

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

Interim Final

Date of Interim Audit Report: [Click or tap here to enter text.](#) N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: December 23, 2021

Auditor Information

Name: Jillian Shane **Email:** A&Scorrectionsconsulting@yahoo.com

Company Name: A&S Correctional Consulting

Mailing Address: PO Box 15376 **City, State, Zip:** Rio Rancho, New Mexico 87174

Telephone: [Click or tap here to enter text.](#) **Date of Facility Visit:** November 8 & 9, 2021

Agency Information

Name of Agency: CoreCivic

Governing Authority or Parent Agency (If Applicable): [Click or tap here to enter text.](#)

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

Mailing Address: [Click or tap here to enter text.](#) **City, State, Zip:** [Click or tap here to enter text.](#)

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, President and CEO

Email: damon.hiniger@corecivic.com **Telephone:** 615-263-3000

Agency-Wide PREA Coordinator

Name: Eric Pierson

Email: eric.pierson@corecivic.com **Telephone:** 615-236-6915

PREA Coordinator Reports to: **Number of Compliance Managers who report to the PREA Coordinator:**
Steven Conry, VP Core Services 68, indirect

Facility Information

Name of Facility: Torrance County Detention Facility

Physical Address: 209 County Road A049

City, State, Zip: Estancia, NM 87116

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: corecivic.com/social-responsibility

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

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

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Click or tap here to enter text.

Warden/Jail Administrator/Sheriff/Director

Name: George Dedos Jiminez

Email: George.dedosjimenez@corecivic.com

Telephone: 505-384-2711

Facility PREA Compliance Manager

Name: Sofia Segura

Email: sofia.segura@corecivic.com

Telephone: 505-434-2711

Facility Health Service Administrator N/A

Name: Cambria Madrill

Email: cambria.madrill@corecivic.com

Telephone: 505-384-2711

Facility Characteristics

Designated Facility Capacity:

979

Current Population of Facility:

491

Average daily population for the past 12 months:	194
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	18-75
Average length of stay or time under supervision:	53.48 days
Facility security levels/inmate custody levels:	Low, medium and high
Number of inmates admitted to facility during the past 12 months:	1,622
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1,397
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	842
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)	Click or tap here to enter text. <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 checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" 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: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	146
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	51
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	12
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	None

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>	9
<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>	8
<p>Number of single cell housing units:</p>	2
<p>Number of multiple occupancy cell housing units:</p>	21
<p>Number of open bay/dorm housing units:</p>	2
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	36
<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 type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<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 type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
--	---

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>1</p>
--	----------

<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
---	--

<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 checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
---	---

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>1</p>
--	----------

<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 type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
--	--

<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 checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
---	---

Audit Findings

Audit Narrative (including Audit Methodology)

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

On October 1, 2021 a Notice was posted throughout the facility which stated:

NOTICE SCHEDULED PREA AUDIT

- **TORRANCE COUNTY DETENTION FACILITY** is voluntarily seeking certification for the PRISON RAPE ELIMINATION ACT (PREA) by demonstrating its compliance with nationally established standards. A standards compliance audit of this facility will be conducted from:

November 8-10, 2021

- Information relevant to this agency's compliance with standards should be submitted in writing to the person and address listed below, at least 10 working days prior to the audit.

**JILLIAN SHANE
PO BOX 15376
RIO RANCHO, NM 87174**

CONFIDENTIALITY: All correspondence and disclosures during interviews with the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally broken. Exceptions include, but are not limited to the following:

- If the person is in immediate danger to her/himself or others (e.g. suicide or homicide);
- Allegations of suspected child abuse, neglect or maltreatment;
- In legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.

This was viewed through the facility during the auditors days onsite and pictures were sent to the auditor on October 1, 2021 which showed the posting by the staff time clocks; all housing units; attorney/visitation area, employee areas, and the front lobby.

The facility count on the first day of the audit was 372 inmates. Of these, 265 were ICE inmates, 46 were county and 61 were USMS. ICE inmates, documents and areas of the facility not considered for this audit.

Facility Characteristics

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

Torrance County Detention Facility is a medium security, multi-jurisdictional facility, housing Low, Moderate, and High Custody Inmates/Detainees, in Estancia, New Mexico. Torrance achieved their initial American Correctional Accreditation in 2002. The facility has continually maintained its accreditation, receiving scores of a 100 percent compliance with all mandatory standards and a 100 percent compliance, in non-mandatory standards, with its most recent accreditation in 2021.

The Facility is Located 57 miles southwest of Albuquerque and 69 miles south of Santa Fe. The facility is owned and operated by Core Civic and encompasses a total of 16 acres within the secure perimeter and an additional 624 acres surrounding the facility.

Design and architectural plans for Torrance County Detention Facility were approved in 1987 in which the facility opened and received its first inmates in December 1990, the design capacity of the facility was originally 286. A multipurpose gym was added in 1994, then in March 1997, a 300 double cell expansion began.

Torrance County Detention Facility is now a 236,000 square foot facility, with a rated capacity of 1,090.

The facility has one gymnasium and two outdoor yard areas, with outdoor recreational activities available; to include handball, basketball courts and soccer. Gymnasium areas have handball, basketball, universal weights and volleyball. In the housing units Board Games.

Volunteer work programs within the facility are available to inmates/detainees who choose to take advantage of such opportunities. Jobs available to inmates range from, pod porters, culinary workers, laundry workers, administrative porter, and maintenance workers.

The housing unit control centers provides direct supervision of the unit pods. Each cell also contains direct communication to the unit control center via intercoms. The facility has a special management unit. The number of beds may change depending on the contracts and population needs at the facility, at any given time.

Inmates arriving at the facility are provided; an initial medical screening, information on how to access dental and medical care, how to inform staff of a P.R.E.A. concern/incident, orientation describing the facility functions, rules, available resources, etc. A local ambulance is available through the 911 emergency system for transport.

The facility has the ability via the Fire Chief of Estancia and medical emergency personnel arriving on scene, to request the Life-Line Helicopter for alternative trauma treatment for inmates.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 45

Standards Not Met

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

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.11 (a): Policy 14-02, *Sexual Abuse Prevention and Response* states in section 14-2 that CoreCivic has zero-tolerance towards all forms of sexual abuse and sexual harassment. Policy further states that when it is learned that an inmate/detainee is subject to a substantial risk of imminent sexual abuse, immediate action will be taken to protect the inmate/detainee. It is CoreCivic's policy to aggressively investigate all allegations, regardless of the source, and prosecute those who are involved in incidents of sexual abuse that are criminal in nature.

In addition, this policy states that all employees and contractors are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment form to acknowledge the CoreCivic Zero Tolerance Policy. This form begins by stating that 'in accordance with the Prison Rape Elimination Act of 2003, CoreCivic has mandated a Zero-Tolerance Policy towards all forms of sexual abuse and sexual harassment. Such conduct is prohibited and will not be tolerated in CoreCivic facilities.

Policy 14-02, *Sexual Abuse Prevention and Response* further details and outlines the CoreCivic's approach to preventing, detecting and responding to sexual abuse and sexual harassment. These sections of policy include, but are not limited to Reporting for staff, inmate/inmate reporting, training, background checks, staffing, supervision and monitoring, Sexual Abuse Response Team (SART), inmate/inmate screening and education, response procedures, and investigations.

115.11 (b): CoreCivic employs the position of Senior Director, PREA Programs and Compliance. A Director of PREA Compliance and Investigations reports to the Senior Director. The Senior Director reports to the Executive Vice President and President of Operations at the FSC.

Policy 14-02 states that the Facility Support Center (FSC) is an upper-level management FSC employee designated to develop, implement, and oversee CoreCivic's companywide efforts to comply with the PREA National Standards and the company's Sexual Abuse Response and Prevention Program. He/she must provide supervisory oversight to all CoreCivic facilities ensuring coordination in the prevention, detection, intervention, investigation, and discipline/prosecution of sexual abuse as specified in this policy. Information regarding this position and its authority was sent to the entire company.

The facility provided the auditor with a facility organizational chart which demonstrated that the Assistant Warden/PREA Compliance Manager reports directly to the Warden.

An interview was conducted with both the PREA Coordinator (PC) or the Agency and the PREA Compliance Manager (PCM) for the facility. Each were extremely knowledgeable about their roles and responsibilities, the standards, the policy and the things that occur in operations

for TCDF. Each indicated that they feel that they have proper authority and time to complete their duties which could also be seen by the response from staff, the documents reviewed and the processes in place.

115.11 (c): Policy 14-02 states that an administrative duty officer-level manager appointment by the Warden/Facility Administrator who maintains responsibility for the facility's Sexual Abuse Response and Prevention Program.

The Warden sent a memo appointing the Chief of Unit Management as the PCM.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response
14-2J Zero Tolerance Policy Acknowledgment
FSC Documentation for PREA Coordinator
PREA Coordinator Job Description
FSC Core Services Organizational Chart
Letter from Warden appointing PREA PCM
Facility Organization Chart

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

CoreCivic is a private provider and does not contract with other agencies for the confinement of participants as it is not a public agency; therefore, this standard does not apply.

The contracts this facility does hold, however were reviewed and included the language from this standards and its requirement to comply with PREA standards and contract monitoring.

This facility

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Prisons and Jails PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Interview with Vice President Operations Administration, CoreCivic
Intergovernmental Service Agreement between the United States Department of Homeland Security and Torrance County, New Mexico

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the 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 NA
- 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*)

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states in section D, Staffing, that:

FSC will develop, in coordination with the facility, a 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 staff.

The policy continues on to state that in calculating staff levels and determining the need for video monitoring, the following factors shall be taken into consideration:

1. Generally accepted detention and correctional practices;
2. Any judicial findings of inadequacy;
3. Any findings of inadequacy from federal investigative agencies;
4. Any findings of inadequacy from internal or external oversight bodies;
5. All components of the facilities physical plan (including 'blind spots' or areas where staff and inmates/detainees may be isolated);
6. The composition of the inmate/detainee population;
7. The number and placement of supervisory staff;
8. Institutional programs occurring on a particular shift;
9. Any applicable state or local laws, regulations, or standards;
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse and;
11. Any other relevant factors.

The 2019, 2020 and 2021 14-02I documented staffing plan was provided to the auditor and reviewed. It considered and discussed that the facility provides for adequate levels of staffing and, where applicable, video monitoring is used, to protect detainees against sexual abuse. This plan took into consideration the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and allows for the facility to discuss any other relevant factors.

On the PAQ, the facility indicated that the average daily number of inmates was 192 and the staffing plan was designed for an average of 979 inmates.

Staffing plans for 2018, 2019, and 2020 for this facility were reviewed by the auditor.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states in section D, Staffing, that: the facility shall make its best effort to comply, on a regular basis, with the approved PREA staffing plan and shall document all deviations. Deviations shall be documented, and notification made on the 5-1B Notice to Administration via the Incident Reporting Database (IRD).

The Chief of Security is responsible for reviewing the PREA Staffing Plan in conjunction with the daily shift roster. If a position identified on the Staff Plan is vacated for a shift, the Shift Supervisor shall notify the PREA Compliance Manager of the deviation. The PREA Compliance Manager (PCM) shall document and describe the deviation on the 5-1B Notice to Administration via the IRD, along with a thorough justification for the deviations.

During the audit review period, there were no incidents where the facility deviated from the staffing plan. There is, however, a form and a practice of documenting this should it occur.

While on site, supervisors and the PCM indicated that they were aware of the requirements and process to document and report this.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states in section D, Staffing, in the section titled *Annual PREA Staffing Plan Assessment* states that whenever necessary, but no less frequently than once each year, for each CoreCivic facility, an annual PREA staffing plan assessment will be completed. In conjunction with the PREA Coordinator, the Administrator/Director and the PCM will complete the 14-2 Annual PREA Staffing Plan Assessment. Upon completions, the 14-2 Annual Staffing Plan Assessment will be forwarded to the FSC PREA Compliance Coordinator.

In consultation with 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 technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan.

The facility provided and the auditor reviewed the 2019, 2020 and 2021 14-02I Staffing Plan review and saw that the facility assessed, determined, and documented whether adjustments are needed to the staffing plan, whether adjustments are needed to prevailing staffing patterns, whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies, and whether adjustments are needed to the resources the facility has available to commit in order to ensure adequate staffing levels.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that intermediate level and/or upper level facility supervisors shall conduct unannounced facility rounds to identify and deter employee sexual abuse and sexual harassment. The occurrence of such rounds shall be documented as an unannounced round in the applicable log (eg: ADO, Post Log, Shift report, etc). This practice shall be implemented for all shifts and all areas where inmates/detainees are permitted.

Policy further states that employees shall be prohibited from altering other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

In addition, Supervisors Daily logs and reports were reviewed by the auditor, which clearly detail officer placement and presence for each shift.

During the twelve (12) months preceding this audit, there have been no deviations from the staffing plan.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Policy 14-02 *Sexual Abuse Prevention and Response*
14-2I, Annual PREA Staff Plan Assessment
Supervisory interviews
PCM interview

Tour of physical plant
Review of camera placement and viewing
Physical Plant Diagram
Staffing Plan
Administrative Duty Officer Live Staff Roster Review
Supervisor Daily Hours Report – Day and Night Shift
Logbook, Supervisory Rounds
Unannounced Rounds signage
Camera map/diagram for facility
5-1B forms showing reports of any deviations from the PREA Staffing Plan

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a) (b) (c) Policy 18-2, *Classification and Inmate/Detainee Management* states in the section for housing considerations that in accordance with PREA 115.14 (a)(b) (c), a youthful offender shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate using a shared dayroom or other common space, shower area, or sleeping quarters. Agencies shall make best efforts to avoid placing youthful inmates in isolation to comply with this provision. In areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.

The At This Facility section of this policy states that Torrance County Detention Facility does not house juvenile/youthful offenders.

The facility advised the auditor, in writing, that no youthful offenders are housed not at this facility. The auditor requested and was provided a roster of all inmates with their dates of birth and verified that there were no youthful offenders.

The Intergovernmental Agreement provided to the auditor that states that if the service Provider determines that ICE has delivered a person for custody who is under the age of eighteen (18), the Service Provider shall not house that person with adult detainees and shall immediately notify ICE CORE or designated ICE official. ICE will remove the juvenile within 72 hours.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Prisons and Jails PREA Standards Compliance Checklist
Policy 14-02, *Sexual Abuse Prevention and Response*
Policy 18-2, *Classification and Inmate/Detainee Management*
Roster of Inmates with Ages/Dates of Birth
Interviews with Warden, PC and PCM

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, 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*)

Instructions for Overall Compliance Determination Narrative

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

a) Policy 14-02, Sexual Abuse Prevention and Response states that cross gender inmate/detainee strip searches shall not be conducted except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when performed by medical practitioners.

Policy 9-5, *Searches of Inmate and Various Locations* states that body cavity searches are not authorized at CoreCivic facilities and will not be conducted by CoreCivic personnel without the prior approval of the Vice President, Operations.

Policy 9-5, *Searches of Inmate and Various Locations* states that the strip search shall be conducted by employees of the same sex as the inmate/detainee being searched except in temporary unforeseen circumstances that require immediate action to combat a threat to the security or institutional order of a facility. Any occurrence of such cross-gender strip searches shall be documented in the 5-1 Incident Report administration process using form 5-1B Notice to administration. Security staff shall be trained on how to conduct cross-gender strip searches.

Randomly selected logbooks which documented strip searches, located in the visitation area, were reviewed by the auditor and followed the provisions of this standard.

(b) The provision is not applicable, as the rated capacity does exceed 50 inmates.

Policy 14-02, *Sexual Abuse Prevention and Response* states that cross-gender inmate frisk/pat searches of female inmate by male employees are prohibited except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order). The facility shall not restrict female inmate access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

Policy 9-5, *Searches of Inmate and Various Locations* states that conducting frisk/pat searches of female inmate 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 occurrence of such frisk/pat searches shall be documented in the 5-1 Incident Report administration process. Security staff shall be trained in how to conduct cross-gender frisk/pat down searches.

(c) Policy 14-02, *Sexual Abuse Prevention and Response* states that whenever a cross-gender pat search of a female inmate or a cross gender strip search of any inmate does occur, the search shall be documented on the 5-1B Notice to Administration (NTA), in accordance with CoreCivic Policy 5-1 Incident Reporting. Details of the exigent circumstances must be included in all log entries and 5-1B Notices.

Policy 9-5, *Searches of Inmates/Inmates and Various Locations* states that conducting frisk/pat searches of female inmates/detainees 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 occurrence of such frisk/pat searches shall be documented in the 5-1 Incident Report administration process. Security staff shall be trained in how to conduct cross-gender frisk/pat-down searches.

Policy 9-5, *Searches of Inmates/Inmates and Various Locations* states that the strip search shall be conducted by employees of the same sex as the inmate/detainee being searched except in temporary unforeseen circumstances that require immediate action to combat a

threat to the security or institutional order of a facility. Any occurrence of such cross-gender strip searches shall be documented in the 5-1 Incident Report administration process using form 5-1B Notice to administration. Security staff shall be trained in how to conduct cross-gender strip searches.

Randomly selected strip search logs were reviewed by the auditor and followed the provisions of this standard.

(d) Policy 14-02, *Sexual Abuse Prevention and Response* states that inmates/detainees may shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttock, or genitalia, except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when such viewing is incidental to routine living quarter checks.

Policy continues to state that employees of the opposite gender must announce their presence when entering an inmate/detainee housing unit. Where a larger housing unit is broken into several individual smaller units such as pods, cellblocks, dorms, etc, the staff member must announce as he/she enters each of [sic] small individual units.

(e) Policy 14-02, *Sexual Abuse Prevention and Response* states that searches or physical examination of a transgender or intersex inmate/detainees for the sole purpose of determining the inmates/detainee's genital status is prohibited. If the inmate/detainee's genital status is unknown, it may be determined during conversations 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.

Policy 4-9, *Management of Transgender and Intersex inmates and detainees in Prison and Jail Facilities* states that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

(f) Policy 14-02, *Sexual Abuse Prevention and Response* states that in addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates/detainees, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs.

The CoreCivic Training Facilitators Guide for Search Procedures was reviewed by the auditor. In this guide, and referenced on slide six, the guide states that searches of transgender or intersex inmate should be conducted in accordance with the inmate's gender identity and by asking the individual to identify the staff with whom they would feel most comfortable conducting the search. Inmate who are suspected of changing their identity and/or search preferences to evade security screening procedures should be reported to supervisory personnel. Staff should never conduct a 'dual gender' pat search, i.e.: where the staff of one

gender searches the top half of the inmate and the staff of the opposite gender searches the bottom half of the inmate.

The guide and Policy 4-9, each also state that cross gender searches and searches of transgender and intersex inmate should be conducted in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Finally, pat searches of transgender visitors should be conducted in accordance with the gender identity of the visitor.

Policy 9-5, *Searches of Inmate and Various Locations* states in the Change Notice that searches or physical examination of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status is prohibited. Security staff shall be trained in how to conduct searches of transgender and intersex inmates.

Sample 4-2A, Training/Activity Attendance Rosters were reviewed which showed a one-hour class in cross gender and transgender pat search training, which was attended by correctional officers and security staff.

During the walkthrough of the facility, on the entry doors to the housing areas, signage which stated, "staff of the opposite gender may be present". The Warden was going to have this language changed to state "staff of the opposite gender must announce themselves upon entry".

The facility indicated on the PAQ and via memo that in the past twelve months, there have been zero cross gender strip or cross gender visual body cavity searches of inmates.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Policy 14-02, *Sexual Abuse Prevention and Response*

Policy 14-9, *Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities*

Lesson Plan for Searches

Training Curriculum – Guidance in Cross Gender and Transgender Pat Searches

Strip Search Logs

Training Acknowledgement Sheets

Shower curtains and restroom privacy (photos and observation)

Memo

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

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

115.16 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that the facility shall take appropriate steps to ensure that inmates 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. Inmates 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 TTY that are reasonable, effective, and appropriate to the needs of the inmate shall be provided when simple written or oral communication is not effective.

Policy also states that the facility will ensure that information is effectively communicated orally, on an individual basis, to inmates with limited readings skills. In the event an inmate has difficulty understanding provided 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 inmates on an individual basis.

A TTY Machine for the hearing impaired is in booking and in the unit management office.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* 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.

For those inmates/inmates who are limited English proficient with Spanish as a primary language, a flier entitled "Sexual Assault Awareness and Prevention" is available in both English and Spanish. This flier is educational and outlines the PREA education requirements to the inmate population.

The receiving and discharge acknowledgment which included the handbook acknowledgment is also available in both English and Spanish.

The video, called *PREA: What you need to know*, is available in English, Spanish and Hmong.

The inmate handbook was provided and reviewed, with all required education materials for PREA in both English and Spanish.

A contract between Language Lines Services, Inc. and CoreCivic of Tennessee, LLC. was provided to and reviewed by the auditor. The contract provides for over-the-phone services for translation and was last executed on February 17, 2019. It provides for interpretation services in over 200 languages.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmates/inmates will not be relied upon 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's/inmates safety, the performance of first-responder duties, or the investigation of the inmates/inmates' allegations.

In the past twelve (12) months, the facility indicated that there were no instances where inmate interpreters, readers or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety.

An interview with CoreCivic Vice President, Operations Administration was conducted, and he indicated that the CoreCivic corporate office aids facilities that enable them to locate potential vendors and/or agencies that would provide support services for inmates/inmates with

disabilities. The agency maintains a comprehensive contract with the Language Line and some when have an MOU with organizations in the local communicates to provide translation services when needed. TTY phones are provided, and arrangements are also made to assist those inmates/inmates who are blind.

The facility showed the auditor a large print set of education documents and the inmate handbook, for those with limited vision; a TTY phone is available for those with hearing impairments and staff will assist those who may have developmental disabilities or the inability to comprehend.

At the time of the audit, there were no inmates who were blind, with low vision, deaf or with cognitive deficits.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Policy 14-02, *Sexual Abuse Prevention and Response*
Sexual Assault Awareness and Prevention Brochure (English and Spanish)
Inmate Handbook, English and Spanish
Language Line contract and flier
Video *PREA: What you need to know*
Interview with Inmate with use of the Language Line
Interview with CoreCivic Vice President, Operations Administration
Random Staff Interviews
14-2B, Sexual Abuse Screening Tool
Memo and locations of TTY phones for the deaf

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone 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*)

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02, *Sexual Abuse Prevention and Response* states that to the extent permitted by law, CoreCivic will decline to hire or promote anyone who may have contact with inmates/inmates and decline to enlist the services of any contractor who may have contact with inmates/inmates who:

1. has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 USC 1997);
2. has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion or if the victim did not consent or was unable to consent or refuse; and
3. has been civilly or administratively adjudicated to have engaged in the activity as outlined above.

The 14-2H, Self-Declaration of Sexual Abuse/Sexual Harassment form, which is signed by every employee, asks each employee if they 'have ever' with the three above questions, and in addition, asks if they have ever had a substantiated allegation of sexual harassment made against them.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states 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/inmates.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that before hiring new employees who may have contact with inmates/inmates, CoreCivic shall:

1. perform a criminal background records check and conduct a check at least every five years for current employees and contractors who may have contact with inmates; and
2. consistent with federal, state and local law make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. The 3-20-2A Verification of Employment form shall be used to solicit such prior employment information.

Form 3-20-2B *PREA Questionnaire for Prior Institutional Employers* was reviewed. It is signed by all prospective hires and is a release of information to be sent to all prior institutions that the person may have worked at. HR staff interviewed and walked the auditor through their process of this form and the use of the information in consideration during the hiring process.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that CoreCivic in partnership with their oversight agencies shall also perform a criminal backgrounds records check before enlisting the services of any unescorted contractor who may have contact with inmates/detainees.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states that CoreCivic in partnership with their oversight agencies, shall conduct criminal background records checks at least every five (5) years of current employees and unescorted contractors who may have contact with inmates/inmates or have in place a system for otherwise capturing such information.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states that all applicants and employees who may have direct contact with inmates/inmates shall be asked about previous misconduct, as outlined above. The 14-2H Self Declaration Form or equivalent contracting agency form will be completed as part of the hiring process. The CoreCivic online application form section that requires disclosure of misconduct may be utilized in lieu of the 14-2H for new applicants.

Form 14-2H is a self-declaration of Sexual Abuse/Sexual Harassment completed by employees as part of the promotional process including both inter-facility promotions and intra-facility promotions.

The form entitled 'self-declaration of sexual abuse/sexual harassment' states that "you certify your understanding that if you provide false or fraudulent information you could be disqualified from further consideration for employment or, if falsity is discovered after you have become employees, terminated from employment". This form is signed by each applicant, employee and unescorted contractor.

The 14-2H form shall be completed by current employees and contractors on an annual basis to serve as verification of the fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy. The annual signature shall be in lieu of having the form completed as part of an annual review process. The completed 14-2H form shall be retained in each person's personnel file.

(g) Policy 14-02 *Sexual Abuse Prevention and Response* 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.

Form 14-2-H is a self-declaration of Sexual Abuse/Sexual Harassment signed by each new applicant, employee promotion or transfer or for an unescorted contractor.

The authorization for security clearance form states 'I understand omission of any item may result in not receiving full consideration for employment'. This form is signed by every applicant.

(h) Policy 14-02 *Sexual Abuse Prevention and Response* 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.

In the past twelve months, there was a total of 146 persons hired who may have had contact with inmates who had criminal background record checks.

Upon arrival to the facility, management provided the auditor with a list of all current staff members, which listed their name, title and date of hire, as well as calendars for the various positions/shifts that covered the time the auditor would be onsite. In total, there was one hundred and three (103) employees for the facility.

The auditor randomly selected twenty-seven (27) staff from this list. The auditor asked the facility for documentation and reviewed the complete training file and list of classes taken by date and all training acknowledgments that were signed. Of these files, all were in compliance in that:

1. Background checks were completed prior to hiring;
2. Background checks will be completed every five years (longer staff selected did have multiple checks in their files);
3. Self-declaration forms are completed prior to hiring and completed for each staff member annually and when promoted;
4. Prior institutional forms are being completed, when applicable (those reviewed did not have prior institutional experience outside of CoreCivic);
5. Employees have and sign that they acknowledge their affirmative duty to disclose.

During an interview with HR staff, it was seen that she was well versed in PREA and the requirements and provisions set forth in this standard and in policy. The individual interviewed detailed the process of obtaining information from and responding to other facilities for the clearance process. When asked for samples, files were immediately provided which demonstrated requests to and from other facilities utilizing CoreCivic form 3-20-2B, PREA Questionnaire for Prior Institutional Employers.

The facility opened in July of 2019 and accepted their first group of inmates in August 2019. Therefore, there was no five-year background checks to review. The HR staff and administration are aware of the requirement and prepared to complete this task when the time arrives.

In the twelve months preceding the audit, there has been 12 contracts for services where criminal background records checks were conducted on all staff covered in the contract who might have contract with inmates.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
New Hire Paperwork Samples
Promotion Paperwork Sample
Contract Worker Sample
5 year background check plan
14-02 H Form
Employee Background Request
Self-Disclosure / Declarations form
Final Approval
Background investigation Disclosure and Authorization form
Authorization for Security Clearance
Provisional Clearance Letters
Interviews with two HR Staff Members
Interview with PCM and PC

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

Instructions for Overall Compliance Determination Narrative

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

(a) CoreCivic Policy 14-02 *Sexual Abuse Prevention and Response* states that the investigating entity shall follow a uniform evidence protocol that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Further, CoreCivic policy 13-79 *Sexual Assault Response* states that upon receiving notice of an alleged RAPE that occurred within the previous seventy-two (72) hours, QHCP will examine the patient inmate/inmate utilizing the 13-79A Rape/Sexual Assault Protocol and will arrange for the patient inmate/inmate to be transported to the local designated Emergency Room (ER) for examination, evidence collection, and prophylaxis treatment for sexually transmitted disease.

(b) The protocol outlined by the facility and in documentation has been adapted from and is based on the most recent edition of the US Department of Justice's Office on Violence Against Woman publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents".

CoreCivic Policy 14-02 *Sexual Abuse Prevention and Response* states that as appropriate, it shall be adapted from or otherwise based on the most recent editions of the Department of Justice's Office on Violence Against Woman publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocol developed after 2011.

The MOU Between the facility and Estancia Police Department states that the Torrance County Detention Facility protects New Mexico citizens by ensuring effective supervision of adult offenders in environment that are safe, humane and appropriately secure.

(c) During the twelve (12) month period prior to this audit, there were no incidents reported of sexual abuse at the facility.

CoreCivic Policy 14-02 *Sexual Abuse Prevention and Response* states that the investigating entity shall offer all victims of sexual abuse access to forensic medical examinations, whether onsite or at an outside facility, without financial costs, where evidentiary or medically appropriate. Such examinations shall be performed by a SAFE or SANE where possible. If SAFE's or SANE's cannot be made available, the examination can be performed by other qualified medical practitioners. The investigating entity shall document its efforts to provide SAFE's or SANE's where possible.

The examination should take place in the facility if available and if there's an area with adequate privacy, sanitation, supplies, forms, and equipment available. The forensic examination will be conducted in a manner consistent with A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents. The examination forms will be provided by the examining team.

The facility provided an executed MOU with the Rape Crisis Center of Central New Mexico which states that the facility agrees to offer all victims of sexual abuse access to a forensic medical exam were [sic] medically appropriate, or necessary to collect evidence. Such examinations shall be performed by a SAFE or SANE where possible.

(d) Further, CoreCivic Policy 14-02 *Sexual Abuse Prevention and Response* states that the facility shall offer victims of sexual abuse access to forensic medical exams, where evidentiarily or medically appropriate. The PREA Compliance Manager, Facility Investigator or ADO shall consult with law enforcement prior to transporting an inmate/detainee for an examination to be performed by a 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 facility provided an executed MOU with the Rape Crisis Center of Central New Mexico which states that the Rape Crisis Center agrees to provide a victim advocate, upon dispatch from Albuquerque SANE Collaborative to accompany the victim to the forensic exam and provide emotional support, throughout the forensic sexual assault medical examination process and investigator interviews. In addition, they will provide access to victim advocates for confidential emotional support services through a 24 hour sexual abuse/assault crisis hotline number, mailing address that may be posted throughout the facility and in written resources given to inmates.

An email was sent to this hotline and Rape Crisis Center, by the auditor on October 31, 2021, which stated:

Good Afternoon:

I have been hired to conduct an audit of Torrance County Correctional Facility in Estancia. I am writing, as they provided me with your information, to see if you can provide me with any information or opinions of the facility: Do they have a number of complaints? Have they provided you all access when requested? Are they responsive? Do they allow services to survivors?

If you can please let me know or if easier, let me know a time we can chat.

Thank you for all that you do!

Each entity replied that they have not had any calls or recent work with TCDF but would work with them should the need arise. The PREA Coordinator for the Coalition in NM also stated that have and will continue to invite TCDF staff to any and all trainings that occur.

(e) CoreCivic Policy 14-02 *Sexual Abuse Prevention and Response* states that as requested by the victim, either the victim advocate, or a qualified facility staff person shall accompany and support the victim through the forensic medical examination process and investigatory interviews, crisis intervention, information and referrals. 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.

Further, policy 13-79 states that as requested by the victim, either the victim advocate, or a qualified facility staff person shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.

During the twelve (12) month period prior to this audit, there were no incidents reported of sexual abuse at the facility.

(f) A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Estancia Police Department which was executed in July of 2019. This MOU stated that the facility agrees to assist and cooperate with investigating Agency in completing the investigation, at the request of the agency's investigating officers This MOU stated that the facility agrees to assist and cooperate with investigating Agency in completing the investigation, at the request of the agency's investigating officers.

(h) Policy 14-2 states that if unable to secure the services of a victim advocate to accompany the alleged victim to the SAFE/SANE exam, and if requested by the victim, the facility may use a qualified facility staff member for this purpose. The staff member must have been screened by SART and the Warden/Facility Administrator or designee for appropriateness to serve in this role and must have received documented education concerning sexual assault and forensic examination issues.

Administrative Investigations are completed onsite by CoreCivic Staff. Currently two staff are trained, and documentation of this training was provided to the auditor.

According to the At This Facility Sections of policy 14-2, this facility will utilize the Rape Crisis Center of Central New Mexico and victims for SANE/SAFE exams will be sent to the Albuquerque Family Advocacy Center.

The MOU reviewed between TCDF and the Estancia Police Department and demonstrated compliance with this standard and its provisions.

The MOU reviewed between TCDF and the Rape Crisis Center of Central New Mexico and demonstrated compliance with this standard and its provisions.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist

Policy 14-02 *Sexual Abuse Prevention and Response*

Policy 13-79 *Sexual Assault Response with 13-17A Sexual Assault Protocol*

Investigation Outline and Protocol

A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Estancia Police Department

MOU with the Rape Crisis Center of Central New Mexico

Pamphlet Advocacy Information for Survivor of Sexual Assault

Memo

Sample Incident Report
Uniform Evidence Protocol
A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents
Interview with hospital SANE staff
Interview with PCM
Interview with custody staff
Interview with PC

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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*)

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that the Administrator/Director shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse and sexual harassment.

Policy 5-1, *Incident Reporting*, states that when an allegation that a Priority PREA incident has occurred, a 5-1E PREA Reporting form will be initiated. Upon completion of the investigation, the 5-14E will be used to document the act as substantiated, unsubstantiated or unfounded. In the event the act is substantiated, any sanctions must be documented on the 5-1E. Completed 5-1E forms will be maintained with the 5-1 packet.

During the past twelve (12) months, the facility has indicated, on the PAQ, that there have been eleven (11) allegations of sexual abuse or sexual harassment received; thus eleven administrative investigations and one of which was referred for criminal investigation.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that the PCM, Warden or designated on-site supervisory staff, or Administrative Duty Officer shall immediately report all allegations of rape, sexual assault, or employee on inmate/detainee sexual misconduct to state or local law enforcement agencies for criminal investigation if the allegation (if proven true) would be considered a criminal act under federal, state or local law. The reporting party should request guidance from the law enforcement agency(ies) unless the allegation does not involve potentially criminal behavior, or the allegation would not be considered a criminal act under federal, state or local law.

This information is readily available on the CoreCivic Prison Rape Elimination Act website with links to policy and the standards.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that the Administrative Duty Officer staff, the PCM, Warden or designated on-site supervisory staff shall immediately report all allegations of sexual assault, sexual abuse, or sexual harassment to the contracting agency or applicable governmental agency.

(d) Criminal investigations shall be documented in a written report that contains a thorough description of physical testimonial and documentary evidence and that includes copies of all documentary evidence where feasible.

During an interview with the CoreCivic Vice President, Operations Administration, he stated that it is 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. All administrative investigations are conducted by CoreCivic investigators who have received the specialized PREA training and/or law enforcement officials. In addition, the VP stated 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 are referred to the appropriate law enforcement officials (or by contracted partner investigative entity). Our staff works with the outside law enforcement, upon request.

According to the 14-2 policy at the facility section, the facility will utilize the Estancia Police Department, Torrance County Sheriff's Office and/or New Mexico State Police. The MOU reviewed between TCDF and the Estancia Police Department and demonstrated compliance with this standard and its provisions.

Incident Report logs were sent to the auditor to review. There were two (2) PREA related cases in the audit review period and the auditor selected each to review. Of those reviewed, all followed the provisions of this standard in that proper notifications were conducted and when necessary for cases that appeared to be criminal, outside law enforcement was notified and facility staff cooperated.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Policy 14-02 *Sexual Abuse Prevention and Response*
Policy 5-1, *Incident Reporting*
CoreCivic PREA Statement
MOU with TCDF and Estancia Police Department
PREA Allegation Log
PREA Allegation Administrative Investigation
CoreCivic Website/Facility Website
Interview with Specialized Staff
Interview with PREA Compliance Manager
Interview with PREA Coordinator
Interview with CoreCivic Vice President, Operations Administration

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* 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/inmates 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.

Further, policy states that employees will be trained on:

1. The CoreCivic zero-tolerance policy for sexual abuse and sexual harassment;
2. How to fulfill employee responsibilities for sexual abuse/sexual harassment prevention, detection, reporting, and response in accordance with this policy;
3. The right of inmates to be free from sexual abuse and sexual harassment;

4. The right of inmates/inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in confinement including locations, situations, and circumstances in which sexual abuse may occur;
6. Signs of victimization and the common reaction of sexual abuse and sexual harassment victims;
7. How to detect and respond to signs of threatened or actual sexual abuse;
8. How to avoid inappropriate relationships with inmates/inmates;
9. How to communicate effectively and professionally with inmates/inmate, including LGBTI and Gender Non-Conforming inmates/inmates; and
10. How to comply with laws relevant to mandatory reporting of sexual abuse to outside authorities.

The CoreCivic PREA Overview class and participant Guide was reviewed. The guide included all elements listed above, in the standard and in policy.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that employees transferring to a facility that houses a population whose gender is different from their previous facility, shall receive additional training specific to the population of the newly assigned facility.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that all CoreCivic facility employees shall receive training on CoreCivic's zero-tolerance policy for sexual abuse and sexual harassment. Such training shall be tailored to the gender of the inmates/inmates at the facility and include the above in provision (a).

The facility employs 141 staff members.

The facility provided the auditor with an employee roster review on November 2, 2021 listing all current staff, position name and date of hire.

Of the staff listed on the roster, the auditor randomly selected twenty-seven (27) staff HR and training files to review. Of those reviewed, all staff signed a training acknowledgement section, that they received training prior to contact with the inmate population. The selected files that included staff who have been employed for over two years shows that staff complete and sign acknowledgments on an annual basis, above the requirements of the standard. The training acknowledgement section, which is signed and dated by employee, stated: I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training that I have received. I understand that as an employee, volunteer/contractor it is my responsibility to abide by policy and procedures as directed in the training. If I have questions about the training material presented, or policy/procedures, I am aware that it is my responsibility to seek clarification from the class instructor to my supervisor, the Learning and Development Manager, or the PCM.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that employees shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the employees training file.

Upon arrival to the facility, management provided the auditor with a list of all current staff members, which listed their name, title and date of hire, as well as calendars for the various positions/shifts that covered the time the auditor would be onsite. In total, there was One hundred and forty-five (145) employees for the facility.

The auditor randomly selected twenty-seven (27) staff from this list with twenty (20) being hired within the past twelve months. The auditor asked the facility for documentation and reviewed the complete training file and list of classes taken by date and all training acknowledgments that were signed. Of these files, all were in compliance in that:

1. Staff were trained on the aforementioned elements included in provisions of this standard;
2. Staff signed an acknowledgment that they understood the training that they received;
3. Staff were trained prior to their start date and contact with the population;
4. Those employees that have been at the facility for over one year, receive this training and sign the acknowledgment annually.

Lastly, Policy 4-1 *Staff Development and Training* states that Orientation and/or Custody training shall be scheduled so that all training is completed before the staff member may work with inmates.

Learning and Development Manager conducted a self-audit prior to this PREA audit and discovered that many staff did not have a PREA Acknowledgement training form present in their files. The previous LDC had staff re-sign acknowledgments and date these based on their training sign in sheet date if they recalled the portions required. Moving forward, the staff assured the auditor that all staff will sign as they complete the training and that this will be added to their training file.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Policy 14-02, *Sexual Abuse Prevention and Response*
Policy 4-1, *Staff Development and Training Policy*
PREA Overview, Participant Guide for Training
PREA Training Lesson Plan
CoreCivic PREA Policy Acknowledgment and/or Training Acknowledgment
Staff Roster
In-service training records
Transfer training records
Orientation training records
Staff Training Printout
Code of Ethics
Random Staff interviews
HR Files
Training Files
Discussion with training and HR staff
Interview with PCM
Interviews with all specialized staff

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that all volunteers and contractors 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 this policy.

The facility advised the auditor that there are currently 16 contractors at the facility who work in transport, medical and food service. There are currently no volunteers who have contact with inmates, due to COVID.

Each volunteer signs the 14-2 K CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment Form. The training acknowledgement section, which is signed and dated by volunteer or contractor, states: *I have read the above handout and I fully understand the content. I have had an opportunity to ask questions about the training material presented and I am aware that it is my responsibility to seek clarification from the class instructor, my supervisor, the Manager, Learning and Development, r the PREA Compliance Manager.*

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that the level and type of training provided to volunteers/contractors shall be based on the services they provide and level of contact they have with inmates/inmates. All volunteers/contractors who have contact with inmates/inmates shall be notified of CoreCivic's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The facility advised the auditor that there are currently sixteen (16) contract staff or contractors at the facility. All work in food service, transport and the medical departments.

Each volunteer and contract worker signs the 14-2 KCoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment Form.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that volunteers/contractors shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the volunteer or contractor's file.

The facility advised the auditor that there are currently sixteen (16) contract staff or contractors at the facility. All work in food service, transport and the medical departments.

The auditor randomly selected 2 contract staff from the list provided and requested their training information.

The auditor reviewed this person's start date, their education/training and receipt of PREA information dates and the date that their background check was completed as well as their signed acknowledgement of the training received. All training and background checks were completed prior to having any contact with the offender population.

In addition, the auditor interviewed a volunteer who was on-site conducting a class. This volunteer detailed her involvement at the facility, the initial training and background process she went through and the spoke of the staff involvement and supervision of her when she is in the facility. Moreover, when given scenarios, the volunteer was able to correctly articulate the steps she would take to immediately respond and report.

Due to COVID-19 safety concerns, no volunteers have been in the facility.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Volunteer Manual
List of Contractors
Volunteer Application Form
Self-declaration of Sexual Abuse/Sexual Harassment
Volunteer Acknowledgement of PREA training
Volunteer List with Organization and start date
Live Scan Background Clearance Documentation for selected volunteers and contractors
Volunteer Right to Know form, signed by volunteers
Interview with Director
Interview with Volunteer Coordinator (Program Supervisor)
Interview with Volunteer
Inquiry with Front Desk Staff
Contract staff file
Memo

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received 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*)

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states upon arrival at the facility, all inmates shall be provided information regarding sexual abuse prevention and reporting including those who are disabled or Limited English Proficient (LEP).

Inmates shall receive comprehensive educational information about the following topics related to this policy within thirty (30) days of intake either in person or through video:

1. CoreCivic's zero tolerance policy regarding sexual abuse and sexual harassment;
2. How to report incidents, threats or suspicion of sexual abuse or sexual harassment;
3. An inmates/detainees right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents;
4. Inmate on inmate sexual abuse;
5. Employee-on-inmate/detainee sexual abuse;
6. Self-protection from sexual abuse;
7. Availability of policies regarding sexual abuse prevention/intervention; and
8. Available emotional support services (treatment and counseling) to include internal and external victim advocates and community support services.

During the past twelve (12) months, there has been 1,622 inmates/inmates admitted to the facility who have reviewed and received the education materials.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states upon arrival at the facility, all inmates shall be provided information regarding sexual abuse prevention and reporting including those who are disabled or Limited English Proficient (LEP).

Inmates shall receive comprehensive educational information about the following topics related to this policy within thirty (30) days of intake either in person or through video:

1. CoreCivic's zero tolerance policy regarding sexual abuse and sexual harassment;
2. How to report incidents, threats or suspicion of sexual abuse or sexual harassment;
3. An inmates/detainees right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents;
4. Inmate on inmate sexual abuse;
5. Employee-on-inmate/detainee sexual abuse;
6. Self-protection from sexual abuse;
7. Availability of policies regarding sexual abuse prevention/intervention; and
8. Available emotional support services (treatment and counseling) to include internal and external victim advocates and community support services.

No inmates in the past twelve (12) months transferred from a different facility.

Policy 14-02 *Sexual Abuse Prevention and Response* also states that CoreCivic prevents discrimination based on inmate/detainees race, religion, national origin, sex, disability, or political views in making administrative decisions and in providing access to programs.

Policy 17-101, *Admission, Orientations, Property control and Release* states that orientation will be conducted and documented on the 17-101A Orientation Verification form for all inmates/inmates. At a minimum, orientation will include the facilities program for prevention, intervention, and remediation of sexual misconduct (PREA) – to include what constitutes sexual misconduct/sexual harassment and the consequences for participating in such activities.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states upon arrival at the facility, all inmates shall be provided information regarding sexual abuse prevention and reporting including those who are disabled or Limited English Proficient (LEP).

Inmates shall receive comprehensive educational information about the following topics related to this policy within thirty (30) days of intake either in person or through video:

1. CoreCivic's zero tolerance policy regarding sexual abuse and sexual harassment;
2. How to report incidents, threats or suspicion of sexual abuse or sexual harassment;
3. An inmates/detainees right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents;
4. Inmate on inmate sexual abuse;
5. Employee-on-inmate/detainee sexual abuse;
6. Self-protection from sexual abuse;
7. Availability of policies regarding sexual abuse prevention/intervention; and
8. Available emotional support services (treatment and counseling) to include internal and external victim advocates and community support services.

Further, policy 14-02 states that inmates who have been transferred from another facility shall receive intake material from the receiving facility to serve as refresher training.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that the facility shall maintain documentation of inmate/inmate participation in educational sessions pertaining to sexual abuse and sexual harassment. It also stated that inmates/detainees will be provided education in formats accessible to all inmates/detainees, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates/detainees who have limited reading skills.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmates shall sign indicating acknowledgement that they have received intake information and the 30-day comprehensive education, and this documentation shall be maintained by the facility in the inmate file.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states that in addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to inmates/inmates through posters, inmate/inmate handbooks, or other written formats.

The inmate handbook was reviewed, and the following are excerpts as it relates to PREA and the various subsections of this standard:

Torrance County Detention Facility has a zero-tolerance for all forms of sexual abuse and assault.

If you are approached, pressured, or assaulted, report it immediately. You have several ways in which you can report: Verbally telling any staff member; writing a letter to the Warden and marking it confidential; calling or writing someone outside the facility who can notify administrative staff; call the DHO OIG; contacting your counselor official; writing the DHS OIG; wiring to the Chief of Security or Chief of Unit Management and marking it as confidential; or writing to the Managing Director of facility Operations of CoreCivic.

You will not be subjected to retaliation, reprisal, harassment, or disciplinary [sic] for truthfully reporting abuse or signs of abuse observed.

After orientation, each inmate signs an Orientation Verification form, which is available in English and Spanish. This form states: By signing below I acknowledge that I have been provided training and education and have watched the PREA DVD regarding the Prison Rape Elimination Act and understand the zero-tolerance policy of the facility.

In each of the files reviewed, inmates were provided written and verbal education materials on the same day of their intake into the facility. In addition, and above the standard requirements, the inmates go through a comprehensive 'training' or education session within thirty (30) days and are provided more information and training on this topic. Through the facility, there is also literature, posters and signs educating the population on their rights and responsibilities.

Each random and specialized inmate who was interviewed recalled the training, how to report and all elements of the provisions of the standard. In addition, each inmate stated that they feel they could report, and staff would be responsive and keep in confidential.

While on-site, the auditor interviewed two case management team staff members and a unit manager in reference to the inmate screening and education processes.

The inmate education pamphlet was reviewed, in English and Spanish, called CoreCivic: PREA. Prevent. Detect. Respond. This contained all information required by this standard.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Policy 14-02 *Sexual Abuse Prevention and Response*
Inmate Handbook, English and Spanish
Inmate Acknowledgement Form, English and Spanish

PREA Pamphlet (English and Spanish)
PREA Comprehensive Education Handout
Inmate Orientation Checklist
Townhall Meeting minutes
14-2A Preventing Sexual Abuse and Misconduct, English and Spanish
Photos and viewing TTY/TDD Telephone
PREA Poster
PREA Acknowledgment
Inmate Interviews (random and specialized)
Inmate Files
Facility Walkthrough
Interview with Intake Staff
Interview with PCM

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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*)

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* 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 (1) 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 (e.g.) leave, paid time off, sickness, offsite training, etc from work.

The facility provided a Certificate of Completion for the one (1) assigned facility investigator. The certificate is from a training entitled *PREA: Investigating Sexual Abuse in a Confinement Setting* which was delivered online through the Moss Group. The auditor recommended that additional staff be trained as Investigators to assist in PREA cases, add as a back up, or be able to step in in the event of an emergency.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that specialized investigators training shall include techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collections in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Policy also states that documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with facility record retention policies.

The curriculum the trainings was provided and reviewed by the auditor (through CoreCivic and the National Institute of Corrections) and each training included the requirements of the standard and Policy 14-02: Techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, Sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with CoreCivic Policies 1-15 Record Retention and 4-2 Maintenance of Training Records and in the employee file.

The facility provided a Certificate of Completion for the one (1) assigned investigator. The certificate is from a training entitled *PREA: Investigating Sexual Abuse in a Confinement Setting* which was delivered online through the National Institute of Corrections. In addition, the training a certificate for a five-hour training by the Moss Group titled *PREA Specialized Investigations Training*.

(d) Auditor is not required to audit this provision.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Policy 14-02 *Sexual Abuse Prevention and Response*
PREA Investigator Training Attendance Rosters
Email on Training Requirements
PowerPoint titled PREA Update Investigation Standards and Required Specialty Training
Training Certificates for each investigator assigned at this facility
Training History Records
Policy 4-2
Training records, Investigator
Memo

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that in addition to the general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professions, who work regularly in the facility, shall receive specialized medical training as outlined below:

- 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 harassments; and
- How and to whom to report allegations of sexual abuse and sexual harassment.

The training PowerPoint was reviewed entitled *PREA Specialty Training for Medical, and Mental Health Staff* and it included all of the above provisions and areas, through the National Institute of Corrections.

(b) The facility advised the auditor that they do not conduct forensic medical examinations at this facility.

(c) Policy also states that medical and mental health staff are required to document completion of this training by signing the specialized training form. This documentation shall be maintained in the employee training file.

Sample training reports for selected staff in the medical and mental health were printed and reviewed and demonstrated that documentation of these training is maintained.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that in addition to the general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professions, who work regularly in the facility, shall receive specialized medical training as outlined below:

- 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 harassments; and
- How and to whom to report allegations of sexual abuse and sexual harassment.

There are twenty-five (25) medical staff at the facility. Of these, files were selected for six of them. The auditor looked for both the general training acknowledgments as well as documentation of the specialized training for these staff.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
 Policy 14-02 *Sexual Abuse Prevention and Response*
 PREA Specialized Training for medical and mental health staff
 Medical staff training records
 Mental health staff training records

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, 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*)

Instructions for Overall Compliance Determination Narrative

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

a) Policy 14-02, *Sexual Abuse Prevention and Response* states all inmates shall be assessed during an intake screening process in order to obtain information relevant to housing, cell, work, education and program assignments with the goal of keeping separate those inmates/inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

(b) Policy 14-02, *Sexual Abuse Prevention and Response* states inmates shall be assessed within twenty-four (24) hours of arrival at the facility unless contracting agency policy authorizes 72 hours following arrival. This includes inmates from another facility, have been received from a reception center where an assessment may already have been completed as part of reception, and inmates who have been returned from court or other leave status.

In the past twelve (12) months, a total of 1,622 inmates have gone through the intake process at the facility and have been screened for risk of victimization or abusiveness within the 72 hours upon intake.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that screenings will be completed and documented using an objective screening instrument. The CoreCivic Sexual Abuse Screening Tool shall be utilized for this purpose unless the contracting agency requested

Policy continues to state that a list of those inmates/inmates who are identified through a screening as a victim, potential victim, predator or potential predator shall be maintained and updated as necessary by the operations manager/designee. The list shall be made available to any staff involved in the housing of inmates /inmates. Those inmates at high risk of being sexually victimized shall be separated from those at high risk of being sexual predators, to the best of our ability.

Screenings will be completed, according to policy, and documented using the 14-2-B., *Sexual Abuse Screening Tool*, with referrals to Case Management staff for further evaluation and screening as necessary, unless the facility management contract requires otherwise.

(d) According to policy, the intake screening shall include the following criteria to assess inmates risk for sexual victimization:

- Whether the inmate has a mental, physical, or developmental disability;
- The age of the inmate;
- The physical build of the inmate;

- Whether the inmate has previously been incarcerated;
- Whether the inmate's criminal history is exclusively nonviolent;
- Whether the inmate has prior convictions for sex offenses against an adult or child;
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming (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);
- Whether the inmate is detained solely for civil immigration purposes;
- Whether the inmate has previously experienced sexual victimization; and
- The inmate's own perception of vulnerability.

(e) Form 14-2B, Assessment Questionnaire Information includes prompts as to:

- Any prior acts of sexual abuse;
- When known to the agency: prior convictions for violent offenses; and
- History of prior institutional violence or sexual abuse.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states that a reassessment of the inmate risk level of victimization or abusiveness will be conducted by the appropriate Case Manager or a staff member designated by the Administrator/Director. The reassessment shall occur within thirty (30) days of the inmate's arrival at the facility. The reassessment will include any additional relevant information received by the facility since the initial intake screening.

(g) Policy 14-02 *Sexual Abuse Prevention and Response* states that a reassessment of the inmate's risk level of victimization or abusiveness will be conducted by the appropriate Case Manager or a staff member designated by the Administrator/Director. The reassessment shall occur when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the inmate/inmate's risk of victimization or abusiveness.

(h) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmates/inmates may not be disciplined for refusing to answer, or for not disclosing complete information.

The facility advised the auditor that disciplinary action will not be taken for any participant who refused to answer these questions.

(i) Policy 14-02 *Sexual Abuse Prevention and Response* states that appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked pursuant to screening for risk of victimization and abusiveness in order to ensure that sensitive information is not exploited by employees or other inmates/inmates to the inmate/inmate's detriment. This includes conducting the screenings in private; an inmate not completing his/her own screening instrument; inmates not having access to files containing assessment forms belonging to other inmates; and only staff involved in the assessment process, or those who may assign programming and housing, medical and mental health, and staff with a need to know can assess this information.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Policy 14-02 *Sexual Abuse Prevention and Response*

Policy 14-02 B Screening Tool (electronic and password protected)

30 day re-assessment example

Direction for Completion of the Sexual Abuse Screening Tool

Training/Activity Attendance Roster

Assessment Questionnaire/Information Screening Tool from inmate files

OMS report

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (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*)

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmates shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education, and program assignments. The goal is to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Each inmate is screened privately, and their housing programming and work assignments are determined on an individual basis.

The facility shall use the information from the Screening Tool or equivalent contracting agency form, completed at initial screening and at all subsequent reassessments, in the consideration of housing recreation, work program or other activities. The facility shall make individualized case by case determinations about how to ensure the safety of each inmate.

Policy 14-9 states that following identification of a transgender or intersex inmate at intake (or upon identification after intake), the inmate shall be referred to the SART established by the facility for an assessment using the CoreCivic 14-8A Transgender/Intersex Assessment and Treatment Plan Form. Referral shall be within 24 hours following the inmates arrival (excluding weekends or holidays).

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that in deciding whether to house a transgender or intersex inmate/inmate in a male housing unit/area or a female housing unit/area, or when making other housing and programming assignments for such inmates/inmates, the facility shall consider the transgender or intersex inmate/inmate's own views with respect to his/her own safety and shall consider on a case-by-case basis whether such a placement would ensure the inmate/inmate's health and safety. Consideration should also be given as to whether the placement would present management or security problems.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that in deciding whether to house a transgender or intersex inmate/inmate in a male housing unit/area or a female housing unit/area, or when making other housing and programming assignments for such inmates/inmates, the facility shall consider the transgender or intersex inmate/inmate's own views with respect to his/her own safety and shall consider on a case-by-case basis whether such a placement would ensure the inmate/inmate's health and safety. Consideration should also be given as to whether the placement would present management or security problems.

Policy 14-9 states that the SART shall reassess and inmate Treatment Plan, placement, programming and housing assignment twice each year. Form 14-9A Transgender/Intersex Assessment and Treatment Plan form shall be used for these reassessments. A reassessment shall be completed any time that additional relevant information becomes known or following any incident of victimization or threats to safety experiences by the inmate. At a minimum, the SART shall consider the following in the reassessment: changes in the transgender inmates housing preferences.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states that transgender and intersex inmate gender self-identification and self-assessment of safety needs shall be given serious consideration in all housing and program assignments.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states that the establishment of a unit or pod solely dedicated to the housing of LGBTI and/or Gender Non-Conforming inmates/inmates is strictly prohibited unless required by consent decree, legal settlement, or legal judgment for the purpose of protecting that inmate/inmate.

Policy 14-02 *Sexual Abuse Prevention and Response* states that Transgender and intersex inmates/inmates shall be given the opportunity to shower separately from other inmates/inmates.

(g) Policy 14-02 *Sexual Abuse Prevention and Response* states that the establishment of a unit or a pod solely dedicated to the housing of LGBTI and/or gender non-conforming inmates/detainees is strictly prohibited unless required by consent decree, court order or other comparable legal authority.

The facility provided the auditor a memo stating that they did not house any transgender or intersex inmates during the audit cycle period.

Staff interviewed (intake staff and counselors) who complete these screenings all indicated that once an offender has a score, they will determine housing and programming accordingly. The staff printed and provided the auditor an Alert Type Screen from the tracking system which tracks those who scored as potential victims and those who scored as potential perpetrators. The potential victims are potential perpetrators at this facility (there was only potential victims and victims currently) are housed on separate floors and tracked before placement. Each staff member interviewed was aware of this process and demonstrated it to the auditor. The program areas and nature of the facility allows for always viewing and interaction with staff and the population, but staff are aware of these individuals at all times.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Policy 14-02 *Sexual Abuse Prevention and Response*

14-02 B Sexual Abuse Screening Tool

Policy 14-9, Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities

Inmate work Roster

Housing Plan with Housing Assignments

Memo, transgender inmates showering separately

PREA Alert Roster

Interviews

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts 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*)

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmates/detainees at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary segregated housing for less than twenty-four (24) hours while completing the assessment.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmate/detainees placed in segregated housing for this purpose shall have access to programs, privileges, education, or work opportunities to the extent possible. If access to programs, 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 reasons for such limitations.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that segregated 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 thirty (30) days.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that if involuntary segregated housing is warranted as outlined above, documentation of such action shall clearly specify: the basis for the facilities concern for the inmate/detainees safety and the reason why no alternative means of separation can be arranged.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states that every thirty (30) days, a review of each inmate/detainees status will be conducted to determine whether there is a continuing need for separation from the general population.

The facility has advised the auditor that they had no inmate placed in voluntary segregated housing for high risk of sexual victimization within the last twelve (12) months. The facility did walk the auditor through the process and documentation for an inmate who was housed in segregation for other safety reasons (not related to a PREA incident or this standard). Documentation of this matter and review was provided to the auditor and demonstrated via the Confinement record that the housing was reviewed by multiple staff members reviewed this determination initially and within seven days. This inmate was no longer at the facility when the auditor visited and did not exceed that seven day review while housed there.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Incident statement
Inmate file
Confinement Review
Confinement Record
Confinement Activity Record

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmate shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other inmates or employees for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Inmates who are victims of sexual abuse have the option to report and incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods:

1. Verbally reporting to any employee, including the facility Chaplain;
2. Submitting a request to meet with medical or mental health staff and/or reporting to medical staff during sick call;
3. Calling the facility 24 hour toll free notification telephone number;
4. Forwarding a letter, sealed and marked confidential to the Warden or any other employee;
5. Calling or writing someone outside the facility who can notify facility staff;
6. Contacting the facility PREA Compliance Manager; and

7. Electronically reporting allegations of sexual abuse and sexual harassment to the PREA mailbox listed in the CORES system (where available).

On November 5, 2021, a letter was sent by the auditor to the PREA Coordinator for CoreCivic at the address listed in number five above, which stated:

Jillian Shane
A & S Correctional Consulting

PREA Coordinator
Facility Support Center
CoreCivic

PREA Coordinator:

I am an auditor for the Department of Justice, PREA, and I am in the process of preparing for audit of Torrance County Detention Facility. I am testing the reporting system as provided in CoreCivic Policy 14-2 for the Prison Rape Elimination Act with the above address. Can you please route this letter as a test, through the process so I can see how it works.

Thanks,

Jillian Shane
Certified DOJ PREA Auditor
A & S Correctional Consulting

The PREA Coordinator sent an email to the auditor that the letter was received in his office on within 9 days.

According to the CoreCivic website:

Reporting Allegations of Sexual Abuse/Sexual Harassment

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

- Send a letter to the warden of the facility at the address provided on our [facility locator](#).
- Inmates may notify any staff member either verbally or in writing or they may call the PREA hotline numbers posted at their facilities.
- Staff may report allegations via their chain of command or anonymously through the employee hotline numbers provided.
- Staff and third parties may contact the CoreCivic's Ethics and Compliance Hotline: 1-800-461-9330 or e-mail www.corecivic.com/ethicsline

It is not required that any personal information be provided. However, the more information that can be provided regarding dates, times, locations, witnesses, and as much detail about the alleged incident as is known serves to assist staff and law enforcement in their efforts to successfully conduct the investigations

The auditor also filed a test report through the EthicsPoint System online at https://app.convercent.com/en-us/LandingPage/a7d07854-f34d-ea11-a972-000d3ab9f062?_=1595950801154. This was filed on November 4, 2021. Within fifteen minutes of being filed online, the Director of Ethics and compliance wrote and email to the corporate investigations office, PREA Coordinator, Warden and PCM. Within 1 hour of that, all four people emailed the auditor to advise receipt

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that each facility shall provide at least one way for inmates to report abuse or harassment to a public entity that is not part of CoreCivic or the contracting agency and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to facility officials, allowing the inmate to remain anonymous upon request.

Inmates detained solely for immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

(c) Policy 14-02 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.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that employees may privately report sexual abuse and sexual harassment to the CoreCivic 24-hour Ethics line at the phone number provided or the website listed above.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02, *Sexual Abuse Prevention and Response*
CoreCivic Website
CoreCivic Code of Ethics
Participant (Inmate) Handbook
First Responder card/staff reminders
Sexual Assault Awareness and Prevention pamphlet (English and Spanish)
PREA poster
Inmate Interviews (Random and Specialized)
Staff Interviews (Random and Specialized)
Ethics Line Poster

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

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

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

a) Policy 14-02 *Sexual Abuse Prevention and Response* states that CoreCivic facilities do not maintain administrative procedures to address inmate grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate grievance process.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that CoreCivic facilities do not maintain administrative procedures to address inmate grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate grievance process.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that CoreCivic facilities do not maintain administrative procedures to address inmate grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate grievance process.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that CoreCivic facilities do not maintain administrative procedures to address inmate grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate grievance process.

On the PAQ, staff indicated that there were no grievances filed alleging sexual abuse in the past twelve months.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states that CoreCivic facilities do not maintain administrative procedures to address inmate grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate grievance process.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states that CoreCivic facilities do not maintain administrative procedures to address inmate grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate grievance process.

On the PAQ, staff indicated that there were no emergency grievances filed alleging sexual abuse in the past twelve months.

(g) Policy 14-02 *Sexual Abuse Prevention and Response* states that CoreCivic facilities do not maintain administrative procedures to address inmate grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate grievance process. A memo was provided to the auditor which stated that Torrance County Detention Facility recommends inmates follow reporting protocols. Inmates cannot file a grievance to notify staff of an alleged PREA.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Inmate Handbook
Grievance Log

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (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*)

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmate shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving inmate mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmate shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that CoreCivic shall maintain or attempt to enter Memorandums of Understanding (MOU) or other agreements with community services providers that are able to provide inmate with confidential emotional support services related to sexual abuse.

All MOU's must be reviewed and approved by CoreCivic FSC Legal Department prior to signature. The facility and FSC Legal shall maintain copies of MOU's. The facility shall maintain documentation showing attempts to enter into such agreements.

The MOU executed between the facility the Rape Crisis Center of Central New Mexico in August 2019 states that the Rape Crisis Center agrees to provide a victim advocate, upon dispatch from Albuquerque SANE Collaborative, to accompany the victim to the forensic exam at the Albuquerque Family Advocacy Center, and provide emotional supports throughout the forensic sexual assault medical examination process and investigatory interviews.

Paintings on the walls, posters and fliers explain this information to the inmate population and are readily available to the inmates.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
MOU with Rape Crisis Center
Sexual Assault Advocacy pamphlet
Flyer entitled Inmate Access to Outside Victim Advocates and Support Services
PREA posters
Inmate Handbook

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- a) Policy 14-02 *Sexual Abuse Prevention and Response* states that CoreCivic employees, contractors, volunteers, and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line or through www.corecivic.ethicspoint.com.

Policy also states that third party reporting information is posted on the facility page on the CoreCivic web-site.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Policy 14-02 *Sexual Abuse Prevention and Response*
 CoreCivic PREA Website
 14-2AA Preventing Sexual Abuse and Misconduct
 Inmate Handbook
 Ethics Line
 Posters and Information Boards throughout facility

Note: There have been no outside third party PREA reports to date.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or

sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that any employee/contractors are required to report any knowledge suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in any facility (including a facility that is not part of CoreCivic).

All staff have signed an acknowledgment of this provision, on the 14-2A form, CoreCivic PREA Policy Acknowledgment and/or Training Acknowledgement.

A note from the facility stated that the facility has had no reports of retaliation against staff or inmate who have reported incidents of alleged sexual abuse or sexual harassment since the previous audit.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions. When it is learned that an inmate is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that unless otherwise precluded by federal, state or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined in policy. At the initiation of providing medical care, both medical and mental health professionals will inform inmate of their professional duty to report and the limitations of confidentiality.

In the medical areas within the facility, signage could be seen, reminding medical staff of this provision, which stated "all medical practitioners have a duty to report information regarding incidents of sexual abuse or sexual harassment".

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that if the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the designated state or local services agency under applicable mandatory reporting laws.

This facility indicated that they have not had any incidents of alleged sexual abuse and/or sexual harassment in which the alleged victim is under the age of 18 or considered a vulnerable adult within the last twelve (12) months.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states that all reports of sexual abuse and sexual harassment will be reported to the PREA Compliance Manager/Investigator.

Employees having contact with the alleged victim should behave in a manner that is sensitive, supportive and non-judgmental.

The auditor reviewed a report and was able to see the process involving the provisions of this standard.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Staff Rosters
5-1C Incident report
Facilitator's Guide
First Responder Card
Incident Log
Employee Training
Inmate Notification Poster
Staff Acknowledgement Sheets
Notes/Memos
Investigative Report with detailed first responder duties
Interviews with Random Staff
Interviews with Specialized Staff
New Mexico State Statute 27-7-16, age of 'adult'

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that when it is learned that an inmate is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate.

In the past twelve (12) months, there were no instances the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

During an interview with CoreCivic Vice President, Operations Administration, he stated that staff take immediate action to protect the inmate by removing the inmate from the area and/or individuals where risks may be stemming from, and an investigation is immediately initiated.

This information is available to all staff via the annual training and on the first responder card. All staff interviewed were able to articulate this necessity.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Interview with CoreCivic Vice President, Operations Administration
Sample Report
First Responder Card
Interview with PC
Interview with Random Staff
Interviews with Random Staff

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- (a) Policy 14-02 *Sexual Abuse Prevention and Response* states that upon learning of sexual abuse or an allegation of sexual abuse, the first responder is required to complete the following:
- Separate the alleged victim from the alleged abuser. When the alleged abuser is an inmate, he/she shall be secured in a single cell (if available) to facilitate the collection of evidence if required.
 - Preserve and protect the crime scene until appropriate steps can be taken to collect evidence of the crime scene and any investigation.
 - Ensure that the alleged victim is taken to the facility Health Services Department.
 - Notify the highest supervisory authority on-site.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that if the first staff responder is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence and then shall notify security staff.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that all such contacts and notification shall be documented on the 5-1B Notice to Administration; including any details learned from contact with the site where the alleged abuse took place, and the facilities response to the allegation.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that upon receiving notification for another facility that an incident/allegation of sexual [sic] has occurred while the inmate/detainee was previously confined at the facility, the following actions shall be taken.

The facility Director stated that no allegations have been received from other facilities in the past twelve (12) months.

During an interview with the CoreCivic Vice President, Operations Administration, he stated referrals to and from other facilities occurs most often at the facility level rather than at the corporate office level. The information is received by the Warden at the facility. However, any staff who received the information know to report it to the Warden, for appropriate action. It then gets added into our incident system and the PREA protocols are initiated. If the 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 responsible for criminal investigations would be notified. He also stated that the most common examples are allegations inmates make during their intake process. The CoreCivic staff obtain as much information as possible from the inmate and provide this to Warden at the other facility as part of the notification.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Corrections PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Interview with CoreCivic Vice President, Operations Administration

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states in the Response Procedures Sections that any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished:

- a. The alleged victim is kept safe, has no contact with the alleged perpetrator and is immediately escorted to the Health Services Department.
- b. While in the private area, employees shall, to the best of their ability, ensure that the victim does not wash, shower, remove clothing use the restroom facilities, eat, drink, smoke or brush his/her teeth. The highest-ranking authority on-site is immediately notified and will further ensure to protect the safety of the victim and the integrity of the crime scene and any investigation.

A sample report was reviewed by the auditor for an incident of alleged sexual abuse. In the report, staff documented their efforts to maintain the preservation of evidence as noted in the provisions of this standard and in policy.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that if the first staff responder is not a security staff member, the responder shall be required to request that they alleged victim not take any actions that could destroy physical evidence and notify security staff.

Policy also states that while in the Health Services Department, and if the abuse occurred within a period that allows for collection of physical evidence, responding staff shall to the best

of their ability, request that the victim 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.

If the abuse occurred within a period that allows for collection of physical evidence and when the alleged abuser is an inmate, 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.

Staff are all provided, and the auditor saw while on-site, a First Responder Duty card to add to their ID. It states:

A has a zero tolerance for all forms of sexual abuse and sexual harassment.

FIRST RESPONDER DUTIES:

- *Separate the alleged victim and abuser (ordinarily the victim should not be placed in segregation/restrictive housing).*
- *Preserve and protect the crime scene until steps can be taken to collect evidence.*
- *If the abuse occurred within a period that still allows for the collection of physical evidence, request the alleged victim not take any actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating).*
- *Ensure the alleged abuser does not take any of the above actions that could destroy physical evidence.*
- *Immediately notify your supervisor and medical and mental health practitioners.*

Confidentiality must be maintained, apart from reporting to designated supervisors or officials.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist

Policy 14-02 *Sexual Abuse Prevention and Response*

First Responder Cards

PREA Training Acknowledgments

Note/Memo stating that the facility had no incidents reported in the past twelve (12 months)

Policy Change Notice, 14-2

Interviews with Random Staff

Interview with PCM

Sample Report

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that each facility will establish a SART which includes the following positions:

- PREA Compliance Manager and/or Administrative Duty Officer
- Security Representative
- Medical Representative
- Mental Health Representative
- Victim Services Coordinator

The SART responsibilities shall include the following:

- Conducting the Post Incident Review and Completing the 14-2F Incident Review Report
- Serving on the facility multi-disciplinary team responsible for developing treatment plans for Transgender inmates/detainees
- Ensuring policy and procedures are enforced to enhance inmate safety; and
- Participating in the development of practices and/or procedures that encourage prevention of sexual abuse and enhance compliance with PREA National Standards.

Further, policy states that any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse shall ensure that the following actions are accomplished:

- The alleged victim is kept safe, has no contact with the alleged perpetrator, and is immediately escorted to the Health Services Department.
- While in the Health Services, employees shall, to the best of their ability, ensure that that the victim does not wash, shower, remove clothing use the restroom facilities, eat,

drink, smoke or brush his/her teeth. The highest-ranking authority on-site is immediately notified and will further ensure to protect the safety of the victim and the integrity of the crime scene and any investigation.

- The highest-ranking authority onsite is immediately notified and will further ensure to protect the safety of the victim and the integrity of the crime scene and any investigation.
- When the alleged perpetrator is an inmate/detainee, he/she is secured in a single cell in the event evidence collection is required.
- All acquired information concerning the allegation is kept confidential.
- An incident statement is written in accordance with the CoreCivic Policy 5-1C.

Policy then further goes on to describe, in detail, all processes that would follow, to include but not limited to preserving evidence; notifications; scene preservations; notifications if this occurred at another location; steps in the event an employee was involved; review team; administrative and criminal investigations; roles with an investigating entity; and advocacy.

In the response plan, the Sexual Abuse Incident Check Sheet, form 14-2C is included. This is used at the initiation of any incident allegation that may occur and ensures that all steps in the plan are carried out in a timely manner.

A memo dated July 1, 2019, was reviewed in which the Warden and PCM outline the Sexual Abuse Response Team (SART) process and people involved. This was provided to all facility staff.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Interview with CoreCivic Vice President, Operations Administration
Memo designating Sexual Abuse Response Team
MOU with Estancia Police Department
MOU with Rape Crisis Center

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a) (b) Policy 14-02 *Sexual Abuse Prevention and Response* states that neither CoreCivic nor any other entity responsible for collective bargaining on CoreCivic's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the company's ability to remove alleged employee sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Nothing in this requirement shall restrict entering into or renewal of agreements that govern:

- The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions outlined above in Q.2.a-c. and a preponderance of the evidence in determining whether sexual abuse or sexual harassment are substantiated.
- Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the employees personnel file following a determination that the allegation of sexual abuse is not substantiated.

During an interview with the CoreCivic Vice President, Operations Administration, he stated that CoreCivic as an agency has entered into and/or renewed collective bargaining agreements since August 20, 2012. The agreements permit CoreCivic to remove alleged staff sexual abusers from contact with an inmate pending an investigation of disciplinary action. Torrance County Detention Facility is not subject to collective bargaining.

The facility provided the auditor with a memo which states that Torrance County Detention Facility is not subject to collective bargaining.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Interview with CoreCivic Vice President, Operations Administration
Memo

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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*)

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmates 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 or staff.

(b) Policy 14-2 states that ADO staff or the Warden will determine, on a case by case basis, whether or not placement of a staff member in a non-contact role with the victim or/other inmates is warranted. This determination will take into account the gravity and credibility of the allegations.

The facility shall employ multiple protection measures to monitor retaliation against inmates including but limited to: housing changes or transfers for inmate victims or abusers; removal of alleged staff or inmate abusers from contact with victims; emotional support services for inmates who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations; periodic status checks; and monitoring disciplinary reports, housing or program changes.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* 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 inmates who reported sexual abuse and inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by inmates or staff. Monitoring shall be documented on the 14-2D or contracting agency equivalent form.

Policy also stated that they facility shall employ multiple protection measures to monitor retaliation against inmates including but are not limited to: housing changes or transfers for inmate victims or abusers; removal of alleged staff or inmate abusers from contact with victims; emotional support services for inmate who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations; periodic status checks; and monitoring disciplinary reports, housing or programming changes.

In the past twelve (12) months, there has been zero incidents of retaliation occurring at this facility, according to the PAQ.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that this shall include periodic status checks of inmates/detainees and review of relevant documentation. In addition, the facility shall continue such retaliation monitoring beyond 90 days if the initial monitoring indicates a continuing need.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states the PCM will ensure any other individual who cooperate with an investigation and expresses fear of retaliation is protected from retaliation.

During an interview with the CoreCivic Vice President, Operations Administration, he stated that for both inmates and staff who have reported allegation of sexual abuse, we provide monitoring on a 30/60/90-day period, longer if needed, to ensure no retaliation has occurred. These reviews are documented on an attachment to our 14-2 policy. The review takes 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. These reviews also prohibit retaliation for any reason, and we include this expectation in training with staff. Any violations are acted upon accordingly. For those who cooperate and express a fear of retaliation, our policies and practices prohibit retaliation for any reason, and we include the expectation in training with staff. Any violations are acted upon accordingly.

During the audit cycle, the facility has not had a staff member accused of sexual abuse and/or sexual misconduct.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Blank form, PREA Retaliation report monitoring
Memo, indicating staff who will conduct all monitoring and process
5-1A Incident Report
MOU for Emotional Support Services for Inmate
30/60/90 Day Retaliation Monitoring Report
Interview with CoreCivic Vice President, Operations Administration
Interview with Random Staff
Interview with PCM

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available means of separation from likely abusers. If the facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary segregated housing for less than twenty-four (24) hours while completing the assessment.

Policy 14-02 *Sexual Abuse Prevention and Response* states that inmate/detainees placed in segregated housing for this purpose shall have access to programs, privileges, education, or work opportunities to the extent possible. If access to programs, 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 reasons for such limitations.

In addition, Policy 14-02 *Sexual Abuse Prevention and Response* states that segregated 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 thirty (30) days. If involuntary segregated housing is warranted as outlined above, documentation of such action shall clearly specify: the basis for the facilities concern for the inmate safety and the reason why no alternative means of separation can be arranged.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* 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 facility advised the auditor that the facility has had no inmates placed in involuntary segregated housing for high risk of sexual victimization within the last twelve (12) months.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (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*)

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that it is CoreCivics policy to aggressively investigate all allegations, regardless of the source, and prosecute those who are involved in incidents of sexual abuse.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* 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 (1) 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 (e.g.) leave, paid time off, sickness, offsite training, etc.) from work.

Specialized training includes techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Policy 14-02 *Sexual Abuse Prevention and Response* also states that it is Core Civics policy to aggressively investigate all allegations, regardless of the source, and prosecute those who are involved in incidents of sexual abuse.

The facility provided a Certificate of Completion for the two (2) assigned facility investigators. The certificate is from a training entitled *PREA: Investigating Sexual Abuse in a Confinement Setting* which was delivered online through the National Institute of Corrections. In addition, CoreCivic held a webinar training entitle *PREA Update, Investigation Standards and Required Specialty Training*. Each of the staff members also seem to have taken this class as well, as evidenced by the sign in attendance roster.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that investigators shall gather and preserves direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Policy also states that documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with facility record retention policies.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states 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.

The curriculum for each of the two trainings was provided and reviewed by the auditor (through CoreCivic and the National Institute of Corrections) and each training included the requirements of the standard and Policy 14-02: Techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, Sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

(e) Policy 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 persons status as inmate or staff. No agency shall require an inmate who alleged sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states that investigators will detail in the report any testimonial evidence, reasoning behind credibility assessments, investigative findings and whether actions and/or failures of staff to act contributed to the incident, including an explanation as to what determined the outcome.

The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations shall be documented on the 5-1G Incident Investigation Report via the IRD and shall detail the following components:

- Investigative facts
- Physical evidence
- Testimonial evidence
- Reasoning behind credibility assessments (credibility shall be assessed on an individual basis and shall not be determined by the person's status as an inmate/detainee or employee.

(g) TCDF does not conduct criminal investigations. Any criminal reports would be written by outside law enforcement.

Policy 14-02 *Sexual Abuse Prevention and Response* states that the PCM, Warden/Facility Administrator or designee shall immediately report all allegations of rape, sexual assault, or employee on inmate/detainee sexual misconduct to state or local law enforcement agencies for criminal investigation if the allegation (if proven true) would be considered a criminal act under federal, state, or local law.

(h) TCDF does not conduct criminal investigations. Any criminal reports would be written by outside law enforcement and subsequently referred for prosecution by the law enforcement agency. CoreCivic and the facility will, however, cooperate in any way possible through this process.

(i) Policy 14-02 *Sexual Abuse Prevention and Response* states that all case records 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 1-15 *Retention of Records*.

CoreCivic Policy 1-15 *Retention of Records* states that 115 B Records Retention Schedule will be utilized to determine the retention period of company records. Records stored electronically are subject to the same retention period and procedures as documents stored in non-electronic forms. On the Schedule it stated that 5-1 Incident Packets and Aggregated PREA Sexual Abuse data shall be retained for ten (10) years. In addition, PREA investigative files and written reports to be retained if the alleged abuser is incarcerated or employed plus five (5) years.

(k) Policy 14-02 *Sexual Abuse Prevention and Response* states that investigations conducted by a facility employee for allegations of sexual abuse will be handled in accordance with the Code of Federal Regulation, title 28, part 115.21, Evidence Protocol and Forensic Medical Examinations, as outlined below. If the facility is not responsible for investigating such allegations, the facility shall request that the responsible outside agency or entity comply with these requirements:

- The investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

(l) Policy 14-02 *Sexual Abuse Prevention and Response* states that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Torrance County Detention Facility does not conduct criminal investigations. The facility has an MOU with Estancia Police Department which indicates that the investigating agency is aware of the requirements of this standard.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist

Policy 14-02 *Sexual Abuse Prevention and Response*
Policy 5-1, Incident Reporting
Investigations Training
Investigations Records
Investigation Samples
Policy 1-15 Retention of Records
51-G Investigation Report
5-1A Administrative Investigation
MOU

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states in any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize the preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place.

A PowerPoint Training excerpt was shown to the auditor from the PREA Resource Center which stated "the criteria for administrative action are determined by individual agencies. However, the Standards required that agencies set the bar no higher than requiring the preponderance of the evidence to substantiate an allegation for administrative action, which would mean that more than 50% of the evidence supports the allegation.

A memo was provided to the auditor which stated that TCDF imposes no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 Sexual Abuse Prevention and Response
5-1A Incident Report with 5-1G Investigative Report
Investigations Training curriculum from NCICS
National PREA Resource Center Notification of Curriculum Utilization
Investigation
Memo – Preponderance of Evidence

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the 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*)

Instructions for Overall Compliance Determination Narrative

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

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that following an investigation into an inmate's allegation that he/she suffered sexual abuse at the facility, the inmate 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.

In the past twelve (12) months, there were two (2) investigations of alleged inmate sexual abuse completed.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that following an investigation into an inmate's allegation that he/she suffered sexual abuse at the facility, the inmate 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 he inmate.

In the past twelve (12) months, there were two (2) investigations of alleged inmate sexual abuse completed.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that following an inmate's allegation that an employee has committed sexual abuse against the inmate the facility shall subsequently inform the inmate (unless the facility has determined that they allegation is unfounded) whenever:

- (1) The employees no longer posted within the inmate's unit as a result of the finding of the investigation;
- (2) The employee is no longer employed at the facility as a result of the investigation;
- (3) The facility learns that the employee has been indicted on a charge related to sexual abuse within the facility; or
- (4) The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that following an inmate's allegation that he/she has been sexually abused by another inmate, the facility shall subsequently inform the alleged victim whenever:

1. The facility learns that the alleged abuser has been indicted in a charge related to sexual abuse within the facility; or
2. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

In the past twelve (12) months, according to the PAQ, there have been two (2) notifications to inmates provided.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states all inmates/inmate notifications or attempted notifications shall be documented on the 14-2-E Inmate Allegation Status Notification. The inmate shall sign the 4-2 -E, verifying that such notification has been received. The signed 14-2-e shall be filed in the inmate's institutional file.

In the past twelve (12) months, according to the PAQ, there have been two (2) notifications to inmates provided.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states the facilities obligation to notify the inmate as outlined in the section shall terminate if the inmate is released from CoreCivic's custody.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Interview with PC
Interview with PCM
Interview with Director
Inmate PREA Allegation Status Notification, 14-2E- Substantiated
Inmate PREA Allegation Status Notification, 14-2E- Unsubstantiated
Inmate PREA Allegation Status Notification, 14-2E- Unfounded

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with

the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse.

TCDF has not had any staff disciplined for violating sexual abuse or sexual harassment policies within the past twelve (12) months.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse.

In the past twelve (12) months, according to the PAQ, there have been zero (0) staff members who have been terminated, disciplined or reported to law enforcement for violating agency sexual abuse or sexual harassment policies.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that disciplinary sanctions for violations of CoreCivic policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories.

In the past twelve (12) months, according to the PAQ, there have been zero (0) staff members who have been terminated, disciplined or reported to law enforcement for violating agency sexual abuse or sexual harassment policies.

(d)) Policy 14-02 *Sexual Abuse Prevention and Response* states that all terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past twelve (12) months, according to the PAQ, there have been zero (0) staff members who have been terminated, disciplined or reported to law enforcement for violating agency sexual abuse or sexual harassment policies.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Code of Ethics
Investigation with Staff discipline
Reports to law enforcement

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past twelve (12) months, according to the PAQ, there have been zero contracted staff members who have been terminated or reported to law enforcement for violating agency sexual abuse or sexual harassment policies.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that any other violation of sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with inmates and removal from facility.

Policy 22-1, *Volunteer Services and Management* states that volunteers are expected to abide by CoreCivic and applicable contracting government agencies policy, procedures, regulations and prevailing law. Failure to do so may result in immediate termination or removal from the Volunteer Rosters. Relationships that are beyond or outside the scope of the approved volunteer service being provided by the volunteer constitute grounds for immediate termination or removal from the volunteer roster. Termination and/or removal from volunteer services and the volunteer roster may result from any violation of the Volunteer Code of Ethics or Volunteer Dress Code and/or the facility's published dress codes and conduct restrictions at the discretion of the Warden.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Policy 14-02 *Sexual Abuse Prevention and Response*

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

- 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*)

Instructions for Overall Compliance Determination Narrative

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

a) Policy 14-02 *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engages in inmate-on-inmate abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Policy also states that because the burden of proof is substantially easier to prove in an inmates/detainees disciplinary case than in a criminal prosecution, an inmate/detainee may be institutionally disciplined even through law enforcement officials decline to prosecute.

In the past twelve (12) months, there have been no administrative findings or criminal findings of guilt on inmate-on-inmate abuse that have occurred at this facility, according to the PAQ.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that sanctions shall be 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.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.

In addition, Policy 15-2, *Disciplinary Procedures* states that if the inmate has been diagnosed as having a psychiatric illness, he Warden/Administrator and the responsible physician or their

designee will be consulted prior to the disciplinary measures recommended by the Hearing Officer or Disciplinary Board being taken.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that an inmate may be disciplined for sexual conduct with an employee only upon finding that the employee did not consent to such contact.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that inmates who deliberately allege false claims of sexual abuse can be disciplined. For the purposes of disciplinary action, a report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

In the past twelve (12) months, there have been no inmates that received disciplinary action for falsified reports of sexual abuse.

(g) Policy 14-02 *Sexual Abuse Prevention and Response* states that sexual activity between inmates/detainees or employees/civilians/contractors and inmates/detainees regardless of consensual status, is strictly prohibited and subject to administrative and criminal disciplinary sanctions.

Policy further 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.

Policy 15-1 indicates that charge number twenty (20), sexual misconduct, is the above outlined behavior. The charge states that Sexual misconduct includes but is not limited to the following acts: taking part in sex act(s) where all parties agree to take part; exposing the genitals or buttocks to an employee or visitor; and/or, masturbation where an employee, visitor or other inmate can see the act.

Policy 5-2 states that all alleged violations of CoreCivic rules are to be dealt with through established policies and procedures to verify that due process rights are afforded to the inmate and that the penalty imposed will be fair, impartially given and appropriate to the offense.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Policy 15-1 *Offense and Penalty Code*

Policy 15-2 *Disciplinary Procedures*
Incident report
Memo/Note
Staff interviews

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (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*)

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-2 *Sexual Abuse Prevention and Response* states that screening shall include interview questions and a review of the inmate's institutional file. Prior convictions of this type will also be considered.

Policy 13-61 *Mental Health Services* states that an initial mental health screening will be performed on all inmate patients during intake. To identify any obvious mental health needs.

(b) Policy 14-2 *Sexual Abuse Prevention and Response* states that screening shall include interview questions and a review of the inmate's institutional file. Prior convictions of this type will also be considered.

Policy 13-61 *Mental Health Services* states that mental health appraisals will be conducted by a QMHP within fourteen (14) days of admission to the facility.

(c) Policy 14-2 *Sexual Abuse Prevention and Response* states that screening shall include interview questions and a review of the inmate's institutional file. Prior convictions of this type will also be considered.

(d) Policy 14-2 *Sexual Abuse Prevention and Response* states that all information concerning an event of inmate/detainee sexual abuse or sexual harassment is to be treated as confidential. Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in this policy, to make treatment, investigation, and other security and management decisions. This information should never be shared with other inmates/detainees.

Policy also states that patient inmate information, whether in the form of the documentary medical record, computerized data, or as information known to a member of the Health Services staff, is strictly confidential and may be disclosed only to those who are responsible for the patient inmate's care or who have a legitimate interest in the patient inmate's medical history.

With the exception of QHCP, staff shall have access to patient inmate information on a need-to-know basis, and clinicians may abstract patient inmate information for consultants to whom they refer patient inmates.

Policy 13-74, *Privacy of Protected Health Information* thoroughly outlines all staff who may have access to protected health information and the process of consent to release any information.

(e) Policy 13-74, *Privacy of Protected Health Information* thoroughly outlines all staff who may have access to protected health information and the process of consent to release any information. Further it states that an authorization from the patient is required for use and disclosure of PHI for all individuals not outlined in the policy as having access.

CoreCivic and TCDF Policy 14-2 *Sexual Abuse Prevention and Response* states that treatment services shall be 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.

TCDF has not had any medical or mental health practitioners report information about prior sexual victimization within the past twelve (12) months. No informed consent was required during this time period.

During the file selection, the auditor found 4 of the screenings from the inmate file selection where the inmate indicated that they were a prior victim of sexual abuse. When asked for documentation that the inmate was offered a medical follow up meeting, the facility was unable to produce and indicated that sometimes this is done by call or email. After the on-site visit, the facility forwarded to the auditor various emails and documents demonstrating that the inmates were offered follow up and that medical and mental health were notified and in addition, notes from these visits. While the facility demonstrated compliance, the auditor recommends that the facility develop a clear and consistent process and re-train staff of the new process to help prevent an individual from not being offered this, as required.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Policy 13-58 *Medical Records*
Policy 13-61 *Mental Health Services*
Policy 1374 *Privacy of Protected Health Information*
14-2 Screening Tool
13-50 A Initial Intake Screening

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-2 *Sexual Abuse Prevention and Response* states that inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis interventions services, the nature and scope of which shall be determined by community medical and mental health practitioners according to their professional judgment.

Policy 14-02 *Sexual Abuse Prevention and Response* states in the Response Procedures Sections that any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished:

- a. The alleged victim is kept safe, has no contact with the alleged perpetrator and is immediately escorted to the Health Services Department.

Policy 13-79 *Sexual Assault Response* states that upon receiving a notice of an alleged RAPE that occurred within the previous seventy-two (72) hours, QHCP will examine the patient inmate utilizing the protocol and will arrange for the patient inmate to be transported to the local, designated Emergency Room (ER) for examination, evidence collection, and prophylaxis treatment for sexually transmitted diseases.

Beyond the seventy-two (72) hours, physical trauma is evident, the patient inmate will be transported to the local designated emergency room, in accordance with the procedures outlined above.

Policy 13-79 *Sexual Assault Response* states that patient inmate victims of sexual abuse shall be offered testing for sexually transmitted infections and 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. Patient inmate victims of sexually abusive vaginal penetration will be offered pregnancy tests.

TCDF has qualified medical staff on site twenty-four (24) hours per day.

(b) Policy 14-2 *Sexual Abuse Prevention and Response* states if the facility does not have qualified medical or mental health practitioners on staff, security first responders shall take preliminary steps to protect the victim.

Policy 13-79 *Sexual Assault Response* states that upon receiving a notice of an alleged rape that occurred within the previous seventy-two (72) hours, QHCP will examine the patient inmate utilizing the protocol and will arrange for the patient inmate to be transported to the local, designated Emergency Room (ER) for examination, evidence collection, and prophylaxis treatment for sexually transmitted diseases.

TCDF has qualified medical staff on site twenty-four (24) hours per day.

(c) Policy 14-2 *Sexual Abuse Prevention and Response* states that inmate victims of sexual abuse shall be offered timely information about and referral for timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

Policy 13-79 *Sexual Assault Response* states that upon receiving a notice of an alleged rape that occurred within the previous seventy-two (72) hours, QHCP will examine the patient inmate utilizing the protocol and will arrange for the patient inmate to be transported to the local, designated Emergency Room (ER) for examination, evidence collection, and prophylaxis treatment for sexually transmitted diseases.

(d) Policy 14-2 *Sexual Abuse Prevention and Response* states that treatment services shall be 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.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Policy 13-79 *Sexual Assault Response*
Investigation sample

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *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*)

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that the Health Services Department shall provide services in accordance with CoreCivic policy 13-79 *Sexual Assault Responses*, unless otherwise mandated by contract.

Policy 13-79 *Sexual Assault Response* states that upon receiving notice of an alleged RAPE that occurred within the previous seventy-two (72) hours, QHCP will examine the patient inmate utilizing the 13-79A Rape/Sexual Assault Protocol and will arrange for the patient inmate to be transported to the local designated Emergency Room (ER) for examination, evidence collection, and prophylaxis treatment for sexually transmitted disease. If physical trauma is evident for an incident beyond the seventy-two (72) hours, the patient inmate will be transported to the local designated emergency room, in accordance with the procedures outlined above.

Further, Policy 14-02 *Sexual Abuse Prevention and Response* states that all patient inmates who allege rape or sexual assault will be offered access to confidential support services as specified in CoreCivic Policy 14-2 *Sexual Abuse Prevention and Response*.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that the medical representative will in cases of sexual abuse, ensure that the facility's medical staff respond appropriately in medically stabilizing an alleged victim before assessment by a community medical provider, if medically indicated; and address any ongoing medical care needs following the incident. In addition, the mental health representative will ensure mental health needs are addressed according to policy and local procedure.

Policy 13-79 *Sexual Assault Response* states that upon receiving notice of an alleged RAPE that occurred within the previous seventy-two (72) hours, QHCP will examine the patient inmate utilizing the 13-79A Rape/Sexual Assault Protocol and will arrange for the patient inmate to be transported to the local designated Emergency Room (ER) for examination, evidence collection, and prophylaxis treatment for sexually transmitted disease. If physical trauma is evident for an incident beyond the seventy-two (72) hours, the patient inmate will be transported to the local designated emergency room, in accordance with the procedures outlined above.

Policy 14-02 *Sexual Abuse Prevention and Response* further states that the evaluation and treatment of victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following transfer to, or placement in, other facilities or release from custody.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that the medical representative will in cases of sexual abuse, ensure that the facility's medical staff respond appropriately in medically stabilizing an alleged victim before assessment by a community

medical provider, if medically indicated; and address any ongoing medical care needs following the incident. In addition, the mental health representative will ensure mental health needs are addressed according to policy and local procedure.

Policy 13-79 *Sexual Assault Response* states that upon receiving notice of an alleged RAPE that occurred within the previous seventy-two hours, QHCP will examine the patient inmate utilizing the 13-79A Rape/Sexual Assault Protocol and will arrange for the patient inmate to be transported to the local designated Emergency Room (ER) for examination, evidence collection, and prophylaxis treatment for sexually transmitted disease. If physical trauma is evident for an incident beyond the seventy-two (72) hours, the patient inmate will be transported to the local designated emergency room, in accordance with the procedures outlined above.

(d) Policy 13-79 *Sexual Assault Response* states that patient inmate victims of sexual shall be offered testing for sexually transmitted infections and 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. Patient inmate victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the inmate tests positive for pregnancy, the patient inmate will be provided information regarding lawful pregnancy-related services in a timely manner.

CoreCivic and TCDF Policy 14-2 *Sexual Abuse Prevention and Response* states that inmate victims of sexually abusive vaginal penetration while incarcerated shall be referred for pregnancy tests. If pregnancy results, victims shall receive timely and comprehensive information and access, to all lawful pregnancy-related medical services.

(e) Policy 14-2 *Sexual Abuse Prevention and Response* states that inmate victims of sexually abusive vaginal penetration while incarcerated shall be referred for pregnancy tests. If pregnancy results, victims shall receive timely and comprehensive information and access, to all lawful pregnancy-related medical services.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmate victims of sexual abuse while incarcerated shall be referred for tests for sexually transmitted infections as medically appropriate.

Policy 13-79 *Sexual Assault Response* states that patient inmate victims of sexual abuse shall be offered testing for sexually transmitted infections and 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. Patient inmate victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the inmate tests positive for pregnancy, the patient inmate will be provided information regarding lawful pregnancy-related services in a timely manner.

(g) Policy 14-02 *Sexual Abuse Prevention and Response* states that treatment services shall be 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.

(h) Policy 14-02 *Sexual Abuse Prevention and Response* states that the facility shall attempt to refer all known inmate-on-inmate abusers for a mental health evaluation within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Policy 14-02 *Sexual Abuse Prevention and Response* states that QMHP shall attempt to conduct a mental health evaluation of all know inmate on inmate abusers within sixty (60) days of learning of such abuse history and offer treatment deemed appropriate. If the inmate refuses a mental health evaluation, the refusal will be documented on the 13-49B Refusal to Accept Medical Treatment and placed in the medical record.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Policy 13-79 Sexual Assault Response
Attempts at MOU with Center for Community Solutions
Advocacy Pamphlet, English and Spanish
Policy Change Notice
5-1A Incident Report
14-2B Sexual Abuse Screening Tool
Medical and Mental Health Follow Up
Sexually Transmitted Disease Testing

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* 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.

In the past twelve (12) months, the PAQ indicated that there have been two (2) administrative investigations of alleged sexual abuse completed at the facility, excluding 'unfounded' incidents.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that an incident review team will review the incident within thirty (30) days of the conclusion of the investigation.

Policy 14-02 *Sexual Abuse Prevention and Response* states that the incident review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
2. 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;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts; and
5. Assess whether monitoring technology

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that in addition to the administrator/director, the incident review team shall include upper-level facility management, with input from line supervisors, investigators and medical or mental health practitioners.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that the incident review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
2. 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;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts; and
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Further, policy states that all findings and recommendations for improvement will be documented on the 14-2-F Sexual Abuse Incident Review Report. Completed forms will be forwarded to the Administrator/Director, the PCM, and the FSC PREA Compliance Coordinator/designee.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states that the facility shall implement the recommendations for improvement or shall document reasons for not doing so.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Sexual Abuse or Assault Incident Review Form
Interview with PREA Coordinator
14-2F Sexual Abuse Incident Review Report
5-1H Incident Packet Checklist
Interview with Incident Review Team Member
Interview with PREA Compliance Manager
Investigation Sample
SART meeting minutes from January 2019

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a) Policy 14-02 *Sexual Abuse Prevention and Response* 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 and 5-1BB.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that the incident based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. Upon requests, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or at a date requested by the Department.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that the incident based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. Upon requests, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or at a date requested by the Department.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* 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.

All case records associated with claims of sexual abuse, including incident reports, investigative reports, inmate information, case disposition, medical and counseling evaluation findings, and recommendations for post release and/or counseling shall be retained in accordance with the CoreCivic Policy 1-15, Retention of Records.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states that the incident based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. Upon requests, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or at a date requested by the Department.

The annual reports for 2019 and 2020 were reviewed by the auditor and met the requirements of this standard.

The SSV was provided and completed each year, as required.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Policy 14-02 *Sexual Abuse Prevention and Response*
CoreCivic 2019 and 2020 Annual PREA Report
Survey of Sexual Victimization
2013-2018 Annual Reports
CoreCivic Records Retention Schedule
5-1 Incident Report PREA Definitions

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

a) Policy 14-02 *Sexual Abuse Prevention and Response* states 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, detections and response policies, practices and training, to include Identifying problem areas and taking corrective action on an ongoing basis.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states 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 data and corrective actions with those from prior years and shall provide an assessment of CoreCivic's progress in addressing sexual abuse.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states 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 data and corrective actions with those from prior years and shall provide an assessment of CoreCivic's progress in addressing sexual abuse.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states 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.

During an interview with CoreCivic Vice President, Operations Administration, he stated he reviews and approves annual reports written as per this standard. Further, he stated that PREA data is reviewed on a daily, monthly, and annual basis. Incident data is provided daily to select FSC 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.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Policy 14-02 *Sexual Abuse Prevention and Response*
CoreCivic 2019 Annual PREA Report
CoreCivic 2020 Annual PREA Report
CoreCivic Public Website
Interview with CoreCivic Vice President, Operations Administration

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least

annually through its website or, if it does not have one, through other means? Yes
 No

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

a) Policy 14-02 *Sexual Abuse Prevention and Response* states that 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 1-15 Retention of Records.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that the FSC PREA Coordinator shall make all aggregated sexual abuse data available to the public at least annually through the CoreCivic website.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers.

(d) The records retention schedule, 1-15B states that aggregated PREA Sexual Abuse data pursuant to 115.847 for at least ten (10) years after the date of the initial collection unless Federal, State or local law requires otherwise.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
CoreCivic 2019 Annual PREA Report
CoreCivic 2020 Annual PREA Report
CoreCivic Public Website
Records Retention Schedule, 1-15B

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with 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*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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*)

Instructions for Overall Compliance Determination Narrative

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

All information for CoreCivic PREA related topics is located at:

<http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

This includes all prior audits, CoreCivic Policies, reporting information for inmates and their families and friends, the final standards, inmate and detainee rights, zero tolerance, investigations, and all previous agency reports from 2013-2021.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Jillian Shane

December 23, 2021

Auditor Signature

Date

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

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