

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

Interim Final

Date of Report January 23, 2021

Auditor Information

Name: Jillian Shane	Email: Click or tap here to enter text.
Company Name: A & S Correctional Consulting	
Mailing Address: PO BOX 15376	City, State, Zip: Rio Rancho, NM 87174
Telephone: Click or tap here to enter text.	Date of Facility Visit: May 9-12, 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: 5501 Virginia Way, Suite 110	City, State, Zip: Brentwood, TN 37027		
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information:	www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea		

Agency Chief Executive Officer

Name: Damon Hininger	
Email: damon.hininger@corecivic.com	Telephone: 615-263-330

Agency-Wide PREA Coordinator

Name: Eric Pierson	
Email: eric.pierson@corecivic.com	Telephone: 615-263-6915
PREA Coordinator Reports to: Steven Conroy, VP, Operations Administration	Number of Compliance Managers who report to the PREA Coordinator 65 (indirect)

Facility Information

Name of Facility: Cibola County Correctional Center

2000 Cibola Loop

City, State, Zip: Milan, NM 87021

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: <https://www.corecivic.com/facilities>

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

N HC

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:
American Correctional Association, CoreCivic Operational Audit

Warden/Jail Administrator/Sheriff/Director

Name: Mark Foreman

Email: mark.foreman@corecivic.com

Telephone: 505-285-4900

Facility PREA Compliance Manager

Name: Bryien Anderson

Email: bryien.anderson@corecivic.com

Telephone: 505-285-4900

Facility Health Service Administrator N/A

Name: Elizabeth Caraveo

Email: Elizabeth.Caraveo@corecivic.com

Telephone: 505-285-4900

Facility Characteristics

Designated Facility Capacity:	1186	
Current Population of Facility:	839	
Average daily population for the past 12 months:	749	
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:	19-72+	
Average length of stay or time under supervision:	70.41 days	
Facility security levels/inmate custody levels:	Minimum, medium, maximum	
Number of inmates admitted to facility during the past 12 months:	3,088	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	900	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1969	
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	
<p>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):</p>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" 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:	165	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	90
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	9
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	22
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0
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>	2
<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>	33
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	8
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	60
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)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Where are sexual assault forensic medical exams provided? Select all that apply.	<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

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:	Click or tap here to enter text.
--	--

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

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<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

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?	2
--	---

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

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A
---	--

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input checked="" 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.)

Audit Findings

Audit Narrative

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

Cibola County Correctional Center, owned and operated by CoreCivic, is located at 2000 Cibola Loop, Milan, New Mexico. The current capacity was 1055 beds for housing adult male and female population consisting of Immigration and Customs Enforcement (ICE-462), United States Marshal Services (USMS Female: 38/Male: 431) and Cibola County Jail Inmates (Female: 25/Male: 99).

The pre-onsite audit preparation included a review of the CoreCivic (agency and facility) policies, procedures, training curriculums, pre-audit questionnaire and supporting PREA-related documentation provided by the agency to demonstrate compliance of the PREA Standards and certification process. The facility posted the notice of audit with the auditor information six weeks prior to the audit in both English and Spanish for inmates to send confidential information or correspondence to the auditor. Inmates are allowed to write the auditor in a confidential manner marked as legal mail. The notices were posted throughout the facility to include visitation, housing units, restrictive housing, and for inmates with disabilities. Pictures of the postings were forwarded to the auditor, and the auditor viewed these posting during the subsequent visits.

On March 3, 2022, the auditor sent an email to the facility as an introduction and, in addition a follow-up phone call was made to the facility point of contact (the PCM at that time) to discuss

the audit process. Most of the requested information was provided to the auditor prior to this email through a secured website by the PREA Director for CoreCivic. The email stated:

I would like to start by saying hello and that I am looking forward to the audit visit of your facility. As I begin to review documentation that will be sent to me I will send a few emails for clarification or asking for documents that I know I will want/need to ensure compliance. As I ask for documents, I may ask for you to email to me or some I may ask you to print and having waited for me when I arrive. Also, please label with what I asked, as I will forget if they are sent in multiple emails or if they are waiting for me there.

As you post the audit notices in your facility, can you please send me a list of all areas where this is posted and pictures of the postings and let me know they date these were posted?

Are you and your Executive management going to want to do in-briefs and out-briefs daily? I know many facilities differ, so I just wanted to check. Also, with social distancing I know that this will look different this audit as opposed to others.

Also, please have the following information available during the on-site PREA Audit:

- * Roster of staff working during all shifts (will interview random staff on all three shifts)
- * Two Inmate rosters (random inmate interviews and file reviews)
- * ALL PREA allegations in the past 12 months
- * List of all inmates that are Disabled and limited English proficient
- * List of all inmates that are Transgender/Intersex inmates; gay/bisexual
- * List of all inmates that are Inmates in segregated housing (for risk of sexual victimization) if applicable
- * List of all inmates that are Inmates who reported a sexual abuse (please have the outcome handy so auditors are aware of situation prior to interview)
- * List of all inmates that are Inmates who disclosed sexual victimization during risk screening

I will need to interview the following individuals. You may set up interviews for any time while I am onsite, or provide me with a list of those who fit this role who will be onsite during the audit. If someone is not available, please coordinate a time to conduct a telephonic interview prior to the audit. I will need a private area to conduct staff and inmate interviews, where other staff and inmates cannot overhear the conversations.

Staff:

- * Superintendent/Warden
- * PREA Compliance Manager
- * Medical staff
- * Mental health staff
- * Human Resources
- * Volunteers AND contractors who have contact with inmates
- * Investigative staff
- * Staff who perform screening for risk of victimization and abusiveness

- * Staff who supervise inmates in segregated housing
- * Staff on the Incident Review Team
- * Designated staff member charged with monitoring for retaliation
- * First responders, both security and non-security
- * Intake staff

Inmate:

- * Disabled and limited English proficient
- * Transgender/Intersex inmates; gay/bisexual
- * Inmates in segregated housing (for risk of sexual victimization) if applicable
- * Inmates who reported a sexual abuse (please have the outcome handy so auditors are aware of situation prior to interview)
- * Inmates who disclosed sexual victimization during risk screening

I will need the name of a mental health services provider who can provide crisis intervention if necessary, during inmate interviews. We will also need a staff member (if any) who will be available to provide translation services during interviews with limited English proficient inmates.

The first visit to the facility (planned for April (was postponed, due to a sudden change in many of the key staff at the facility to include the PCM and a vacancy in the Warden position. For this reason, the on-site portion of the audit was postponed until June 2022.

The auditor conducted three visits to the facility.

The first visit of Cibola was held on June 14th and 15th, 2022. In the opening meeting, the Warden, PC, Auditor, Program Facilitator, Chief of Security, and Security Contractor were all present for an opening meeting and walk through of the facility.

Introductions were made and the staff in attendance reviewed the process that would occur for the two days at the facility. After the meeting, the Warden, Assistant Warden/PCM, PREA Coordinator and Auditor walked all areas inside the facility and on the exterior of all areas within the fenced/gated area. During the tour, numerous other staff and department heads would escort in their prospective areas and talk of their programs and processes.

A second visit was held on August 31, 2022. During this, a review of the corrective action was conducted, and introductions held as newly hired management staff were present, to include the PC, the auditor, the Interim Warden and a TDY Assistant Warden. The auditor was escorted in the facility to review areas where corrective action was taken (and verify pictures that were sent) and to, check the inmate phone number for reporting.

The tour included but was not limited to:

Library

Visiting

Booking

Chapel

Case Managers/Unit staff offices

Chief of Security Office

Medical

Mental Health

All housing units

Commissary

Kitchen

Laundry

The kitchen had recently added clear doors for their walk-in refrigerators and freezers which provided excellent viewing in these often difficult to see and monitor areas.

The auditor viewed the audit posing in all areas that the facility indicated it was, to include:

Lobby

Employee Breakroom

Employee Time Clock

Recreation Bulletin Boards

Chapel

All Housing Units

Chow Hall

Medical

In addition, in each of these areas, the auditor also noticed PREA information on posters and brochures with an ease of viewing for the population, the ability to see from offender telephones should they wish to call and in areas out of viewing in the event that an offender wished to write down an address or phone number. Information was also seen in areas where visitors would be able to view and where visitation occurs.

During the tour, the auditor attempted phone calls to the reporting mechanisms described from inmate phones in the housing units (please see the applicable standards for further details).

The facility does have twenty-four (24) hour video surveillance with 201 cameras located throughout the property. Monitors for these cameras are located inside the security office and can only be viewed by staff in live mode and on playback with certain staff permissions only. After the tour, all camera angles were reviewed and compared with the facility plans and knowledge of the layout from the tour. No blind spots were identified, and all shower and dress areas had sufficient coverage for privacy for the population while providing for security and safety for staff.

The Auditor was provided rosters (and advised that there when there were none available for characteristics) for the following:

- * Roster of staff working during all shifts
- * Two Inmate rosters
- * ALL PREA allegations in the past 12 months
- * List of all inmates that are disabled and limited English proficient
- * List of all inmates that are Transgender/Intersex inmates; gay/bisexual
- * List of all inmates that are Inmates in segregated housing (for risk of sexual victimization) if applicable
- * List of all inmates that are Inmates who reported a sexual abuse (please have the outcome handy so auditors are aware of situation prior to interview)
- * List of all inmates that are Inmates who disclosed sexual victimization during risk screening

These lists were used to select the inmate files to be reviewed and interviewed as well as the staff files and interviews. Details of the staff and inmates' interviews and files reviews are documented below as they pertain to each standard.

In this report, the words 'inmate', 'inmate', 'participant' and 'detainee' may be used interchangeably. This is due to the differences in languages between this program, the PREA standards themselves, policy, and the various referenced materials.

CoreCivic's Purpose, Mission and Values states:

Our Purpose: Help government better the public good.

Our Mission: We help government better the public good through:

CoreCivic Safety – we operate safe, secure facilities that provide high-quality services and effective reentry programs that enhance public safety.

CoreCivic Community – we deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe.

CoreCivic Properties – we offer innovative and flexible real estate solutions that provide value to government and the people they serve.

Our Values:

P: pride

R: respect

I: integrity

D: duty

E: excellence

On the second visit, the auditor was provided five additional investigation files for review with standards 115.21, 115.22, 115.34, 115.62, 115.63, 115.64, 115.65, 115.67, 116.68, 115.71, 115.72, 115.73, 115.77, 115.78, 115.82, and 115.83. The facility investigator was currently not working in the facility and, in turn, many of the steps relating to these processes were not being completed. For corrective action, as deleted in the chart below, the auditor recommended that additional staff are trained and that a review of all previous cases in the past six month be completed to ensure that all process are accurately completed, investigation are thorough, victims receive any information and services to which they are entitled, and that each step is completed as per the PREA standards and policy.

Prior to the first visit, the auditor also reviewed the Agency Mission Statement, the completed Inmate Handbook for Cibola County Correctional Center, daily population reports, a schematic layout of the

Toilet and shower areas had no cameras inside and had curtains which allowed for enough viewing for safety and also privacy for the population. Cameras were in the bedding areas of the dorms and locker areas. The auditor inquired with staff and offenders about changing clothes in these areas. All stated and the offender handbook as well states “you may not be in any state of undress outside of the restroom”.

During the tours, the auditor randomly selected and reviewed strip search logs in the booking areas to ensure compliance and that all are completed and logged.

The auditor conducted a telephonic interview on June 9, 2022 with the on-call SANE nurse at the University of New Mexico (UNM). The SANE nurse stated that all patients from CCCC would be admitted upon arrival for treatment as required and would be processed, treated and served the same as any other patient.

In one of the housing units, the auditor, while speaking to an inmate, asked the inmate to show the use of the kiosk. The inmate logged in and walked through all options on the screen. There was no option for PREA as a separate topic, but the inmate stated that they can ‘email’ any staff directly.

A third visit was conducted on January 19, 2023. This visit was requested by the auditor to complete (and in some instances) re-complete interviews with the newly hired specialized staff in place to include the Warden, the PCM, the investigator, the retaliation monitor, SART staff, and additional unit staff. In addition, inmates and staff were interviewed informally while the auditor was there. The Warden invited the auditor to go on a walk-through of some unit as the ADO staff and new hires were completing inspections. The auditor visited two pods and three housing units during this walk through.

The auditor would like to note the drastic changes that could be seen and felt throughout the facility in regard to sanitation, inmate order, safety, and staff operations. While with the ADO staff, the auditor did speak with numerous inmates and inquired about the new changes. The inmates indicated that it was hard at first but they like the order, rewards for areas which are clean and follow rules, and the consistency from staff. While speaking with line staff while walking around, numerous line staff indicated that while change is hard, it is nice to get back to the basics of security and be supported. Both staff and inmates told the auditor that they feel safer with the new leadership.

The Warden, in addition to being interviewed utilizing the PREA interview protocol, spoke with the auditor about the changes implemented, the inmate accountability and rewards being utilized to maintain control of the facility while increasing safety, and his plan to maintain and still increase safety, staffing, morale and operational understanding throughout the facility. The auditor would like to note, that these positive changes were seen, felt, and observed from the moment the facility was entered; these drastic changes serve to increase the sexually safe culture required as part of compliance but more importantly, safety, sanitation, control and order of the facility overall.

In addition to the facility walkthrough, a total of 31 inmates were both interviewed to include randomly selected inmates, transgender inmates, inmates who were physically disabled, inmates who identified as LGBTI, inmates who reported sexual abuse/harassment and inmates who has been screened as being previous victims of sexual abuse.

Inmate Interviews:

The auditor conducted inmates’ interviews on the various visits at the facility. The PREA auditor handbook specifies that a minimum of 30 inmates’ interviews is required. Based on the first day count, of the first visit of 874 inmate, the auditor is required to interview 15 random inmates and 15 targeted inmates’ interviews. The auditor selected a geographically diverse sample of random inmates for the audit process to include all housing units. The Unit staff facilitated interviews of all inmates in a private setting. The auditor conducted the following number of inmates’ interviews during the onsite phase of the audit. The PREA audit was conducted for the Cibola County and USMS contract only.

Category of Inmates	Number
Random Inmates, Total	20
Targeted Inmates, Total	15
Total Inmates Interviewed	35
Breakdown of Targeted Inmate Interviews:	
Youthful inmates (NA)	
Inmates with physical disability	1
Inmate who are LEP	3
Inmates with a cognitive disability	0
Inmates who identify as lesbian, gay, Transgender, Intersex or bisexual	5
Inmates in segregated housing for high risk of sexual victimization/suffered prior abuse	0
Inmates who reported sexual abuse	3
Inmates who reported sexual victimization during risk screening	3

Staff Interviews:

The auditor conducted staff interviews on each of the visits to the facility with privacy in a conference room. A comprehensive list of all assigned staff, volunteers, and contractors was provided to include their full name, job title and shift assignments for selection & review of files. The auditor reviewed the list of specialized staff and compared the list and selected the staff that fit the category. The auditor made the random selection of staff to include all shifts, correctional staff, supervisory staff, and department heads including both male and female staff.

Category	Number Completed
Random Staff (total)	12
Specialized Staff (total)	26
Total Staff:	38
Breakdown of Specialized Staff Interviews:	
Intermediate or higher-level	3
Medical and Mental Health Staff	2
Non-Medical Staff involved in Cross Gender Strip Searches	
HR Staff	1
SANE Staff	2
Volunteers and Contractors	2
Investigative Staff	2
Staff who perform Screenings for Risk	2
Staff who supervisor in segregation housing	1
Retaliation Monitor	1
Incident review Team	1
First Responder, Security	1
First Responder, Non-Security	1
Intake	1
Mailroom	1
Grievance	1
Classification Supervisor	1
PCM	1
Warden	1
PC	1
Rape Crisis Center Staff	1
Agency Head	1

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, inmate 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.

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: 43
List of Standards Met: 115.11, 115.12, 115.13, 115.14, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

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 that CoreCivic is committed to protecting inmates and detainees from personal abuse, corporal punishment, personal injury, disease, property damage and harassment. Sexual abuse in correctional institutions is a public safety issue that can impact facility order and security. It victimizes vulnerable inmates/detainees, causes psychological trauma, can increase the spread of communicable diseases, and can elevate the risk of violence and tension in a correctional facility. Core Civic has zero tolerance toward all forms of sexual abuse and sexual harassment. When it is learned that an inmate may be subjected to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate/detainee. Inmates who sexual abuse fellow inmates will be disciplined and may be subject to criminal prosecution. Inmate victims of sexual abuse or harassment will be provided with a supportive and protective environment. Regardless of consensual status, sexual activity between inmates and employees, contractors, or volunteers is strictly prohibited and is subject to administrative and criminal disciplinary sanctions. It is Core Civic 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.

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 has designated a Senior Director, PREA Compliance and Programs to be the agency PREA Coordinator. This upper-level management Facility Support Center employee is responsible for development, implementation, and oversight of CoreCivic efforts to comply with PREA Standards and the agency Sexual Abuse Response and Prevention Program. He provides supervisory oversight to all CoreCivic facilities ensuring coordination in the prevention, detection, interventions, investigation, and disciplinary/prosecution of sexual abuse as outlines in this policy.

115.11 (c): Policy 14-02, *Sexual Abuse Prevention and Response* states that each CoreCivic facility has a designated PREA Compliance Manager to coordinate efforts at the facility level to comply with PREA standards. This position is an Administrative Duty Officer level manager appointed by the Warden who maintains responsibility for the facility's Sexual Abuse Response and Prevention Program.

During the course of this audit and corrective action, the facility had four individuals designated as PREA Compliance Manager for the facility. The facility was in corrective action for this standard as the auditor had concerns about the stability of the PREA program due to the changes in staff. After a third visit to the facility, the auditor met, interviewed, and observed operations with new ADO staff and a new PCM in place. The changes in the facility morale,

sanitation, safety, and commitment to PREA and safe operations was evident and the auditor closed this corrective action as the facility changes brought this standard into compliance.

An interview as well as numerous informal discussions were conducted with both the PREA Coordinator (PC) for the Agency and the new PREA Compliance Manager (PCM) for the facility. Each were extremely knowledgeable about their roles and responsibilities, the standards, the policy and the things that our in operations for Cibola. 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.

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*
Organizational Chart for CoreCivic Correctional Programs Division
Job Description of the Senior Director, PREA Programs and Compliance
HR Email Announcing PREA Audit & Compliance Senior Director
Email introducing the Director of PREA Compliance and Investigations
CoreCivic Summary of Current Job Performance Characteristics for Senior Director of PREA Programs and Compliance
Interview of PREA Coordinator for CoreCivic (Senior Director)
Interview of PREA Compliance Manager for Cibola
Cibola County Correctional Center Organizational Chart
Memo

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.

A memo was provided by the PCM for the facility which stated that CoreCivic is a private provider and does not contract with other agencies for the confinement of participants; therefore, this standard does not apply.

The auditor was also provided with an agreement with the Cibola County Corrections Center and the United States Marshal Service. This contract outlined PREA Reporting information, definitions, prohibited acts, and other PREA related requirements.

The auditor was provided and reviewed an agreement for housing with the County of Cibola. In the contract, it stated that the contractor, CoreCivic, agrees to comply with applicable federal and state laws, codes, statutes, regulations, constitutional requirements, court orders, American Correctional Association standards, and the National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) in the housing of County inmates to ensure that the facility is safe, humane, and protects the statutory and constitutional rights of County inmates.

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
Memo
Contract with USDOJ, United States Marshal Contract
Agreement with Core Civic and Cibola County

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 that it is CoreCivic 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.

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

The facility, in coordination with CoreCivic FSC will develop, shall develop 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 facility provided and the auditor reviewed the 2022, 2021 and 2020 14-02 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.

Staffing plans for 2020, 2021, and 2022 for this facility were reviewed by the auditor.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states the PREA Compliance Manager shall document and describe the deviation on the 5-1B Notice to Administration, along with a thorough justification for the deviation and description of any corrective actions that were taken to resolve the deviation.

During the audit review period, there was two incidents where the facility deviated from the staffing plan. The facility shut down the kitchen officer post in one instance and a utility officer in another, from 1800 hours to 0600 hours due to additional staff needed for a constant watch and multiple hospital posts. 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 that following consultation with the facility staff, the FSC PREA Coordinator shall assess, determine, and document whether adjustments are needed to:

- The staffing plan established pursuant to this section;
- The facility's deployment of video monitoring systems and other monitoring systems and other monitoring technologies; and
- The resources the facility has available to commit to ensure adherence to the staff plan.

The respective Business Unit Vice Present/designee shall approve the Annual Staffing plan Assessment. Any changes to policy and/or procedure, physical plant, approved capital expenditures, video monitoring and/or technology, or staffing require approval of the respective Business Unit Vice Present.

The facility provided and the auditor reviewed the 2022, 2021 and 2020 14-02 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 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.

During the audit review period, there was two incidents where the facility deviated from the staffing plan. The facility shut down the kitchen officer post in one instance and a utility officer in another, from 1800 hours to 0600 hours due to additional staff needed for a constant watch and multiple hospital posts. While on site, supervisors and the PCM indicated that they were aware of the requirements and process to document and report this.

The auditor was provided a list of the 201 cameras at the facility, and while onsite, the auditor reviewed the camera angles, function and discussed with staff who have access.

During interviews with the PCM and the Warden, each discussed the staffing of the facility and the changes that had been recently made, with the new ADO staff on board. Changes were made to ensure proper coverage and the PCM detailed increases in segregation staff, as an example, of the results of the most recent review.

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*
14-2, 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

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.

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

(a) 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 through the use of 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.

(b) 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 through the use of 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.

(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 through the use of 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.

Further, policy states that in accordance with PREA 115.14 (c), absent exigent circumstances, agencies shall not deny youthful inmates daily large muscle exercise and any legally required

special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.

The facility advised the auditor, in writing, that no youthful offenders are housed at Cibola County Correctional Center. The auditor requested and was provided a roster of all inmates with their dates of birth and verified that there were no youthful offenders.

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*
Roster of Inmates with Ages/Dates of Birth
Interviews with Warden, PC and PCM
Interviews with Random Staff

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.

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

(c). Policy 9-5, *Searches of Inmates/Inmates and Various Locations* states that strip searches based on Reasonable Suspicion are to be documented as follows:

- Date and time of the search;
- Person authorizing the search;
- Person or persons conducting the search;
- Whether anal area was inspected;
- Whether any body cavity was searched;
- Reason for search and
- Results of the search.

(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 area where inmates/detainee are likely to be showering, performing bodily function or changing clothing.

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

(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.

Procedure in this policy states that all searched shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy, including officer safety.

The 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 also states 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.

During the walkthrough of the facility, on the entry doors to the housing areas, signage which stated "staff of the opposite gender must announce themselves upon entry".

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

A memo was observed in the housing units, dated February 16, 2022 which stated: This memorandum is to inform all Detainees and Inmates living in dormitory settings that they are encouraged to conduct the changing of clothing in the shower or restroom areas if they wish to avoid being viewed by staff or on camera. Your cooperation and assistance is greatly appreciated."

The auditor observed, during three visits to the facility, staff of the opposite gender announcing themselves upon entry into the units. In addition, all staff and inmates interviewed indicated that these occur consistently throughout the day and night.

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

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Policy 9- 5, Searches of Inmates/Residence and Various Locations
Lesson Plan for Searches
Training Curriculum – Guidance in Cross Gender and Transgender Pat Searches
Strip Search Logs
Random Staff and Inmate Interviews
Training Acknowledgement Sheets

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 respond to respond to {sic} 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 a 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 goes on to state that the facility will ensure that information is effectively communicated orally, on an individual basis, to inmate with limited reading skills. IN the event an inmate has difficulty understanding provided inmate 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 TDD Machine and its manual for the hearing impaired is in the shift supervisor's office. A memo to all staff was issued in February 2022 advising staff where this was located.

(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 and Spanish.

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 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 inmate's 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.

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

The auditor conducted an interview with an inmate who spoke Chinese and utilized the language line with this inmate to verify that it is working correctly.

Staff interviewed, random selections and specialty staff, were aware of the language line and the need to use this line for sensitive matters, such as those related to PREA allegations and investigations.

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

PREA Standards Compliance Checklist
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
Handbook for those with limited vision
Use of Language Line with Inmate
Random Staff Interviews
Memo

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.

(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
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.

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.

(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 shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with inmates 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 and contractors who may have direct contact with inmates/inmates shall be asked about previous misconduct, as outlined above, in written applications and in any interviews or written self-evaluations conducted as part of reviews of current employees.

Form 14-2H is a self-declaration of Sexual Abuse/Sexual Harassment signed 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 part of an annual review process.

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.

(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.

(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.

Prior to the onsite visit and 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 168 employees for the facility.

The auditor randomly selected twenty-five staff from this list with four being hired within the past twelve months and ten additional staff being hired within the past three years, since the last audit. The auditor asked the facility for documentation and reviewed the complete training

file and list of classes taken by date and all HR 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;

An interview was held with the Human Resource Manager. She detailed the process of new hires and annual processes for background checks and self-declarations. She was extremely knowledgeable and passionate about her work, which was demonstrated in her organized and complete files.

These processes were also discussed during interviews with the PC and PCM for the agency and facility. Each were extremely knowledgeable about these processes.

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

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
CDCR Statement of Work
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 HR Staff Member
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.

(a) The facility indicated to the auditor by memo and during discussions that during the past twelve (12) months, there have been no substantial expansions or modifications to the facility.

Policy 14-02 *Sexual Abuse Prevention and Response* states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the company's ability to protect inmates from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations.

A blank copy of form 7-1B PREA Physical Plant Considerations was reviewed by the auditor. The form prompts the reviewer to consider the elements of the standard and document concerns or considerations.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how much technology may enhance the ability to protect

inmates/inmate from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations.

A blank copy of form 7-1B PREA Physical Plant Considerations was reviewed by the auditor. The form prompts the reviewer to consider the elements of the standard and document concerns or considerations.

The CoreCivic Vice President of Operations Administration states that CoreCivic employs architects and other professionals who through experience, research and consulting have knowledge of the issues and needs presented by PREA. On new builds and renovations, the design staff will consult with the PREA coordinator for recommendation and work to ensure that PREA is addressed. Real estate and design staff receive information from the field on privacy concerns in areas such as showers, restrooms, and any areas where inmates/detainees may be in a state of undress. Blind spots are identified that can be corrected through video surveillance coverage. During acquisitions, the staff making the site visits develop a preliminary assessment and the PREA coordinator is involved in the review of physical plant issues. At existing facilities, a form 7-1B (PREA Physical Plant Considerations) issued to ensure PREA I considered when initiating a renovation/new construction.

In addition, the VP states that cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration to optimal coverage is addressed at the time of these upgrades. Camera placement also takes into consideration the privacy needs for cross gender viewing in areas like restrooms and shower areas. Technology is also discussed with the facility during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the FSC PREA coordinator.

The auditor completed a walkthrough of all facility grounds and saw cameras in place throughout the facility. In numerous locations, the auditor sat with staff to review all camera angles. In addition, the auditor was provided a printout of all 201 cameras. Each camera allowed for coverage and aimed to eliminate blind spots. No cameras were seen to have viewed of restrooms or shower areas.

During the time period whereas this audit was under corrective action, the facility added twenty-three additional cameras. While the initiation of the project was prior to this administrations tenure at the facility, the Warden did review all angles to ensure privacy, walked the facility to ensure that blind spots where sexual abuse could occur were adequately covered and that inmates were afforded privacy in areas where they could shower, use the facilities or change clothing.

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

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Policy 7-01B Form for plant physical assessment and improvement
Interview with PC

Interview with PCM
Facility Walk through
Interview with Agency Head
List of all facility cameras

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 an 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.

(c) During the twelve (12) month period prior to this audit, there was one incident reported of sexual abuse at the facility.

(d) An MOU was received between the Rape Crisis Center of Central New Mexico and CoreCivic. The MOU states that the facility will offer detainee victims the right to have a victim advocate present during any stage of the investigation. In the event an outside victim advocate is not available, Facility will provide a qualified staff member to serve as the victim advocate.

A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and Milan Police Department was reviewed and states that will provide emotional support that is confidential and related to sexual abuse.

During the twelve (12) month period prior to this audit, there was one incident reported of sexual abuse at the facility that resulted in a SAFE/SANE Exam.

Further, CoreCivic Policy 14-02 *Sexual Abuse Prevention and Response* states that the facility shall offer all victims of sexual abuse access to forensic medical exams, where evidentiarily or medically appropriate. The PCM, Facility Investigator or ADO shall consult with law enforcement prior to transporting an inmate for an examination to be performed by a SAFE or SANE. If it is determined that 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.

(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.

A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Milan Police Department which was executed in September 2020. 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.

A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Rape Crisis Center of Central New Mexico was reviewed and states that will, if requested by the victim, allow a victim advocate to accompany and support the victim through the forensic medical examination process and investigator interviews, and provide emotional support, crisis intervention, information and referrals. This was signed August 6, 2019.

During the twelve (12) month period prior to this audit, there was one incident reported of sexual abuse at the facility.

(f) A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Milan Police Department. 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.

CoreCivic 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 Regulations, 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 (i.e. state or local law enforcement, contracting agency, etc) comply with these regulations.

(g) A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Milan Police Department. 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 states that if unable to secure 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 for appropriateness to serve in the role and must have received documented education concerning sexual assault and forensic examination issues.

Administrative Investigations are completed onsite by CoreCivic Staff. Currently one staff member is trained, and documentation of this training was provided to the auditor. ADO level staff explained to the auditor, during interviews, the excellent rapport they have with the local police departments. The Warden showed the auditor pictures from a December and January community relations luncheon, sponsored by the facility, in which facility management, County representatives, Milan police, State police and county police were in attendance. He stated that when called, these agencies are extremely responsive and communicative.

A call was also held with the Rape Crisis Center. They did express a lack of communication, recently, due to the changes in staff. Since the first visit of the auditor, they have increased communication and the Rape Crisis Center has extended invites to facility staff to various trainings they are holding relating to sexual abuse and sexual assault.

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 Milan Police Department

MOU with Rape Crisis Center of Central NM

Pamphlet Advocacy Information for Survivor of Sexual Assault

SART Pamphlet

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 immediately report all allegations of sexual abuse, sexual assault and sexual harassment to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior or the allegation would be not be {sic} considered a criminal act under federal, state or local law.

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, as per the PAQ, the facility has indicated, on the PAQ, that there have been eight allegations of sexual abuse or sexual harassment received; thus eight administrative investigations and one of which was referred for criminal investigation.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that all allegation of sexual abuse or sexual harassment shall be referred for investigation to an agency or entity with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

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

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that whenever feasible, the facility shall enter an MOU with the outside investigating agency or entity outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. Before developing or attempting to enter an MOU, the facility shall contact the FSC Assistant General Counsel, Vendor Contracts. CoreCivic shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The MOU states that upon receipt of a referral from Facility in accordance with other provisions, investigating agency will coordinate and conduct a criminal investigation in accordance with the requirements of 28 CFR 115.21 paragraphs (a) - (e), which are incorporated in the MOU. In addition, it states that the facility agrees to assist Investigating Agency in obtaining the required training as outlined in 28 CFR 115.34, at no cost to Investigating 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.

Incident Report logs were sent to the auditor to review. There were eight investigations in the year prior to the PAQ being completed and during the corrective action period, additional cases were alleged. In total, the auditor selected eleven (11) to review.

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*
Policy 712.05, *Investigations, Sex Offenses in Confinement Facilities*
Department of Corrections Operations Manual (DOM) Chapter 5, Article 44
CoreCivic PREA Statement
PREA Allegation Log
PREA Allegation Administrative Investigation
CoeCivic 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 CoreCivic has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. In addition, it 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 at a minimum, all employees shall receive pre-service and annual in-service training on the PREA National Standards and other applicable state or local laws imposing criminal liability for the sexual abuse of a person held in custody.

Further, policy states that employees will be trained on:

1. PREA National Standards and other applicable state or local laws imposing criminal liability for the sexual abuse of a person held in custody;
2. An employee's duty to report any occurrence of sexual harassment or sexual abuse;
3. How to fulfill employee responsibilities for sexual abuse/sexual harassment prevention, detection, reporting, and response in accordance with this policy;
4. The right of inmates to be free from sexual abuse and sexual harassment;
5. The right of inmates/inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
6. The dynamics of sexual abuse and sexual harassment in confinement;
7. Locations, situations, and circumstances in which sexual abuse may occur;
8. The common reaction of sexual abuse and sexual harassment victims;
9. Signs of victimization;
10. How to detect and respond to signs of threatened or actual sexual abuse;
11. How to avoid inappropriate relationships with inmates/inmates;
12. How to communicate effectively and professionally with inmates/inmate, including LGBTI and Gender Non-Conforming inmates/inmates; and
13. 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 at a minimum, all employees shall receive pre-services and annual in-services training on the PREA National Standards and other applicable state or local laws imposing criminal liability for the sexual abuse of a person held in custody.

The facility employs approximately 165 staff members on average.

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

Of the staff listed on the roster, the auditor randomly selected twenty-five 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.

Prior to the onsite visit and 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 168 employees for the facility.

The auditor randomly selected twenty-five staff from this list with four being hired within the past twelve months and ten additional staff being hired within the past three years, since the last audit. 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.

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

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Policy 4-1, *Staff Development and Training*
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
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 civilians/volunteers/contractors who have contact with inmates/inmates shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting and response as outlined in this policy.

Each volunteer receives a manual that of which covers sexual abuse and sexual harassment, policy 14-2. The manual was provided to the auditor to review and includes: the various definitions of acts from PREA and Policy 14-2, sexual abuse awareness, zero-tolerance policy, safety, PREA requirements, reporting by inmates, and reporting to staff. They also receive the handout entitled *PREA Overview: Training for Contractors and Volunteers*.

(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/detainees. All Volunteers and contractors who have contact with inmates shall acknowledge the CoreCivic zero-tolerance policy regarding sexual abuse and sexual harassment and information on how to report such incidents.

The facility advised the auditor that there are currently twenty contract staff or contractors at the facility. All work in food service and the medical departments.

Each volunteer and contract worker signs the 14-2 A CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment Form. The training acknowledgement section, which is signed and dated by employee, states: 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. Five (5) signed samples of this form were provided to/reviewed by the auditor.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that each volunteer or contractor understands the training that he/she has received will be kept in the volunteer or contractors file by either the Learning Development Manager, facility Volunteer Coordinator or other staff designated by the Warden or PCM.

The facility provided the auditor with a spreadsheet of all approved contractors and volunteers, which totaled twenty (20). This listed the volunteers name, company, location they will assist with, clearance date and renewal date for their background and training. From this list, the auditor randomly selected five (5) files and reviewed to ensure that they were trained in their responsibilities under PREA and had a background check performed. All those files selected were compliant.

The facility advised the auditor that there are currently twenty (20) contract staff or contractors at the facility. All work in food service and the medical departments.

Each volunteer signs the 14-2 A CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment Form. The training acknowledgement section, which is signed and dated by employee, states: 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.

In addition, the list mentioned in the memo was provided to the auditor upon entry into the facility. Of these, the auditor reviewed their start date, their education/training and receipt of PREA information dates and the date that their background check was completed. All training and background checks were completed prior to having any contact with the offender population. The signed acknowledgement was reviewed and included by the volunteers.

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.

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

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 written information regarding sexual abuse prevention and reporting. 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 suspicions 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. Availability of policies regarding sexual abuse prevention/intervention;
5. Employee-on-inmate/detainee sexual abuse;
6. Self-protection from sexual abuse;
7. Inmate on inmate sexual abuse;
8. Available emotional support services to include internal and external victim advocates and community support services.

Further, policy 14-02 states that inmates/inmates will be provided education in formats accessible to all inmates, including those who are limited English proficient or disabled.

During the past twelve (12) months, there has been 3,088 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 written information regarding sexual abuse prevention and reporting. 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 suspicions 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. Availability of policies regarding sexual abuse prevention/intervention;
5. Employee-on-inmate/detainee sexual abuse;
6. Self-protection from sexual abuse;
7. Inmate on inmate sexual abuse;

8. Available emotional support services to include internal and external victim advocates and community support services.

Further, policy 14-02 states that inmates/inmates will be provided education in formats accessible to all inmates, including those who are limited English proficient or disabled.

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 written information regarding sexual abuse prevention and reporting. 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 suspicions 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. Availability of policies regarding sexual abuse prevention/intervention;
5. Employee-on-inmate/detainee sexual abuse;
6. Self-protection from sexual abuse;
7. Inmate on inmate sexual abuse;
8. Available emotional support services to include internal and external victim advocates and community support services.

Further, policy 14-02 states that inmates/inmates will be provided education in formats accessible to all inmates, including those who are limited English proficient or disabled.

Further, policy 14-02 states that inmates/inmates will be provided education in formats accessible to all inmates/inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as inmates/inmates who have limited reading skills.

(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 the facility shall maintain documentation of inmate participation in educational sessions pertaining to sexual abuse and sexual harassment.

(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 handbooks, or other written formats.

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

Engaging in or pressuring others to engage in sexual activities is not allowed. Disciplinary Charges will be filed. Educational Materials regarding these acts are provided upon entry to the facility and are posted in each housing unit. Contact any staff member to report activities of this nature. There are several ways to report and seek help:

- *Verbally telling any employee, including the Chaplain*
- *Submitting a request to meet the Health Services and/or reporting to a health services staff member during sick call*
- *Forwarding a letter to the Warden/Administrator, sealing and marking it 'confidential'*
- *Calling or writing someone outside the facility who can notify facility staff*
- *Forwarding a letter to security staff, sealing it and marking it 'confidential'.*
- *Forwarding a letter to the Managing Director, Facility Operations at 5501 Virginia Way, Suite 100, Brentwood, TN 37027*
- *Dialing the PREA Reporting line Press 9, then enter your pin, then press #*
- *Contacting the Office of the Inspector General (OIG): 1-800-869-4499*

While you are incarcerated, no one has the right to pressure you to engage in sexual acts. Rape and sexual assault are violent acts. Regardless of your age, race, size, ethnicity, sexual orientation, inmates should have the opportunity to serve their detention with dignity.

All reports of sexual abuse/harassment will be taken seriously and will be investigated. You will not be subjected to relation, reprisal, harassment, or disciplinary action for truthfully reporting abuse or signs of abuse observed. Filing a false PREA claim will result in disciplinary action and/or prosecution.

Anonymous Reporting:

If you wish to remain anonymous, you may place the information on a request form and place it in the grievance box. The grievance box is checked daily, with the exception of weekends and holidays. All claims will be investigated. CoreCivic has a zero-tolerance policy regarding

sexual abuse and sexual harassment. You may safely report an incident, threat, or suspicion of sexual abuse or sexual harassment through the anonymous reporting procedures previously described. You have the right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. CoreCivic's policy regarding sexually abuse prevention and intervention is available in the library.

The following are procedures to follow in the event you want to make an anonymous report by telephone:

For Counseling, you can also contact the Rape Crisis Center or [sic] Central New Mexico, in writing or by telephone as follows:

*24 hour hotline: 505-266-7711
Address: Rape Crisis Center of Central New Mexico
9741 Candalaria NE
Albuquerque, New Mexico 87112*

Deliberate false allegations can result in disciplinary action and/or prosecution.

After the review during the first visit to the facility, it was found that the complete Inmate education was provided only at Intake. The separate and required 30-day comprehensive education is not consistently being provided. Thirty-seven inmate files were randomly selected and reviewed, of those five were late for education at intake and eleven were late for Comprehensive Education. In addition, inmates were signing on multiple forms, some which were not in policy and some that were older and not the current version.

Through the facility, there is also literature, posters and signs educating the population on their rights and responsibilities.

In the remaining files review, the inmate signs an acknowledgment form which states that they received PREA training and a pamphlet. Lastly, each inmate signed an acknowledgment from for receipt of the inmate handbook, which has all of above-mentioned information contained within. Again, all of this occurs in the first day of intake.

The auditor explained the need for the follow-up for the second comprehensive education.

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 four case management team staff members, the intake lieutenant and a unit manager in reference to the inmate screening and education processes. While being walked through the process each time individually, the auditor was provided a copy of a document entitled *PREA Comprehensive Education*. Along with the other methods detailed here, this document outlines, in detail:

- a. CoreCivic's zero-tolerance policy regarding sexual abuse and sexual harassment;

- b. How to safely report incidents, threats or suspicions of sexual abuse or sexual harassment;
- c. An inmates right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents;
- d. Availability of policies regarding sexual abuse prevention/intervention;
- e. Inmate-on-inmate sexual abuse;
- f. Employee on inmate sexual abuse;
- g. Self-protection from sexual abuse;
- h. Treatment and counseling services available to include external victim advocates and community support services; and
- i. CoreCivic's effort to aggressively refer sexual abusers for prosecution.

The auditor also asked for an inmate roster sorted by intake date. Looking at inmates here prior to 2014, the auditor found that no inmates were at this facility prior to the implementation of the standards.

For corrective action, the facility retrained all applicable staff on the correct process and edited the handbook to contain clear information. In addition, on a biweekly basis, sent the Auditor a list/spreadsheets of all new intakes and education documents; This should be a fluid document that will detail all intake since the week the auditor was onsite. Of these during the corrective action period, 414 inmates were reviewed and education information was provided to the auditor and demonstrated compliance. This training, additions to the inmate education materials, the completion of the initial and comprehensive training for each of the inmates with the acknowledgement of their receipt on the correct form demonstrated to the auditor that the facility is aware of and is substantially compliant with 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*
 Inmate Handbook, English and Spanish
 Inmate Acknowledgement Form, English and Spanish
 Sexual Assault Awareness Brochure (English and Spanish)
 PREA DVD
 PREA Comprehensive Education Handout
 Inmate Orientation Checklist
 Townhall Meeting minutes
 14-2A Preventing Sexual Abuse and Misconduct, English and Spanish
 Photos and viewing TDD Telephone
 PREA Poster
 PREA Acknowledgment
 Inmate Interviews (random and specialized)
 Inmate Files
 Facility Walkthrough
 Interview with Intake Staff

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. In addition, CoreCivic held a webinar training entitled "*PREA Update, Investigation Standards and Required Specialty Training*".

(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 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.

(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.

The facility provided a Certificate of Completion for the one (1) assigned 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.

On June 28, 2022, the Director of PREA Compliance and Investigation conducted a training with the PCM and the facility investigator. The auditor was provided a copy of the meeting confirmation of those in attendance, the PowerPoint slides for a training titled CoreCivic PREA Investigator Training that were taught and reviewed, and the Attachments that they went over to include a PREA investigations narrative template; PREA investigations flowchart; example PREA investigations Log; Investigations Chain of Command; and PREA investigations Process Chart.

In addition to this training, the facility investigator completed the NIC course titled 'Investigating Sexual Abuse in a Confinement Setting'. This investigator is a TDY to this facility and the facility is actively recruiting for a new, permanent investigator.

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

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

PREA Standards Compliance Checklist
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
PREA Investigations Flow Chart
PREA Investigations Narrative Template
PREA Investigations Log
Investigations Chain of Command
PREA Investigation Process Chart
Policy 4-1
Training records MDOC 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.

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

(c) 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.

Of the twenty-five (25) staff files randomly pulled, three belonged to medical staff. The auditor looked for both the general training acknowledgments as well as documentation of the specialized training for these staff. Each had received the training as detailed above.

Interviews both formal and informal, with Medical and Mental Health Staff indicated that they were aware of and have received these training. Staff were able to detail portions of this training and topics which were discussed.

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 that upon admission to the facility, and upon transfer to another facility inmates/inmates shall be screened by staff to perform the initial intake screening process 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. The screening shall identify past victims and/or predators and assess vulnerability to sexual abuse victimization.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that during each intake process the operations supervisor/designee will print a copy of the PREA alert roster for active inmates/inmates. The PREA alert roster will be placed in a special housing binder in the supervisor's office in the monitor department. This roster will be reviewed prior to initial or subsequent housing/bed assignments.

Policy also states that staff shall complete the interview portion of the screening within twenty-four (24) hours of arrival at the facility.

According to the PAQ, In the past twelve (12) months, a total of 3,088 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 victims will be housed in the lower dorm and the predators will be housed in the upper dorm. In case of a physical disability victims/predators will be housed in accordance with their disability to the best of our ability.

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

- 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 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'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 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, in response to questions asked pursuant to the following:

- Whether the inmate/inmate has a mental, physical, or developmental disability;
- Whether the inmate/inmate is, or is perceived to be, LGBTI or General Non-Conforming;
- Whether the inmate/inmate has previously experienced sexual victimization; or
- The inmate's own perception of vulnerability.

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 to ensure that sensitive information is not exploited by employees or other inmates to the inmate's detriment.

Upon arriving at the facility, the auditor was provided with the roster for that day, which included 874 inmates. The auditor randomly selected thirty-six inmate (36) names/files to include inmates from the specialized inmate roster, to be reviewed. This also included inmates from each housing area and each population of the facility.

Of those reviewed, two (2) file had a late assessment and twenty-seven (27) were missing or had late thirty-day assessments.

The facility began a corrective action of this standard which included:

- Retrain all applicable staff on standard, policy and process. Have staff sign acknowledgment and send to auditor
- On a biweekly basis, send auditor a list/spreadsheet of all new intakes and education documents in compliance as per the standard and your policy. This should be a fluid document that will detail all intake since the week the auditor was onsite

le: The columns would include

Inmate Name	Inmate Number	Intake Date	Initial Education	Comprehensive education	Initial Screening	Second Screening	MH Referral when V
-------------	---------------	-------------	-------------------	-------------------------	-------------------	------------------	--------------------

Staff training was conducted, and the signed rosters were sent to the auditor to review.

The facility sent to the auditor, from the date of the on-site visit through the corrective action period and last visit. Of these, 414 inmates who were received into the facility were screened timely and documentation was sent to the auditor, demonstrating compliance with 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 14-02 B Screening Tool (electronic and password protected)
ORAS
30 day re-assess example
Direction for Completion of the Sexual Abuse Screening Tool

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 based on 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 based on 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 based on 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 upon admission to the facility, and upon transfer to another facility inmates/inmates shall be screened by staff to perform the initial intake screening process in order to obtain information relevant to housing, cell, work, education and program assignments with the goal of keeping separate those inmates/inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The screening shall identify past victims and/or predators and assess vulnerability to sexual abuse victimization. Housing assignments are made accordingly.

Policy also states that upon admission to the facility and prior to assigning housing, monitoring staff will perform the initial intake screening screenings will be completed and documented using the 14-2-B, Sexual Abuse Screening Tool in OMSE.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that screening of inmates/detainees should only be used as a guideline for determining appropriate housing and services should never be used as the sole reason for the deprivation of a program or a privilege.

Each inmate is screened privately, and their housing programming and work assignments are determined on an individual basis. One case manager indicated to the auditor that she interviews the inmates, in their unit on some occasions, pulling them to the side. The auditor advised her and reported to management that while there may be some privacy, it would be best to have the inmate in an area, alone to ensure they feel safe to disclose any necessary information.

(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.

(e) 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.

(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.

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 always aware of these individuals.

This standard was also placed into corrective action due to the forms being used for screening being completed in hardcopy in some instances and late in numerous instances, and therefore, could cause delay or prohibit staff from properly housing and assigning inmates. Based on the corrective action above and the processes in place, this standard, after the corrective action period, was brought into compliance.

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

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
14-02 B Sexual Abuse Screening Tool
Transgender Inmate input on Housing Sample
Inmate work Roster
Housing Plan with Housing Assignments

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/detainee's 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/detainee's 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 have not had any inmates placed in voluntary segregated housing for high risk of sexual victimization within the last twelve (12) months.

Interviews with segregation staff, higher level and random staff revealed that there have not been any instances where an inmate has been placed in segregation for this purpose. Staff were also aware of the requirements, should this occur in the future to review and allowing programs, privileges, education, and work opportunities.

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/inmates shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other inmates/inmates or employees for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmate/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.

Engaging in or pressuring others to engage in sexual activities is not allowed. Disciplinary Charges will be filed. Educational Materials regarding these acts are provided upon entry to the facility and are posted in each housing unit. Contact any staff member to report activities of this nature. There are several ways to report and seek help:

- *Verbally telling any employee, including the Chaplain*
- *Submitting a request to meet the Health Services and/or reporting to a health services staff member during sick call*
- *Forwarding a letter to the Warden/Administrator, sealing and marking it 'confidential'*
- *Calling or writing someone outside the facility who can notify facility staff*
- *Forwarding a letter to security staff, sealing it and marking it 'confidential'.*
- *Forwarding a letter to the Managing Director, Facility Operations at 5501 Virginia Way, Suite 100, Brentwood, TN 37027*
- *Dialing the PREA Reporting line Press 9, then enter your pin, then press #*
- *Contacting the Office of the Inspector General (OIG): 1-800-869-4499*

While you are incarcerated, no one has the right to pressure you to engage in sexual acts. Rape and sexual assault are violent acts. Regardless of your age, race, size, ethnicity, sexual orientation, inmates should have the opportunity to serve their detention with dignity.

All reports of sexual abuse/harassment will be taken seriously and will be investigated. You will not be subjected to relation, reprisal, harassment, or disciplinary action for truthfully reporting abuse or signs of abuse observed. Filing a false PREA claim will result in disciplinary action and/or prosecution.

Anonymous Reporting:

If you wish to remain anonymous, you may place the information on a request form and place it in the grievance box. The grievance box is checked daily, with the exception of weekends and holidays. All claims will be investigated. CoreCivic has a zero-tolerance policy regarding sexual abuse and sexual harassment. You may safely report an incident, threat, or suspicion of sexual abuse or sexual harassment through the anonymous reporting procedures previously described. You have the right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. CoreCivic's policy regarding sexually abuse prevention and intervention is available in the library.

The following are procedures to follow in the event you want to make an anonymous report by telephone:

For Counseling, you can also contact the Rape Crisis Center or [sic] Central New Mexico, in writing or by telephone as follows:

*24-hour hotline: 505-266-7711
Address: Rape Crisis Center of Central New Mexico
9741 Candalaria NE
Albuquerque, New Mexico 87112*

Deliberate false allegations can result in disciplinary action and/or prosecution.

On April 3, 2022, 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 PREA, and I am in the process of preparing for audit of Cibola County Correctional Center. 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 advised the auditor that the letter was received in his office on April 15th, 2022. The PREA Coordinator that it came in the previous week, however, he was away for work.

The CoreCivic website states:

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 reports; including but not limited to:

- *Contact the National Sexual Abuse Hotline at 1-800-656-4673*

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

The auditor also filed a test report through the EthicsPoint System online at https://secure.ethicspoint.com/domain/en/report_company.asp?clientid=45517&locationid=28782851&override=yes&agreement=no&companyname=CoreCivic

Within twenty minutes of being filed online, the Director of Ethics and compliance wrote to the facility and advised the facility to forward the complaint through the process as a test. The PC and Warden each immediately replied and indicated the process that they would follow to ensure this report is investigated.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states inmate/inmates who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods:

1. Calling the facility's twenty-four (24) hour toll-free notification telephone number;
2. Verbally telling any employee;
3. Forwarding a letter, sealed and marked 'confidential', to the Administrator/Director or any other employee;
4. Calling or writing someone outside the facility who can notify facility staff;
5. Forwarding a letter to the FSC REA Coordinator
6. Onsite Monitoring Staff
7. National Sexual Abuse Hotline: 800-656-4673

Policy also states that inmates/detainees detained solely for civil 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 *Sexual Abuse Prevention and Response* states inmate/inmates who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the methods.

Policy also states that employees must take all allegations of sexual abuse and harassment seriously, including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. All reports of sexual abuse and sexual harassment will be reported to the PREA Compliance Manager/Investigator. Employees having contact with the alleged victim should behave in a manner that is sensitive, supportive and non-judgmental.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that employees may privately report sexual abuse and sexual harassment of inmates/inmates by forwarding a letter, sealed, and marked 'confidential, to the facility Administrator/Director.

If an inmate includes a PREA complaint in a grievance, the grievance coordinator or staff processing grievances would take it out of the time frame for grievance responses and place it immediately into the PREA response process. It would be turned over to the Investigator and a 5-1 Incident report would be completed. Technically an inmate could still submit a formal grievance on an allegation of sexual abuse or sexual harassment if he or she wished but the response would be expedited to ensure his/her safety.

While onsite, the auditor took an Inmate/Resident Grievance Form, 14-5B and completed it. The auditor asked that whichever staff member received this to email the auditor with the provided email address. The auditor placed this in a locked grievance box in unit 300, as staff indicated these are checked daily. The auditor placed this in the box on June 15, 2022, at 1632 hours. The grievance officer scanned and responded to the email address provided on June 16, 2022, at 1010 hours.

While onsite, it was determined that the facility was incorrectly posting the Rape Crisis Center in Albuquerque as the number for inmates/detainees to call and report PREA allegations and incidents. The facility learned that the internal reporting line **set** up to alert ADO staff of a PREA incident is not in use and alerts are sent to staff no longer with the facility. Phones in the USMS housing areas have PREA reporting instructions only applicable to ICE detainees. Additional locations such as Intake have only ICE information posted. The PREA handbook has incorrect PREA reporting information that does not match what is posted.

For corrective action, the facility edited the handbook, posters, and numbers on the phones banks to ensure they were correctly identifying reporting methods from advocacy information. In addition, the Warden updated the phone number reporting protocol to ensure that the current staff are receiving the reports and the previous staff were removed. While onsite for a subsequent visit, this method was tested, and an immediate email was sent to the Warden showing that the reporting method works. Pictures of the updated posters were sent to the auditor as well as being viewed on the subsequent visits. Based on the correct information being posted and reporting mechanisms being updated, and staff re-educated on these methods, this standard was found to be in compliance with 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*
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)

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 unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/inmate grievance process. Should a report be submitted and received as an inmate/inmate grievance, whether inadvertently or due to contracting agency requirements, it will be immediately be referred to the facility Investigator or Administrative Duty Officer.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/inmate grievance process. Should a report be submitted and received as an inmate/inmate grievance, whether inadvertently or due to contracting agency requirements, it will be immediately be referred to the facility Investigator or Administrative Duty Officer.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/inmate grievance process. Should a report be submitted and received as an inmate/inmate grievance, whether inadvertently or due to contracting agency requirements, it will be immediately referred to the facility Investigator or Administrative Duty Officer.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/inmate grievance process. Should a report be submitted and received as an

inmate/inmate grievance, whether inadvertently or due to contracting agency requirements, it will be immediately referred to the facility Investigator or Administrative Duty Officer.

On the PAQ, staff indicated that there was one grievance filed alleging sexual abuse in the past twelve months.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/inmate grievance process. Should a report be submitted and received as an inmate/inmate grievance, whether inadvertently or due to contracting agency requirements, it will be immediately referred to the facility Investigator or Administrative Duty Officer.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/inmate grievance process. Should a report be submitted and received as an inmate/inmate grievance, whether inadvertently or due to contracting agency requirements, it will be immediately referred to the facility Investigator or Administrative Duty Officer.

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 unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/inmate grievance process. Should a report be submitted and received as an inmate/inmate grievance, whether inadvertently or due to contracting agency requirements, it will be immediately referred to the facility Investigator or Administrative Duty Officer.

While onsite, the auditor took an Inmate/Resident Grievance Form, 14-5B and completed it. The auditor asked that whichever staff member received this to email the auditor with the provided email address. The auditor placed this in a locked grievance box in unit 300, as staff indicated these are checked daily. The auditor placed this in the box on June 15, 2022, at 1632 hours. The grievance officer scanned and responded to the email address provided on June 16, 2022, at 1010 hours.

An interview was held with the grievance officer, and she was aware of these requirements and described this standard and the process of the administrative remedy system in detail.

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
Inmate confidential Mailboxes

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 inmates/inmates shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations. Such information shall be included in the facilities inmate's handbook. The facility shall enable reasonable communication between inmate/inmates and these organizations and agencies, in as confidential a manner as possible.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmates/inmates 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 inmates with confidential emotional support services related to sexual abuse.

The facility has an MOU with the Rape Crisis Center of Central New Mexico which details the emotional support services that will be provided.

While onsite, it was determined that the facility was incorrectly posting the Rape Crisis Center in Albuquerque as the number for inmates/detainees to call and report PREA allegations and incidents. The facility learned that the internal reporting line **set** up to alert ADO staff of a PREA incident is not in use and alerts are sent to staff no longer with the facility. Phones in the USMS housing areas have PREA reporting instructions only applicable to ICE detainees. Additional locations such as Intake have only ICE information posted. The PREA handbook has incorrect PREA reporting information that does not match what is posted.

For corrective action, the facility edited the handbook, posters, and numbers on the phones banks to ensure they were correctly identifying reporting methods from advocacy information. In addition, the Warden updated the phone number reporting protocol to ensure that the current staff are receiving the reports and the previous staff were removed. While onsite for a subsequent visit, this method was tested, and an immediate email was sent to the Warden showing that the reporting method works. Pictures of the updated posters were sent to the auditor as well as being viewed on the subsequent visits. Based on the correct information being posted and reporting mechanisms being updated, and staff re-educated on these methods, this standard was found to be in compliance with 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*
MOU with Rape Crisis Center of Central NM and CoreCivic
Sexual Assault Advocacy pamphlet
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 each facility shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall post this information on the facility PREA link.

The CoreCivic public website states:

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:

- *Contact the National Sexual Abuse Hotline at 1-800-656-4673.*
- *Send a letter to the warden of the facility at the address provided on our facility profiles*

- *Inmates may notify any staff member either verbally or in writing or they may call the PREA hotline numbers posted at their facilities.*
- *Staff may report allegations via their chain of command or anonymously through the employee hotline numbers provided.*
- *Staff and third parties may contact the CoreCivic's Ethics and Compliance Hotline: 1-866-757-4448 or e-mail <http://www.corecivic.ethicspoint.com/>*

In addition to the online information, the auditor requested that the facility add reporting information to the public access areas of the facility, such as those where volunteers, visitors or contractors may visit so they could report, should an inmate request this or disclose information. The facility immediately added information to these areas and forwarded pictures to the auditor. In addition, during subsequent visits to the facility, the auditor observed this information.

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

PREA Standards Compliance Checklist
 Policy 14-02 *Sexual Abuse Prevention and Response*
 CoreCivic PREA Website
 14-2AA Preventing Sexual Abuse and Misconduct
 Inmate Handbook
 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 neglect or violation of responsibilities that may have contributed to an incident or retaliation is required to be reported immediately by all employees.

Policy further states that all employees must immediately report:

- Any knowledge suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility in accordance with this policy, whether or not the area is under CoreCivic's management;
- Retaliation against inmates/detainees or employees who have reported such an incident; and
- Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.

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.

Medical and mental health staff interviewed were able to articulate this standard and requirement.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that employees may privately report sexual abuse and sexual harassment of inmates by forwarding a letter, sealed and marked 'confidential' to the facility Administrator/Director or contact the CoreCivic ethics and compliance hotline.

Further, policy 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
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

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. It is CoreCivic's policy to aggressively investigate all allegation, regardless of the source, and prosecute those who are involved in incidents of sexual abuse. Alleged victims of sexual abuse or harassment will be provided a supportive and protective environment.

In the past twelve (12) months, there was one instance 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.

Staff of all levels who were interviewed and asked this question, stated that they would take steps to immediately protect this inmates.

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
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 if the allegation involves events that took place while the alleged victim was not in CoreCivic custody (e.g. while housed at another provider's facility), the following actions shall be taken:

1. The Warden that received the allegation shall contact the facility head or appropriate office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.
2. Determine whether the allegation was reported and investigated.
 - a. If the allegation was reported and investigated by the appropriate officials, the facility shall document the allegation, the name and title of

the person contacted and that the allegation has already been addressed. Under this circumstances, further investigation and notification need not occur.

- b. If the allegation was not reported or not investigated, a copy of the statement of the inmate/detainee shall be forwarded to the appropriate official at the location where the incident was reported to have occurred.

The facility Warden stated that there have been was allegations that an inmate was sexually abused while confined at another facility and he provide documentation of an email that he immediately notified the other facility Warden.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that if the allegation involves events that took place while the alleged victim was not in CoreCivic custody (e.g. while housed at another provider's facility), the following actions shall be taken:

1. The Warden that received the allegation shall contact the facility head or appropriate office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.
2. Determine whether the allegation was reported and investigated.
 - a. If the allegation was reported and investigated by the appropriate officials, the facility shall document the allegation, the name and title of the person contacted, and that the allegation has already been addressed. Under this circumstances, further investigation and notification need not occur.
 - b. If the allegation was not reported or not investigated, a copy of the statement of the inmate/detainee shall be forwarded to the appropriate official at the location where the incident was reported to have occurred.

(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 if an allegation is received from another facility, the Warden will ensure the allegation is investigated.

The facility Warden stated that no allegations have been received from other facilities in the time which he has been at the facility.

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
Sample Email Notification to another facility

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 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.

Further policy states that upon notification of alleged sexual abuse, highest ranking authority on-site will ensure the following actions are accomplished:

- a. When the alleged perpetrator is an inmate/detainee, in order to preserve any evidence, the alleged perpetrator is not allowed to wash, shower, brush his/her teeth, use the restroom facilities, change clothes, or eat or drink while secured in segregation in a single cell.

All staff have signed an acknowledgment of this provision, on the 14-2A form, CoreCivic PREA Policy Acknowledgment and/or Training Acknowledgement. The acknowledgment for all twenty-five (25) staff were reviewed by the auditor and in compliance.

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 the alleged victim not take any actions that could destroy physical evidence and notify security staff.

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 time 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.

Random staff interview, when provided with a scenario, were able to detail this first responder process in detail.

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
- Security Representative

The SART responsibilities shall include the following:

- Responding to reported incidents of sexual abuse;
- Responding to victim assessment and support needs;
- 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 February 1, 2022 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
Mem designating Sexual Abuse Response Team

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) 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.

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

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 under the section titled SART Member Responsibilities that the PREA Compliance Manager will review the facility's response to sexual abuse allegations, with the Administrator/Director or designee, to ensure the policy is implemented effectively and victims needs are addressed; serve as a primary liaison with local law enforcement or delegate this responsibility; ensure the completion of the Sexual Abuse Incident Check Sheet; and ensure that thirty/sixty/ninety (30/60/90) day monitoring is

conducted by the designated staff, following a report of sexual abuse or sexual harassment, to protect against potential retaliation against inmates or employees. This shall include periodic status checks of inmates and review of relevant documentation. If an allegation is determined to be unfounded, retaliation monitoring will no longer be required.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that to ensure that thirty/sixty/ninety (30/60/90) day monitoring is conducted by the designated staff, following a report of sexual abuse or sexual harassment, to protect against potential retaliation against inmates or employees. Policy further states that monitoring shall continue beyond ninety (90) days if the initial monitoring indicates a continuing need. The PCM shall ensure prompt action are taken to remedy any identified retaliation.

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.

(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 initial visit and document review, the auditor selected six investigations to review. During this review, it was observed that the retaliation monitoring was not being completed thoroughly, correctly, and consistently. For corrective action, the facility was tasked with completing all retaliation monitoring for all cases, even those past the deadline to ensure the inmates were safe. The facility immediately completed this and forwarded to the auditor. In addition, while the corrective action was open, any new cases that may have come forward should be reviewed by the auditor to include the retaliation monitoring. During the corrective action period, an additional five matters were investigated and for each, the retaliation monitoring was completed timely, correctly, and thoroughly.

An interview was held with the retaliation monitor, who was able to describe the process, form, and what she looks for when completing these.

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
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/detainee's 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/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population.

The facility advised the auditor that the Cibola has had no inmates placed in involuntary segregated housing for high risk of sexual victimization within the last twelve (12) months.

Segregation staff interviewed stated that they have not seen any instances of this occurring.

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 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 National Institute of Corrections. This staff member is a TDY for this facility and the facility is actively recruiting to fill this role permanently.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that specialized 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 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.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that specialized 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 the investigator completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with facility record retention policies.

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.

(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 investigations 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) Cibola 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) Cibola 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 Cibola 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 electronic 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 whenever feasible, the facility shall enter into a written Memorandum of Understanding with the outside investigating agency or entity outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. Before developing or attempting to enter an MOU, the facility shall contact the FSC Assistant General Counsel, Vendor Contract. CoreCivic shall maintain copies of agreements or documentation showing attempts to enter into such agreements. 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.

During the initial visit to the facility, a total of six investigations were selected to be reviewed. Through this process, it was seen that the investigation process was not always being completely, was not timely, was not through, was lacking all elements required and documents were missing. During the period where the facility started the PAQ and the first and second visit, the facility had three different investigators and PREA Compliance Managers at this facility which is what made it difficult to locate some of the requested information.

For corrective action, the facility through its new leadership was able to have a TDY investigator at the facility who has been an investigator for numerous years and has been trained according to this standard. The investigator reviewed the previous cases and completed and re-looked at any missing information. In addition, the facility sent the auditor all new investigation, which was a total of five. The auditor followed this process from the initial allegation through the final report for these new allegations. Each step and part of the process was completed thoroughly, timely, accurately and completely, demonstrating compliance with this standard. The new investigator was interviewed and she was extremely knowledgeable 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*
Investigations Training
Investigations Records
Investigation Samples
Policy 1-15 Retention of Records

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.

During the initial visit to the facility, a total of six investigations were selected to be reviewed. Through this process, it was seen that the investigation process was not always being completely, was not timely, was not through, was lacking all elements required and documents were missing. This lack of information did not demonstrate what the standard being used was. During the period where the facility started the PAQ and the first and second visit, the facility

had three different investigators and PREA Compliance Managers at this facility which is what made it difficult to locate some of the requested information.

For corrective action, the facility through its new leadership was able to have a TDY investigator at the facility who has been an investigator for numerous years and has been trained according to this standard. The investigator reviewed the previous cases and completed and re-looked at any missing information. In addition, the facility sent the auditor all new investigations, which was a total of five. The auditor followed this process from the initial allegation through the final report for these new allegations. Each step and part of the process was completed thoroughly, timely, accurately and completely, demonstrating compliance with this standard. The new investigator was interviewed, and she was extremely knowledgeable 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*
5-1A Incident Report with 5-1G Investigative Report
Investigations Training curriculum from NCICS
National PREA Resource Center Notification of Curriculum Utilization
Investigation

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 seven (seven) 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 seven (7) 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 hey allegation in unfounded) whenever:

- (1) The employees no longer posted within the inmates unit as a result of the finding of the investigation;
- (2) The employee is no longer employed at the facility;
- (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 inmates 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 seven (7) 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 months, according to the PAQ, there have been seven (7) 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.

During the initial visit to the facility, a total of six investigations were selected to be reviewed. Through this process, it was seen that the inmate notifications were not being completed

For corrective action, the facility through its new leadership was able to have a TDY investigator at the facility who has been an investigator for numerous years and has been trained according to this standard. The investigator reviewed the previous cases and completed and re-looked at any missing information, including notifying any inmates who were not previously notified. In addition, the facility sent the auditor all new investigations, which was a total of five. The auditor followed this process from the initial allegation through the final report for these new allegations to include the inmate notification.

The new investigator and PCM were interviewed, and she was extremely knowledgeable 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*
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.

Cibola 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 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 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 staff members who have been terminated, disciplined or reported to law enforcement for violating agency sexual abuse or sexual harassment policies.

During interviews, the Warden, HR and PCM detailed the process for investigations to include placing staff who are alleged to have abused inmates on administratively leave immediately, so as to know cause any harm to additional inmates. In addition, each detailed the process, should an investigation be completed, of disciplining staff.

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

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

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. Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions.

In the past twelve (12) months, according to the PAQ, there have been zero contracted staff member's 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 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. Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions.

There have been no substantiated allegations of contractor or volunteer sexual abuse/harassment.

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

PREA Standards Compliance Checklist
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/detainee's 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 inmates 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) The facility advised the auditor that there are no explicit statements to this effect at this facility.

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 twenty (20) sexual misconduct, is the above outlined behavior.

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/detainee'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/detainee'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/detainee'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.

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.

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

Upon arriving on-site, the auditor was provided with a list of inmates who were at the facility. From this list, the auditor selected files and asked for their screening and the follow-up for mental health care (or offer of follow up care). The facility is not offering and documenting a follow up session to these inmates, as required by the standard.

The follow corrective actions were discussed to be completed by the facility:

- Retrain booking staff, MH staff and Unit staff on this standard, have them sign for training
- Create a system that allows for the tracking and assurance that inmates are offered follow-up visits when necessary and are seen.

The facility would send the auditor samples, from the date the auditor left the facility through the end of the corrective action period, a Spreadsheet that reflects intakes that warranted mental health follow-up, completions of the follow-up meetings, those released and those scheduled. Through the corrective action period, and 414 inmates who were screen, all who were required to be offered this follow-up were and documentation was sent to the auditor. This standard, through this corrective action, demonstrates compliance with 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 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
13-61 A Comprehensive Mental Health Evaluation and Follow Up
Investigation sample

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.

Cibola 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.

Cibola 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 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 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 Cibola 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 addition, to the Warden/Facility Administrator the incident review team shall include upper-level facility management and the facility SART with input from line supervisors, investigators, and medical or mental health practitioners. Such review shall ordinarily within thirty (30) days of the conclusion of the investigation.

In the past twelve (12) months, the PAQ indicated that there have been four (4) 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.

(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.

(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.

The SART Meetings were not being held with the required staff present, therefore, the facility entered corrective action for this standard. As part of this corrective action, all cases within the past year were reviewed and SART meetings were completed for all, even though they were late. In addition, all five new cases that occurred during the corrective action period, had SARTs completed which were forwarded to the auditor to review and demonstrated compliance with 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*
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

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 a urate, 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 each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting and 1-2 -BB PREA 5-1 IRD Incident Reporting Definitions.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that at least annually, CoreCivic shall aggregate the incident-based sexual abuse data.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that the aggregated data will, at a minimum, include all categories of data necessary to respond to the Survey of Sexual Violence as directed by the Department of Justice.

(d) 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 information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with the facility's record retention policies.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states that upon request, CoreCivic shall provide all data as outlined above in T.1.a.ii.-iii. from the previous calendar year to the Department of Justice no later than June 30.

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 2021 Annual PREA Report

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;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of findings and corrective actions for each facility, as well as CoreCivic as a whole.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states 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's report shall be approved by the company's Chief Corrections Officer and made readily available to the public through CoreCivic website.

(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:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
CoreCivic 2019 Annual PREA Report
CoreCivic 2020 Annual PREA Report
CoreCivic 2021 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 data collected shall be stored and retained in accordance with the facility's record retention policies.

(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 will be retained for 10 years.

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 2021 Annual PREA Report
CoreCivic Public Website
Records Retention Schedule

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, inmates, 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 appeals 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

February 23, 2023

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.