Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, 5-1 Incident Reporting, CoreCivic Records Retention Schedule, Investigator Training Records, Investigative Reports and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager, the facility investigator and inmates who reported sexual abuse, this standard appears to be compliant.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

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

Auditor Overall Compliance Determination

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 14-2 Sexual Abuse Prevention and Response, page 27 states that 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. 29 administrative investigations were completed in the previous twelve months and four criminal investigation were still ongoing. A review of fourteen investigations indicated that all were completed with findings of unsubstantiated or unfounded. A review indicated the findings were accurate based on the evidence. The interview with the facility investigator indicated that 51 percent (preponderance of evidence) is the threshold to substantiate an allegation.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, investigative reports and information from the interview with the facility investigator indicated that this standard appears to be compliant.

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Investigative Reports

4. 14-2E Inmate PREA Allegation Status Notifications

Interviews:

1. Interview with the Warden
2. Interview with Investigative Staff
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 14-2 Sexual Abuse Prevention and Response, page 30 states that following an investigation into an inmate/detainee's allegation that he/she suffered sexual abuse at the facility, the inmate/detainee shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate/detainee. The PAQ indicated that there were sixteen investigation completed within the previous twelve months, all of which involved an inmate notification. Upon further review it was determined that there were 29 allegations in the previous twelve months, four of which involved both a criminal and administrative investigation. Of the 33 total investigation, 29 were closed. A review of fourteen investigations confirmed that thirteen of the fourteen had a victim notification. The one victim notification was unable to be located during the audit, however the investigator indicated he did notify the inmate victim of the outcome. The interviews with the Warden and the facility investigator confirmed that inmates are informed of the outcome of the investigation into their allegation. The interviews with the four inmates who reported abuse indicated that one was informed of the investigative outcome. A review of the three other inmate files indicated that they were advised of the outcome and they received copy of a the 14-2E.

115.73 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. 14-2 Sexual Abuse Prevention and Response, page 30 states 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 inmate/detainee. The PAQ indicated that there were four investigations completed within the previous twelve months by an outside agency and all four involved an inmate notification. Upon further review it was determined that these four investigations were still open. Once completed the information would be forward to the facility to provide a notification.

115.73 (c): The PAQ indicated that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 14-2 Sexual Abuse Prevention and Response, page 30 states following an investigation into an inmate/detainee's allegation that an employee has committed sexual abuse against the inmate/detainee, the facility shall subsequently inform the inmate/detainee whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no substantiated allegations of

sexual abuse committed by a staff member against an inmate in the previous twelve months. Additionally, the PAQ indicated that the agency informed the inmates of the required components under this provision if applicable. A review of investigative reports indicated that three staff-on-inmate sexual abuse allegations were unsubstantiated while four were unfounded. As such no notifications were required under this provision. Interviews with inmates who reported sexual abuse indicated that one allegation was against a staff member, but he was not provided any notifications under this provision.

115.73 (d): The PAQ indicates that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 14-2 Sexual Abuse Prevention and Response, page 30 states following an inmate/detainee's allegation that he/she has been sexually abused by another inmate/detainee, the facility shall 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 or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative reports indicated that nine inmate-on-inmate investigations were unsubstantiated and two were unfounded. As such no notification were required under this provision. The interviews with inmates who reported sexual abuse indicated that three were inmate-on-inmate. All three stated that they were not informed of anything related to alleged perpetrator. However, based on the outcomes no notifications were required under this provision.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to inmates described under this standard are documented. 14-2 Sexual Abuse Prevention and Response, page 30 states all inmate/detainee notifications or attempted notification shall be documented on the 14-2E Inmate/Detainee Allegation Status Notification. The inmate/detainee shall sign the 14-2E, verifying that such notification has been received. The PAQ stated that there were sixteen notification to inmates and all sixteen were documented. Upon further review it was determined that there were 29 allegations in the previous twelve months, four of which involved both a criminal and administrative investigation. Of the 33 total investigation, 29 were closed. A review of fourteen investigations confirmed that thirteen of the fourteen had a victim notification. The one victim notification was unable to be located during the audit, however the investigator indicated he did notify the inmate victim of the outcome.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 14-2E, a review of investigative reports and information from interviews with the Warden, facility investigator and inmates who reported sexual abuse, this standard appears to be compliant.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Investigative Reports

Findings (By Provision):

115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse or sexual harassment policies.

115.76 (b): The PAQ indicated there were no staff members who violated the sexual abuse and sexual harassment policies and no staff had been terminated for violating the sexual abuse or sexual harassment policies. 14-2 Sexual Abuse Prevention and Response, page 31 states that termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse.

115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. 14-2 Sexual Abuse Prevention and Response, page 31 states that disciplinary

sanctions for employee violations of CoreCivic policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated there were no staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports indicated there were no substantiated staff-on-inmate investigations.

115.76 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 14-2 Sexual Abuse Prevention and Response, page 31 states all employee 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 relevant licensing bodies. The PAQ indicated that there have been no staff member disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months and as such no staff members have been reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response and investigative reports, indicates that this standard appears to be compliant.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 22-1 Volunteer Services and Management
4. Investigative Reports

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with inmate/detainees and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violations of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with inmate/detainees and removal from the facility. 22-1 Volunteer Services and Management, page 5 also addresses this provision. It states that volunteers are expected to abide by CoreCivic and applicable government agency policy, procedures, regulations and prevailing law. Failure to do so may result in immediate termination or removal from the Volunteer Roster. The PAQ indicated that there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed that there were zero substantiated sexual abuse allegations against a contractor or volunteer.

115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with inmate/detainees and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violations of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with inmate/detainees and removal from the facility. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor no longer being allowed back in the facility. He stated that depending on the situation they could also be prosecuted. The Warden confirmed that there have not been any contractors or volunteers who violated the sexual abuse or sexual harassment policies over the audit period.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 22-1 Volunteer Services and Management, investigative reports and information from the interview with the Warden, this standard appears to be compliant.

Standard 115.78: Disciplinary sanctions for inmates**115.78 (a)**

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Georgia Department of Corrections Policy 209.01 Offender Discipline

4. Investigative Reports

Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The PAQ stated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. 14-2 Sexual Abuse Prevention and Response, page 30 states that inmates/detainees shall be subject to disciplinary sanction pursuant to a formal disciplinary process following an administrative finding that an inmate/detainee engaged in inmate/detainee on inmate/detainee sexual abuse or following a criminal finding of guilt for inmate/detainee on inmate/detainee sexual abuse. 209.01 Offender Discipline, page 25 states that if guilty of the charged offense(s), a sanction(s) shall be imposed as provided by these procedures. Record the information in the offender's institutional file may be reviewed by the Disciplinary Hearing Officer only after a finding of guilty to assist in determining an appropriate sanction(s). The PAQ indicated there has been zero administrative and criminal finding of guilt for inmate-on-inmate sexual abuse within the previous twelve months. A review of investigative reports confirmed there were zero inmate-on-inmate sexual abuse allegations reported during the audit period.

115.78 (b): 14-2 Sexual Abuse Prevention and Response, page 30 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate/detainee's disciplinary history and sanctions imposed for comparable offenses by inmates/detainees with similar histories. The interview with the Warden indicated that if it wasn't actual sexual assault that there are disciplinary sanctions for solicitation and other types of allegations. If it was sexual assault it would be handled through felony charges. The Warden stated that possible sanctions for a perpetrator includes a raised security level, privilege restrictions (i.e. telephone, commissary, visitation, etc.) and/or segregation housing time. He indicated that disciplinary sanctions are consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and sanctions imposed for comparable offenses by other inmates.

115.78 (c): 14-2 Sexual Abuse Prevention and Response, page 30 states that the disciplinary process shall consider whether and inmate/detainee's mental disability or mental illness contributed to his/her behavior when determining what type of sanctions, if any, should be imposed. The interview with the Warden confirmed that an inmates' mental disability or mental illness would be considered in the disciplinary process. He stated that if the inmate perpetrator was a mental health inmate that the mental health team would review the case in order to determine if the inmate should be held responsible for his/her actions.

115.78 (d): The PAQ states that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the offending inmate to participate in these interventions as a condition of access to programming and other benefits. 14-2 Sexual Abuse Prevention and Response, page 30 states that if the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits. Interviews with medical and mental health staff indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues and that they would definitely offer it to the abuser, however he/she has the right to refuse. One staff member indicated that they were not previously offering

services to the perpetrator as they were focusing on the victim, however a few weeks ago she was directed to start providing these services.

115.78 (e): 14-2 Sexual Abuse Prevention and Response, page 30 indicates that an inmate/detainee may be disciplined for sexual conduct within an employee only upon a finding that the employee did not consent to such conduct. The PAQ stated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.78 (f): The PAQ stated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 14-2 Sexual Abuse Prevention and Response, page 30 states that inmates/detainees who deliberately allege false claims of sexual abuse may be disciplined. For the purpose of a disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying even if the investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g): The PAQ indicates that the agency prohibits all sexual activity between inmates and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 14-2 Sexual Abuse Prevention and Response, page 30 states that sexual activity between inmates/detainees is prohibited in all CoreCivic facilities, and inmates/detainees may be disciplined for such activity. Such activity shall not be deemed sexual abuse if it is determined that the activity is not coerced.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 209.01 Offender Discipline, investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

MEDICAL AND MENTAL CARE

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Medical/Mental Health Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 14-2 Sexual Abuse Prevention and Response, page 11 states that inmates/detainees identified during the intake screening as at risk for sexual victimization with a history of prior sexual victimization whether it occurred in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioners or other qualified professional within fourteen days of the intake screening. The inmate/detainee at risk for sexual victimization will be identified, monitored and counseled. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners.

The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of medical and mental health files for three inmates identified who disclosed prior sexual victimization revealed that all were seen by mental health within the required fourteen days. Interviews with staff responsible for the risk screening indicated that one staff member stated that if an inmate discloses prior victimization they are referred to mental health and seen within 30 days. The other staff member stated that they are only referred to mental health if their screening produces a PREA designate. She indicated that if they answer yes to question seven (prior victimization in the community) that they are not automatically considered a PREA designate so they may not always be referred to mental health. The interview with the inmate who disclosed prior victimization indicated he was not seen by mental health after he disclosed the information. During the on-site audit review the auditor identified that inmates were only referred to mental health if they disclosed that they were a victim of sexual abuse in a prison/confinement setting. Inmates who disclosed prior victimization in the community were not being referred to mental health unless their screening confirmed a PREA designate.

115.81 (b): The PAQ indicated all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 14-2 Sexual Abuse Prevention and Response, page 11 states that inmates/detainees, excluding jail inmates/detainees, identified during the intake screening as high risk of sexual assaultive behavior, whether it occurred in an institutional setting or the community, shall be offered a follow-up meeting with a medical or mental health practitioners or other qualified professional within fourteen days of the intake screening. The inmate/detainee at risk for sexual victimization will be identified, monitored and counseled. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. Eight inmates were identified with a history of sexual abusiveness. A review of files for the eight indicated that none were seen by mental health. Interviews with staff responsible for the risk screening indicated that one staff member stated that if an inmate discloses prior abusiveness that they are referred to mental health and seen within 30 days. The second staff member stated that they do not refer inmates with prior sexual abusiveness unless they are a PREA designate. During the on-site review the auditor identified that inmates who fell under this provision (having prior sexual abusiveness) were not being referred to mental health.

115.81 (c): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 14-2 Sexual Abuse Prevention and Response, page 11 states that inmates/detainees identified during the intake screening as at risk for sexual victimization with a history of prior sexual victimization whether it occurred in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioners or other qualified professional within fourteen days of the intake screening. The inmate/detainee at risk for sexual victimization will be identified, monitored and counseled. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of medical and mental health files for three inmates identified who disclosed prior sexual victimization revealed that all were seen by mental health within the required fourteen days. Interviews with staff responsible for the risk screening indicated that one staff member stated that if an inmate discloses prior victimization they are referred to mental health and seen within 30 days. The other staff member stated that they are only referred to mental health if their screening produces a PREA designate. She indicated that if they answer yes to question seven (prior victimization in the community) that they are not automatically considered a PREA designate so they may not always be referred to mental health. The interview with the inmate who disclosed prior victimization indicated he

was not seen by mental health after he disclosed the information. During the on-site audit review the auditor identified that inmates were only referred to mental health if they disclosed that they were a victim of sexual abuse in a prison/confinement setting. Inmates who disclosed prior victimization in the community were not being referred to mental health unless their screening confirmed a PREA designate.

115.81 (d): The PAQ states that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, but rather with other staff, as necessary, to inform treatment plans and security management decision, including housing, bed, work, education and program assignments. During the tour it was noted by the auditor that inmate medical files are maintained behind two locked doors and the inmate risk screening files are maintained in records which is behind a locked door with limited access. Necessary staff are provided the inmates PREA designate rather than their answers to the risk screening questions, when necessary.

15.81 (e): 14-02 Sexual Abuse Prevention and Response, page 12 states that medical and mental health practitioners shall obtain informed consent from inmates/detainees prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate/detainee was under eighteen. Interviews with medical and mental health staff indicate that they have not been in any of these situations but that if the inmate disclosed information they would contact the Psychologist and ask the inmate what he/she wanted to do with the information. Additionally, staff stated they do not house inmates under eighteen or vulnerable adults and are unsure of the mandatory reporting laws.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to require corrective action. A review of documentation and interviews with the staff that who perform the risk screening indicated that inmates who disclose prior victimization in the community and inmates who disclose prior sexual abusiveness are not being referred to mental health for a follow-up. A review of eight inmate records of prior sexual abusiveness confirmed that none were offered a follow-up with mental health. Additionally, interviews confirmed that inmates with prior sexual victimization in the community and prior sexual abusiveness are not being referred to mental health unless they are determined to be a PREA designate from the whole risk screening.

Corrective Action:

The facility will need to develop a process to ensure that all inmates who answer yes to any of the risk screening questions related to any type of prior sexual victimization (whether in an institutional setting or not) or any type of prior sexual abusiveness are referred to mental health for a follow-up within fourteen days. The auditor will need a memo explaining the process as well as training documents from the necessary staff indicating they have been trained on their responsibilities. Additionally, the facility will need to provide at least ten examples of inmates who disclose prior sexual victimization (not in an institutional setting) and ten inmates who were determined to have prior sexual abusiveness with their necessary mental health documentation.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Medical and Mental Health Training Documents
2. PREA Sexual Victim/Sexual Aggressor Classification Screening Tool (Inmate Risk Screenings)
3. Mental Health Documents

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to all provisions under this standard. On August 25, 2021 the auditor received training documents (Training/Activity Attendance Roster and training outline) related to this standard. Medical and mental health staff received training on August 10, 2021 and August 11, 2021 related to their responsibilities when an inmate discloses sexual abuse during risk screening or is identified with prior sexual abusiveness during the risk screening.

On September 8, 2021 the auditor was provided documentation related to 115.81. The facility provided the auditor with eight examples of inmates who disclosed prior sexual victimization (one) or a history of prior sexual abusiveness (seven) during the corrective action period. Five of the seven prior sexual abusiveness examples had mental health documentation indicating the inmate was seen by mental health within fourteen days. Two of the inmates were seen by mental health, but it was outside of the fourteen day timeframe. The one inmate who disclosed prior victimization (outside of an institutional setting) was seen by mental health within fourteen days. On September 9, 2021 the auditor was provided two additional examples of inmates identified with prior sexual abusiveness during the risk screening. Both inmates were offered a mental health follow-up and were seen within fourteen days by mental health care staff. Based on the training and the examples, the auditor determined this standard has been corrected and as such compliant.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 13-79 Sexual Assault Response
3. 13-79A Sexual Assault Response
4. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff maintain secondary materials documenting services. During the tour, the auditor noted that the medical and mental health areas consisted of an emergency room area, numerous exam rooms, offices and observation cells. All areas were private and consisted of doors that allowed for adequate confidentiality. A review of medical and mental health documentation for the fourteen inmate victims of the investigative reports reviewed confirmed that all fourteen were seen by medical and/or mental health and that records were maintained of the contact by medical and mental health staff. The interviews with inmates who reported sexual abuse indicate that three of the four were seen by medical and mental health. Interviews with medical and mental health care staff confirm that inmates receive timely services, typically immediately. They also advised that services are based on their professional judgement.

115.82 (b): Coffee CF has a Health Services Department that is staffed 24 hours a day, seven days a week. Inmate are treated at the facility unless they are required to be transported to a local hospital. Interviews with first responders indicated that they would separate the inmates, preserve the crime scene, notify the inmates not to destroy any evidence on their body, notify the supervisor and get the inmate to medical.

115.82 (c): The PAQ states that inmate victims of sexual abuse while incarcerated are 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. There were four sexual abuse allegations involving penetration reported during the audit period. While all four of these inmates were offered forensic medical examinations, a review of medical documents indicated that there was no reference to access and information to sexually transmitted infection prophylaxis. The interview with the inmates who alleged sexual abuse indicated that one involved

penetration. The inmate stated that he had blood tests completed and that they provided medication but that he did not take it. Interviews with medical and mental health staff indicated that inmate victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis.

115.82 (d): 13-79 Sexual Assault Response, pages 3-4 states that treatment services shall be provide to the victim without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims.

Based on a review of the PAQ, 13-79 Sexual Assault Response, 13-79A, a review of medical and mental health documents and information from interviews with medical and mental health care staff, this standard appears to require corrective action. A review of documentation for the four inmates who had allegations involving penetration indicated that none had documentation related to information and access to sexually transmitted infection prophylaxis. While interviews with medical and mental health care staff and inmates who reported sexual abuse confirm that access and information is provided, the lack of documentation does not corroborate and as such provision (c) of this standard requires corrective action.

Corrective Action:

The facility indicated that SART, LLC provides these services during forensic examinations. For those allegations where SART, LLC comes in the auditor recommends that staff ensure proper documentation is completed by SART, LLC related to these services. The auditor also recommends that this information be added to the contract language with SART, LLC to ensure they are aware of their responsibilities. If SART, LLC does not document the information or they do not come in to perform a forensic examination, the auditor recommends that the facility provide these services to the inmate on their level and document on the facility's medical and mental health forms. The facility will need to provide the auditor with information related to training on this requirement with the necessary staff (administrative level, medical, mental health and SART, LLC staff, if appropriate). Additionally, the facility will need to provide any examples over the corrective action period related to information and access to sexually transmitted infection prophylaxis.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Medical and Mental Health Training Documents
2. Sexual Abuse Allegations During Corrective Action Period

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to all provisions under this standard. On August 25, 2021 the auditor received training documents (Training/Activity Attendance Roster and training outline) related to this standard. Medical and mental health staff received training on August 10, 2021 and August 11, 2021 related to their responsibilities when an inmate reports an incident of sexual abuse. The PC informed the PCM that the organization that provides SANE forensic medical examinations is not required to provide any additional medical or mental health services, such as infection prophylaxis and testing. The training discussed his direction as well as covered that facility medical and mental health care staff are required to provide and document the outlined services for inmate victims of sexual abuse. Staff were trained on standard 115.82 and 115.83. On September 4, 2021 the auditor inquired with the PCM about any allegations of sexual abuse that involved penetration during the corrective action period. The PCM advised there were zero allegations

that involved penetration during the corrective action period. On September 8, 2021 the auditor requested documentation confirming there were no reported sexual abuse allegations involving penetration. The facility provided the auditor with documentation of all reported sexual abuse allegations during the audit period, confirming none involved penetration. Thus, based on the training with facility medical and mental health care staff and lack of examples over the audit period, this standard has been corrected with training and as such is compliant.

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates 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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates 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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. During the tour, the auditor noted that the medical and mental health areas consisted of an emergency room area, numerous exam rooms, offices and observation cells. All areas were private and consisted of doors that allowed for adequate confidentiality. Coffee CF has a medical department that is staffed 24 hours a day, seven days a week. Inmate are treated at the facility unless they are required to be transported to a local hospital.

115.83 (b): A review of medical and mental health documentation for fourteen inmate victims of sexual abuse as well as three inmates who disclosed prior victimization in an institutional setting indicated that all were provided medical and/or mental health services. The interviews with inmates who reported sexual abuse indicate that three of the four were seen by medical and mental health. Interviews with medical and mental health care staff confirmed that follow-up services would be offered. A few of the services include blood testing, medication, a forensic examination, a mental health assessment, treatment for anxiety, depression and trauma, follow-up services, treatment plans, counseling and follow-up with Psychiatry for medication referrals.

115.83 (c): All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospitals for forensic medical examinations. A review of medical and mental health documentation for fourteen inmates who reported sexual abuse indicated that all fourteen inmates had immediate access to medical and/or mental health care. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): This provision does not apply as the facility does not house female inmates.

115.83 (e): This provision does not apply as the facility does not house female inmates.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. There were four sexual abuse allegations involving penetration reported during the audit period. While all four of these inmates were offered forensic medical examinations, a review of medical documents indicated that there was no reference to access and information to STI and HIV testing. The interview with the inmates who alleged sexual abuse indicated that one involved penetration. The inmate stated that he had blood tests completed and that they provided medication but that he did not take it.

115.83 (g): The PAQ stated that treatment services are provided to the inmate victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 13-79 Sexual Assault Response, pages 3-4 states that treatment services shall be provide to the victim without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims. Interviews with inmates who reported sexual abuse indicated that none of the four were required to pay for any medical or mental health care services. One inmate indicated he did not receive any services though.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 14-2 Sexual Abuse Prevention and Response, page 12 indicates that a mental health evaluation shall be completed of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. Eleven inmate-on-inmate allegations were made in the previous twelve months. None of the allegations were substantiated and as such no known inmate-on-inmate perpetrators were required to be evaluated by mental health. Interviews with medical and mental health staff indicate that they had not been seeing perpetrators and that they have been more concerned with the victim. While there has not been any substantiated cases staff indicated this was not their current practice.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, a review of medical and mental health documents and information from interviews with inmates who reported sexual abuse and medical and mental health care staff, this standard appears to require corrective action. A review of documentation for the four inmates who had allegations involving penetration indicated that none had documentation related to STI and HIV testing. While the interview with the inmate who reported sexual abuse (that involved penetration) confirmed that he was provided blood tests, the lack of documentation does not corroborate and as such provision (f) of this standard requires corrective action. Additionally, while there were no substantiated allegations, interviews with medical and mental health staff indicated that they do not conduct evaluations on all known inmate-on-inmate abusers. Staff stated that they have not been focusing on the perpetrators, rather the victims. As such, provision (h) requires corrective action.

Corrective Action:

The facility indicated that SART, LLC provides STI and HIV testing during forensic examinations. For those allegations where SART, LLC comes in the auditor recommends that staff ensure proper documentation is completed by SART, LLC related to these services. The auditor also recommends that this information be added to the contract language with SART, LLC to ensure they are aware of their responsibilities. If SART, LLC does not document the information or they do not come in to perform a forensic examination, the auditor recommends that the facility provide the STI and HIV testing for the inmate and document on the facility's medical and mental health forms the appropriate testing. The facility will need to provide the auditor with information related to training on this requirement with the necessary staff (administrative level, medical, mental health and SART, LLC staff, if appropriate). Additionally, the facility will need to provide any examples over the corrective action period related to STI and HIV testing. With regard to provision (h) the facility will need to provide training to the appropriate medical and mental health care staff responsible for the process of referring and providing mental health evaluations on all known inmate-on-inmate abusers. The facility will need to provide the auditor with the appropriate training materials evidencing that staff received and understood the requirements. The facility will need to provide any examples of inmate-on-inmate abuser mental health evaluations over the corrective action period.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Medical and Mental Health Training Documents
2. Sexual Abuse Allegations During Corrective Action Period

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to all provisions under this standard. On August 25, 2021 the auditor received training documents (Training/Activity Attendance Roster and training outline) related to this standard. Medical and mental health staff received training on August 10, 2021 and August 11, 2021 related to their responsibilities when an inmate reports an incident of sexual abuse. The PC informed the PCM that the organization that provides SANE forensic medical examinations are not required to provide any additional medical or mental health services, such as infection prophylaxis and testing. The training discussed his direction as well as covered that facility medical and mental health care staff are required to provide and document the outlined services for inmate victims of sexual abuse. Additionally, staff were provided training on the requirement of providing a mental health evaluation on all known inmate-on-inmate abusers within 60 days. On September 4, 2021 the auditor inquired with the PCM about any allegations of sexual abuse that involved penetration during the corrective action period. The PCM advised there were zero allegations that involved penetration during the corrective action period. On September 8, 2021 the auditor requested documentation confirming there were no reported sexual abuse allegations involving penetration. The facility provided the auditor with documentation of all reported sexual abuse allegations during the audit period, confirming none involved penetration. Thus, based on the training with facility medical and mental health care staff and lack of examples over the audit period, this standard has been corrected with training and as such is compliant.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. 14-2F Sexual Abuse or Assault Incident Review Form

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 14-2 Sexual Abuse Prevention and Response, page 29 states that the Warden/Facility Administrator 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 PAQ indicated that nine reviews were completed within the previous twelve months. Further review indicated that twelve reviews were required based on allegation type and investigative outcome. A review of a sample of fourteen investigations indicated that ten required a sexual abuse incident review (four investigations were deemed unfounded). Of the ten, all had a completed review. It should also be noted that the four allegations that were deemed unfounded also had a sexual abuse incident review completed.

115.86 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 14-2 Sexual Abuse Prevention and Response, page 29 states that sexual abuse incident reviews shall occur within 30 days of the conclusion of the investigation. The PAQ indicated that nine reviews were completed within the previous twelve months within 30 days of the conclusion of the investigation. Further review indicated that twelve reviews were required based on allegation type and investigative outcome. A review of a sample of fourteen investigations indicated that ten required a sexual abuse incident review (four investigations were deemed unfounded). Of the ten, all had a completed review within 30 days of the conclusion of the investigation. It should also be noted that the four allegations that were deemed unfounded also had a sexual abuse incident review completed within 30 day of the conclusion of the investigation.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 14-2 Sexual Abuse Prevention and Response, page 29 states the incident review team shall include upper level facility management and the facility SART, with input from line supervisors, investigators, and medical and mental health practitioners. A review of the fourteen (ten required and four not required) reviews indicated that upper management leadership, the investigator, medical and/or mental health and line supervisors were included in the review. The interview with the Warden confirmed that these reviews are being completed and they include upper management officials, line supervisors, investigators and medical and/or mental health care staff.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section an any recommendations for improvement, and submits each report to the facility head and PCM. 14-2 Sexual Abuse Prevention and Response, page 29 states 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. A review of the fourteen (ten required and four not required) reviews indicated that all required components are included in the review. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required elements. The Warden stated that the information is utilized in several ways, including recommendations for improvement, such as through training, infrastructure modifications and the addition of cameras and/or mirrors. He indicated the information is utilized to determine what the facility can do better. The PCM indicated that she reviews all reports and she has not noticed any trends. She stated that following the submission of the report that if there was an issue identified that she would take any action necessary to resolve the issue.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 14-2 Sexual Abuse Prevention and Response, page 29 states all findings and recommendations for improvement will be documented on the 14-2F Sexual Abuse or Assault Incident Review Report or required equivalent contracting agency form. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. A review of the fourteen (ten required and four not required) incident reviews indicated that a section exists for recommendations and corrective action.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, a review of 14-2Fs and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, it appears the facility exceeds this standard. The facility conducts a sexual abuse incident review on all allegations, including sexual harassment, no matter the investigative outcome. Thus, the facility is reviewing each individual sexual harassment and sexual abuse case to determine any potential issues and to make recommendations. The facility exceeds the requirement under this provision. The facility goes above the requirement by reviewing every allegation to ensure their policies, procedures and training is adequate as well as their physical plant, staffing level and video monitoring technology.

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Annual PREA Report

Findings (By Provision):

115.87 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 14-2 Sexual Abuse Prevention and Response, page 32 states that CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, at all CoreCivic facilities.

115.87 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 14-2 Sexual Abuse Prevention and Response, page 32 states the incident based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions for the most recent version of the SSV conducted by the Department of Justice. Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no

later than June 30th or a date requested by that Department. A review of CoreCivic Annual PREA Reports confirmed that each annual report includes aggregated facility and agency data.

115.87 (c): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 14-2 Sexual Abuse Prevention and Response, page 32 states that CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, at all CoreCivic facilities.

115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 14-2 Sexual Abuse Prevention and Response, page 32 states that CoreCivic shall maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (e): The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The agency does not contract for the confinement of its inmates. The agency is a private for profit agency and houses other agency inmates

115.87 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. 14-2 Sexual Abuse Prevention and Response, page 32 states the incident based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions for the most recent version of the SSV conducted by the Department of Justice. Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or a date requested by that Department.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response and CoreCivic Annual PREA Reports, this standard appears to be compliant.

Standard 115.88: Data review for corrective action

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Annual PREA Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 14-2 Sexual Abuse Prevention and Detection, page 32 states that 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 to include, identifying problems areas and taking corrective action on an ongoing basis. Additionally it states that CoreCivic will prepare an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident

type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action. The interview with the Agency Head Designee confirmed that he reviews and approves annual reports. He stated that a review of the PREA data is made on a daily, monthly and annual basis. He indicated that incident data is provided daily to select staff in a daily PREA report. Monthly and annually the data is reported as metrics in a format that can determine if there are trends at individual facilities or with inmate populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either physical plant, presence of staff, video coverage or procedures would minimize the risks of incidents in those areas. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. He stated that files and information relative to investigations of PREA allegations are retained in the IRD which is on a secured server. He stated hard copy files are secured at each facility and all records are subject to record retention schedules. He further stated that the agency takes corrective action on an ongoing basis and that the agency prepares a report of findings from the annual data review. The PCM stated that they receive a monthly report that lets them know of any of the facility's troubleshoot areas and what housing units have the highest incidents. She stated the information is utilized to let us know any trends or issues and ways to improve the process and/or area.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. 14-2 Sexual Abuse Prevention and Detection, page 32 states that CoreCivic will prepare an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes corrective action. The report compares the data from the current year with the previous years.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 14-2 Sexual Abuse Prevention and Response, page 32 states that the CoreCivic Annual report shall be approved by the company Chief Correctional Officer and made available to the public through the CoreCivic website. The interview with the Agency Head Designee confirmed that the report is completed annually and that he approves the report. A review of the website: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea> confirmed that the current annual report is available to the public online.

115.88 (d): The PAQ indicated when the agency redacts material from an annual report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a facility and must indicate the nature of material redacted. 14-2 Sexual Abuse Prevention and Response, page 32 states that specific material may be redacted 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. A review of the annual report confirmed that no personal identifying information was included in the report nor any security related information. The report did not contain any redacted information. The interview with the PC confirmed that the reports do not contain the identify or personal and medical information belonging to inmates or staff.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the CoreCivic Annual PREA Report, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Record Retention Schedule
4. CoreCivic Annual PREA Reports

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 14-2 Sexual Abuse Prevention and Response, page 33 states all case records associated with claims of sexual abuse, including incident reports, investigative reports, inmate/detainee information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-5 Retention

of Records. The interview with the PREA Coordinator confirmed that files and information relative to investigations of PREA allegations are retained in the IRD which is on a secured server. He stated hard copy files are secured at each facility and all records are subject to record retention schedules.

115.89 (b): The PAQ states that the agency will 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 through other means. 14-2 Sexual Abuse Prevention and Response, page 33 states the CoreCivic Annual Report shall be approved by the company Chief Corrections Office and made available to the public through the CoreCivic website. A review of the website: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea> confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.89 (c): 14-2 Sexual Abuse Prevention and Response, page 32 and the PAQ indicated that before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

115.89 (d): 14-2 Sexual Abuse Prevention and Response, page 33 and the PAQ indicates that the agency shall maintains sexual abuse data collected pursuant to 115.87 for at least ten years after the date of initial collection unless Federal, State or local law requires otherwise. A review of historical annual reports indicated that aggregated data is available from 2013 to present.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, CoreCivic Retention Schedule, CoreCivic annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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 inmates, residents, and detainees?
 Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Findings (By Provision):

115.401 (a): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency's facilities are audited each year.

115.401 (b): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency's facilities are audited each year. The facility is being audited in the second year of the three-year cycle.

115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past

three years PRECEDING THIS 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*)

Findings (By Provision):

115.403 (f): The facility was previously audited on April 17-19, 2018. The final audit report is publicly available via the Georgia Department of Corrections website: http://www.dcor.state.ga.us/reports/PREA_audit_reports_2nd_cycle.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Kendra Prisk

September 9, 2021

Auditor Signature

Date