

PREA Facility Audit Report: Final

Name of Facility: Ghent Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: 12/14/2022

Date Final Report Submitted: 03/15/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Barbara Jo Denison	Date of Signature: 03/15/2023

AUDITOR INFORMATION	
Auditor name:	Denison, Barb
Email:	denisobj@sbcglobal.net
Start Date of On-Site Audit:	11/15/2022
End Date of On-Site Audit:	11/16/2022

FACILITY INFORMATION	
Facility name:	Ghent Residential Reentry Center
Facility physical address:	300 West 20th Street , Norfolk , Virginia - 23517
Facility mailing address:	

Primary Contact	
Name:	Caroline Riddick -Taylor
Email Address:	Caroline.Riddick-Taylor@corecivic.com
Telephone Number:	(757) 240-0262

Facility Director	
Name:	Caroline Riddick -Taylor
Email Address:	Caroline.Riddick-Taylor@corecivic.com
Telephone Number:	(757) 240-0262

Facility PREA Compliance Manager	
Name:	Caroline Riddick-Taylor
Email Address:	caroline.riddick-taylor@corecivic.com
Telephone Number:	O: 757-240-0262

Facility Characteristics	
Designed facility capacity:	36
Current population of facility:	60
Average daily population for the past 12 months:	24
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-99
Facility security levels/resident custody levels:	Community Corrections
Number of staff currently employed at the facility who may have contact with residents:	20
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	CoreCivic, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	5501 Virginia Way, Suite 110, Brentwood, Tennessee - 37027
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Damon T. Hininger
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Eric Pierson	Email Address:	Eric.Pierson@corecivic.com

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
2	<ul style="list-style-type: none"> • 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.288 - Data review for corrective action
Number of standards met:	
39	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-11-15
2. End date of the onsite portion of the audit:	2022-11-16

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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a. Identify the community-based organization(s) or victim advocates with whom you communicated:

The Chief Operating Officer of the YWCA and Co-Director of the Norfolk Family Justice Center was contacted on to confirm and review the terms of the MOU. The Co-Director reported she recently met with the Facility Director/PREA Compliance Manager to become familiar with the facility procedures regarding sexual abuse and for the Facility Director to understand the YWCA's procedures. The YWCA South Hampton Roads provides residents of the Ghent Residential Reentry Center with a 24-hour crisis hotline answered by staff advocates. If a resident calls the hotline number and reports sexual abuse, the caller would be encouraged to report the abuse to the facility or to the Norfolk Police Department. Calls to the hotline are confidential and the caller may remain anonymous, with the exception of mandatory reporting laws involving a child or an elderly person. Forensic exams can be performed by a SANE nurse from Chesapeake Forensic Services (CSF) at CSF or at a local hospital. An advocate is available to be present during the exam procedure at either location. The YWCA South Hampton Roads has a clinical team on staff. Individual and group therapy and crisis counseling is offered to victims of sexual abuse. Resident victims would receive a follow-up call within 48 hours and would be connected to support services as needed.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:

36

15. Average daily population for the past 12 months:

24

16. Number of inmate/resident/detainee housing units:

2

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>33</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	16
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	8
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	11
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input checked="" type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Due to the majority of the resident population having jobs in the community, residents who were available were selected to be interviewed.</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Due to the majority of the resident population having jobs in the community, residents who were available were selected to be interviewed.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Three residents from each resident room were interviewed, with the exception of one resident room where four residents were interviewed.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>2</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
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<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Facility Director/PREA Compliance Manager reported none of the residents currently assigned to the facility had a physical disability.</p>
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<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
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<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Facility Director/PREA Compliance Manager reported none of the residents currently assigned to the facility were identified as having any intellectual disabilities.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Facility Director/PREA Compliance Manager reported none of the residents currently assigned to the facility were blind or had low vision.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Facility Director/PREA Compliance Manager reported none of the residents currently assigned to the facility were deaf or hard of hearing.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Facility Director/PREA Compliance Manager reported none of the residents currently assigned to the facility were limited English proficient. All residents were fluent in English.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Facility Director/PREA Compliance Manager reported there were no residents assigned to the facility who self-disclosed being lesbian, gay, bisexual.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Facility Director/PREA Compliance Manager reported there were no residents assigned to the facility who self-disclosed being transgender or intersex.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility did not have any allegations of sexual abuse reported since the last PREA audit.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility did not have any allegations of sexual abuse reported since the last PREA audit.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The number of targeted residents was low, due to the facility only having two targeted residents. One resident scored as a victim due to reporting prior sexual victimization and one resident a scored to be a perpetrator due to a history of prior abusiveness.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>7</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>All random staff scheduled to work during the onsite audit visited were interviewed.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>5</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The facility shares seven food service contractors and one maintenance contractor with the James River Residential Reentry Center. One food service contractor was interviewed while onsite at this facility and one food service contractor and one maintenance contractor were interviewed while onsite at the James River Residential Reentry Center.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

A site review of the facility was conducted with the PREA Compliance Manager and the Senior Director, PREA Compliance and Programs accompanying me on the site review. During the site review the locations of cameras, room layouts, restrooms and the placement of PREA posters and information was observed. Facility notices in English and Spanish provided during the Pre-Onsite Audit Phase were found displayed in all resident rooms and in numerous other locations throughout the facility with the date posted noted as 9/20/22. No correspondence was received from residents or staff from the Ghent Residential Reentry Center. Resident PREA reporting information was posted in numerous locations throughout the facility and in the resident dorms. The phone number for the BOP Residential Reentry Management Office, with the names and positions of individuals in that office, was found posted on bulletin boards. Signs on entry doors of dorms remind opposite-gender staff to announce themselves before entering. This practice of announcing was observed during the site review and confirmed during interviews with residents and staff. The majority of residents have their own personal cell phones. The facility does not have resident pay phones, but there is a portable phone kept in the Monitors' Office available for residents to use with telephone wall plugs in the female hallway and in the Dining/Multipurpose room. A call was made to the Residential Reentry Manager's (RRM) Office (202-514-8404) on the portable phone. The person answering the phone stated the caller to this number would be instructed to leave a message and the message would be forwarded to the appropriate Contract Oversight Specialist who would call the resident back. A call was also made to the YWCA South Hampton Roads (757-251-0144). The call was answered as the Virginia Statewide Hotline.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

I selected 10 random resident records to review to determine compliance with screening requirements and PREA education for residents. I selected eight employee records and two contractor records to determine compliance with criminal background checks and PREA training requirements.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility did not have any allegations of sexual abuse reported since the last PREA audit in 2019.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The facility did not have any allegations of sexual harassment reported since the last PREA audit in 2019.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
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114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility did not have any allegations of staff-on-inmate sexual harassment reported since the last PREA audit.
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.211 (a) CoreCivic’s policy 14-2 CC, <i>Sexual Abuse Prevention and Response</i>, is the agency’s written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency’s approach to preventing, detecting and responding to such conduct. Page 3 of the policy includes definitions of prohibited behaviors. Sexual activity between residents or employees, contractors and volunteers are strictly prohibited and subject to administrative and criminal disciplinary sanctions. CoreCivic’s policy 14-2 CC is comprehensive and clearly outlines the procedures to be followed to reduce and prevent sexual abuse and sexual harassment of residents. The policy addresses each standard as guidance to staff ensuring compliance to the PREA standards.</p> <p>115.211 (b): The agency employs a PREA Coordinator, who when interviewed at the beginning of this reaccreditation period, reported that he has sufficient time and authority to develop, implement and oversee CoreCivic’s efforts to comply with the PREA standards. The agency employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency’s organizational chart depicts the PREA Coordinator’s position within the agency. The PREA Coordinator oversees the agency’s efforts to comply with the PREA standards in all CoreCivic’s facilities. Page 2 of policy 14-2 CC outlines the responsibilities of the PREA Coordinator. When interviewed, the PREA Coordinator stated he has sufficient time and authority to oversee the agency’s PREA program. The PREA Coordinator stated, "In CoreCivic community corrections, each Facility Director selects a PREA Compliance Manager. The PREA office at the Facility Support Center (FSC) in Brentwood, TN consists of two individuals. I am the Senior Director and handle audits and compliance issues, including policy. Heather Baltz is a Director and coordinates PREA investigations. We have quarterly training sessions with PREA Compliance Managers via Teams and travel to the facilities for audits and training sessions. We are in contact with them daily on investigations and audit issues. CoreCivic has a comprehensive PREA program that includes a PREA policy (14-2 CC) for community corrections. This policy is reviewed and revised on a regular basis to ensure that facility procedures and practice meet the PREA standards and best practices."</p> <p>115.211 (c): CoreCivic operates 63 facilities, and each facility has a designated PREA Compliance Manager. The responsibilities of the PREA Compliance Managers are found on Page 2 of policy 14-2 CC. The Facility Director is designated as the PREA Compliance Manager. The PREA Compliance Manager answers to the agency's Managing Director and indirectly to the agency’s PREA Coordinator. When interviewed, the PREA Compliance Manager stated she feels she has sufficient time to manage all of her PREA-related responsibilities. When asked how she coordinates the agency's efforts to comply with the PREA standards, she responded, "Time management and seek assistance from staff." It she identifies an issue complying</p>

with a PREA standard she would speak to the Managing Director and to the PREA Coordinator. When interviewed, the PREA Coordinator stated, "We work closely with PREA auditors and assist the facility in developing corrective action plans. If the issue is a policy issue, we can undertake a policy revision if necessary. We can provide technical on-site assistance for training that can correct improper practices that may have developed due to a misunderstanding of PREA standards. We are also able to involve CoreCivic Managing Directors and Vice Presidents to elevate concerns that need to be addressed at their level."

The agency policy was found to be very comprehensive and both the PREA Coordinator and the PREA Compliance Manager were very knowledgeable when interviewed. The facility was found to exceed in the requirements of this standard.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	CoreCivic is a private provider and does not contract with other agencies for the confinement of its residents; therefore, this standard is not applicable to this facility.

115.213	Supervision and monitoring
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1477 1126">115.213 (a) Based on policy 14-2 CC, pages 7 & 8, section D, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the recent population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the number and placement of supervisory staff, programs occurring on a particular shift and the resources the facility has available to commit to ensure adequate staffing levels. The agency also considers generally accepted detention and correctional practices and any findings of inadequacy from federal investigative agencies, internal or external oversight bodies, any applicable state or local laws or regulations and any other relevant factors. When interviewed the PREA Coordinator stated, "Subsequent to the development of a safe plan for the deployment of staff, video cameras are placed throughout all CoreCivic facilities to supplement direct supervision and eliminate identified blind spots. Often in community corrections, the composition of the population includes both male and female residents. Staff rounds and presence is adjusted accordingly. Each facility uses Incident Reviews to identify any contributing factors related to staffing." In interview with the Facility Director, she confirmed what is considered when assessing staffing levels.</p> <p data-bbox="280 1167 1458 1700">115.213 (b): The facility makes every effort to comply with the approved PREA staffing plan and documents and justifies any deviations. The current staffing plan was predicted on a population of 36 residents. The average daily population since the last PREA audit was 24 residents. The current PREA Staffing Plan allocates two Security Monitors on each of the three security shifts. When the Administrative Coordinator was interviewed, she shared the staffing plan allocates ten Monitors, five male and five female. If there is deviation to the staffing plan, the PREA Compliance Manager is responsible for notifying the PREA Coordinator and documenting and describing the deviation on the 5-1B, Notice to Administration in IRD. In interview with the Facility Director and in information provided on the Pre-Audit Questionnaire, in the past 12 months there were no deviations to the staffing plan. The Facility Director stated she reviews the staff schedule daily. BOP reviews staffing during audits and at other times may request staffing information.</p> <p data-bbox="280 1740 1469 2067">115.213 (c): The staffing plan is reviewed annually by the PREA Compliance Manager who completes an <i>Annual PREA Staffing Plan Assessment (14-2I-CC)</i> and forwards it to the Facility Director for review, who forwards it to the PREA Coordinator. This annual review also includes assessments of the policy, physical plant, and video monitoring systems. The PREA Coordinator forwards the 14-2I-CC to the Vice President, Core Services for signature and approval of any recommendations made which would include changes to the policy and procedures, physical plant, video monitoring or the staffing plan. The last <i>Annual PREA Staffing</i></p>

	<p><i>Plan Assessment</i> completed annually since the last PREA audit were provided for review. There were no recommendations for changes to the established staffing plan. When interviewed the PREA Coordinator stated, "The agency PREA Coordinator is responsible for distributing the initial PREA staffing plan template for signing the final plan."</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.215 (a): Based on review of policy 14-2 CC, pages 12-15, section J, cross-gender strip or cross-gender visual body cavity searches of residents shall not be conducted except in exigent circumstances. In information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>115.215 (b): The facility does not permit cross-gender pat-down searches of female residents except in exigent circumstances. Residents are searched in accordance with the gender of the institution, or housing assignment in which they are assigned. As stated on page 13, section J-4 of policy 14-2 CC, strip searches are only authorized through the Residential Reentry Manager (RRM) and must be conducted by law enforcement or medical personnel. Facility staff are not authorized to conduct such searches must coordinate searches through the RRM and law enforcement personnel. In interview with female residents, they reported there are always female staff on duty to pat search them.</p> <p>115.215 (c): If cross-gender strip searches are performed, the searches will be documented in the 5-1 Incident Report using form 5-1B, Notice of Administration. Policy also requires any cross-gender pat-down searches of female residents be documented.</p> <p>115.215 (d): The facility has policies and procedures in place that enable residents to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks or genitalia. Residents are informed they are to dress and change in the shower area only. They are also informed they must be fully clothed in their sleeping area and in all other areas of the facility. Verbal announcement upon arrival is required when an opposite gender staff enters a housing unit. Signs above entry to the female dorm and the male dorms remind staff to make opposite gender announcements before entering (“Opposite Gender Must Announce Upon Entry”). The practice of opposite gender staff announcing their presence when they entered the housing units was observed during the site review of the facility. Residents interviewed confirmed announcements are made and shared they feel they have privacy when they shower, toilet and change clothing when opposite gender staff are in their dorm.</p> <p>115.215 (e): According to policy 14-2 CC, pages 14 & 15, section J-10, searches or physical examinations of transgender and intersex residents for the sole purpose of determining the resident’s genital status is prohibited. If the resident’s genital status is unknown, it may be determined during conversations with the resident, by reviewing the medical records, or, if necessary, by a medical examination conducted in private by a medical practitioner. In interview of random staff, they knew that this was prohibited by policy. At the time of the onsite audit visit, there were no transgender or intersex residents assigned to the Ghent Residential Reentry</p>

Center.

115.215 (f): In addition to general training provided to all staff, staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. BOP requires all residents be pat searched in accordance with their gender of the institution or housing assignment which they are assigned. Transgender and intersex residents may request an exception. The exception must be authorized by the Facility Director and clearly communicated to relevant staff through a memorandum. The *Search Procedures* curriculum was provided for review. Staff are trained on how to conduct pat searches, including searches of transgender and intersex residents, in a professional and respectful manner. Receipt of this training was verified through review of random staff training records and confirmed in interviews with staff who reported they receive training on search procedures annually. Random staff interviewed reported cross gender pat searches are not allowed.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.216 (a): Based on review of policy 14-2 CC, pages 11 & 12, section H-6-8, residents are provided PREA education in formats accessible to all residents, including those who are deaf or hard of hearing, blind or have low vision, cognitive deficits or have limited reading skills. The facility will ensure information is effectively communicated orally if necessary. In interview with the Vice President, Core Services (agency head designee), he stated, "The CoreCivic corporate office provides assistance to facilities to enable them to locate potential vendors and/or agencies to provide support services for residents with disabilities. The agency maintains a comprehensive contract with the Language Line and some even have an MOU with organizations in the local communities to provide translation services when needed. TTY phones are provided, and arrangements are also made to assist those residents who are blind. The TTY is stored in the Facility Director's office and is accessible to all staff. In information provided by the facility, at the time of the audit, there were no residents who were deaf, hard of hearing, blind, with low vision or with physical or cognitive disabilities. In interview with the Vice President, Core Services (agency head designee) he stated, "The CoreCivic corporate office provides assistance to facilities that enable them to locate potential vendors and/or agencies that would provide support services for inmates/residents with disabilities. The agency maintains a comprehensive contract with Language Line Services and some even have an MOU with organizations in the local communities to provide translation services when needed. TTY phones are provided, and arrangements are also made to assist those inmates/residents who are blind."</p> <p>115.216 (b): The agency takes steps to ensure residents who are limited English proficient have access to all PREA information in a format they can understand. Residents receive a <i>Resident Handbook</i> and a <i>CoreCivic PREA Prevent, Detect, Respond</i> brochure, available in English and Spanish. A contract with Language Line Services is used for the translation of any language. At the time of the onsite audit visit, there were no residents assigned to the facility identified as limited English proficient.</p> <p>115.216 (c): The agency prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. Staff translators or Language Line Services are utilized to convey information to limited English proficient residents. From information provided on the <i>Pre-Audit Questionnaire</i>, in the past 12 months, there have been no instances where residents were used for this purpose. Random and specialized staff interviewed knew the agency prohibits using residents for this purpose.</p>

115.217	Hiring and promotion decisions
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1481 707">115.217 (a): Per policy 14-2 CC, pages 4 & 5, section B, the agency prohibits hiring or promoting anyone who may have contact with residents, or to enlist the services of any contractor, who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility or other institution. It also prohibits hiring or promoting anyone who has been convicted of engaging or attempting to engage in sexual activity in the community or who has been civilly or administratively adjudicated to engage in these activities. In interview with the Administrative Coordinator, she explained the agency’s process for conducting criminal background checks.</p> <p data-bbox="280 748 1481 904">115.217 (b): According to agency policy and in interview with the Administrative Coordinator, CoreCivic considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p data-bbox="280 945 1481 1352">115.217 (c): The agency requires that before hiring new employees a criminal background check be conducted. According to the Administrative Coordinator, NCIC criminal background checks are conducted by the Federal Bureau of Prisons Reentry Services Division. According to information provided on the Pre-Audit Questionnaire, in the past 12 months there were eight employee criminal background checks conducted. An effort is made 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. The <i>PREA Questionnaire for Prior Institutional Employers (3-20-2B)</i> is used to solicit prior employment information.</p> <p data-bbox="280 1393 1481 1639">115.217 (d): CoreCivic performs criminal background checks before enlisting the services of any unescorted contractor who may have contact with residents. The Ghent Residential Reentry Center has seven contractors, which are shared between this facility and the James River Residential Reentry Center. According to information provided on the Pre-Audit Questionnaire, in the past 12 months there were two criminal background checks conducted on contractors.</p> <p data-bbox="280 1680 1481 1827">115.217 (e): According to policy 14-2 CC, page 6, section 3-c, CoreCivic ensures criminal background checks are conducted at least every five years. Five-year background checks are conducted by the Federal Bureau of Prisons Reentry Services Division.</p> <p data-bbox="280 1868 1481 2069">115.217 (f): All applicants and employees are asked about previous misconduct. The <i>Self-Declaration of Sexual Abuse/Sexual Harassment form (14-2H-CC)</i> is completed as part of the hiring process, when an employee is being considered for a promotion and annually. Employees have a continuing affirmative duty to disclose any sexual misconduct.</p>

The review of eight employee human resource files, revealed employees are not completing the 14-2H-CC forms annually. The Administrative Coordinator was not aware the 14-2H-CC form is required to be completed annually; therefore, the facility did not meet compliance to this provision of this standard and entered into a 60-day corrective action period. The recommended corrective action to achieve compliance to provision 115.217(f) is as follows:

Recommended Corrective Action Plan:

- The Administrative Coordinator is to ensure all current employees and contractors complete a *Self-Declaration of Sexual Abuse/Sexual Harassment* (14-2H-CC) form.
- Once completed, forward a current roster of employees and contractors and copies of completed 14-2H-CC forms for all employees and contractors.
- The Administrative Coordinator is to establish a process of when 14-2H-CC forms will be completed annually and ensure completion as part of the hiring process and when an employee is being considered for a promotion.

Corrective Action Taken:

- The facility provided a current roster of employees and contractors. Current employees total sixteen and contractors eight.
- The Administrative Coordinator provided copies of 14-2H forms for all employees and contractors.
- On 2/27/23, the Administrative Coordinator via e-mail communication stated moving forward, "The 14-2H-CC forms are being completed during pre-hire, in-service, when an employee is promoted to another position, as well as annually, in January of each year".

In review of the documentation provided, the facility was found to achieve compliance to provision 115.217 (f) and all provisions of standard 115.217.

115.217 (g): Material omissions regarding sexual misconduct or giving false information are grounds for termination.

115.217 (h): Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer that the employee has applied for work. The Administrative Coordinator reported in the past 12 months she has not received any requests for information on former employees.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.218 (a): Based on policy 14-2 CC, page 8, section E, 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 of existing facilities on the ability to protect residents from sexual abuse. In interview with the Vice President, Core Services (agency head designee) he stated "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 recommendations and work to ensure that PREA is addressed. Real estate and design staff receive information from the field on privacy concerns in areas such as showers, restrooms, and any areas where inmate/residents may be in the 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 (<i>PREA Physical Considerations</i>) is used to ensure PREA is considered when initiating a renovation/new construction." According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, since the last PREA audit there were no expansions or modifications of the existing facility, and the facility has not acquired any new facilities.</p> <p>115.218 (b): When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect residents from sexual abuse. In interview the Vice President, Core Services stated, "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 <i>PREA Staffing Plan Assessment</i> that is reviewed each year by facility staff and the FSC PREA Coordinator." In interview with the Facility Director, she stated since the last PREA audit the facility has not installed or updated the video monitoring system or the electronic surveillance system.</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1484 1335">115.221 (a): Based on policy 14-2 CC, pages 25 & 26, section O - 4, CoreCivic and the Ghent Residential Reentry Center are responsible for conducting administrative investigations of sexual abuse. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evident for administrative proceedings and criminal prosecution. The Norfolk Police Department is responsible for conducting criminal investigations of allegations of sexual abuse that appear to be criminal. The Norfolk Police Department follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard. The facility’s attempts to secure an MOU with the Norfolk Police Department has been unsuccessful. The Facility Director shared an e-mail dated 9/7/22 from the Financial Operations Manager, Public Safety Financial Management of the City of Norfolk stating the MOU is currently being reviewed by the Norfolk City Attorney’s Office. Absent of an MOU, the Norfolk Police Department is responsible for criminal investigations of sexual abuse at the Ghent Residential Reentry Center. On 10/28/22 a Detective from the Special Crimes Unit of the Norfolk Police Department was contacted to discuss the process for investigations of allegations of sexual abuse at the Ghent Residential Reentry Center. A Detective would be dispatched to the facility to speak to the victim and collect any evidence. SANE exams would be performed by Chesapeake Forensic Services or at the Norfolk Sentara Medical Center if the victim had injuries. If the criminal investigation by the Norfolk Police Department proves to be criminal in nature, the evidence would be referred to the Commonwealth of Virginia’s District Attorney’s Office. The facility can request a copy of the criminal investigative report through the Central Records Office.</p> <p data-bbox="280 1375 1417 1617">115.221 (b): The protocol is developmentally appropriate for youth where applicable and as appropriate, shall be adapted from or otherwise based on the most recent edition of the Department of Justice’s Office on Violence Against Women publication. “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents” or similarly comprehensive and authoritative protocols developed after 2011.</p> <p data-bbox="280 1657 1481 2069">115.221 (c): Victims of sexual abuse have access to forensic medical examinations. Residents in need of forensic exams are referred to Chesapeake Forensic Services for SANE exams at no cost to victims of sexual abuse. The facility is in the process of attempting to enter into an MOU with Chesapeake Forensic Services. Forensic exams are performed by SANE nurses from the Chesapeake Forensic Services. The Chesapeake Forensic Services clinic is located at the Family Justice Center in Norfolk, VA. On 11/1/22 the Director of Chesapeake Forensic Services was contacted to review the process of SANE exams for resident victims of sexual abuse. SANE nurses are available from 9 a.m. – 9 p.m. During the overnight hours, any requests for SANE exams by the Police Department or the facility would be</p>

scheduled for the next morning at 9 a.m. The SANE nurses are also available during those hours if an alleged victim is transported to the local hospital. The YWCA South Hampton Roads would be contacted to provide a victim advocate to accompany the victim through the forensic exam process and provide additional resources to the victim. All victims of sexual abuse are prescribed STD prophylactics and female victims are given a pregnancy test and the morning after pill. Evidence collected during the SANE exam is turned over to the Norfolk Police Department. After conversation with the Director of Chesapeake Forensic Services, the PREA Coordinator and the Facility Director were contacted to discuss the agency/facility attempting to enter into a MOU with CSF. On 11/2/22 the PREA Coordinator e-mailed that draft an MOU would be submit it to CoreCivic's legal department for review. According to information reported on the Pre-Audit Questionnaire and in interview with Director of that agency, in the past 12 months there no residents of the Ghent Residential Reentry Center referred for a SANE exam.

115.221 (d): The facility has attempted to enter into a Memorandum of Understanding (MOU) with the YWCA South Hampton Roads to provide emotional support services to resident victims of sexual abuse from the Ghent Residential Reentry Center. The Chief Operating Officer of the YWCA and Co-Director of the Norfolk Family Justice Center was contacted on 10/20/22 to confirm and review the terms of the MOU. She reported the MOU has been reviewed and a few revisions were recommended, and the recommended revisions are being reviewed by CoreCivic. The Co-Director reported she recently met with the Facility Director/PREA Compliance Manager to become familiar with the facility procedures regarding sexual abuse and for the Facility Director/PREA Compliance Manager to understand the YWCA's procedures. The YWCA South Hampton Roads provides residents of the Ghent Residential Reentry Center with a 24-hour crisis hotline answered by staff advocates. If a resident calls the hotline number and reports sexual abuse, the caller would be encouraged to report the abuse to the facility or to the Norfolk Police Department. Calls to the hotline are confidential and the caller may remain anonymous, with the exception of mandatory reporting laws involving a child or an elderly person. Forensic exams can be performed by a SANE nurse from Chesapeake Forensic Services (CSF) at CSF or at a local hospital. An advocate is available to be present during the exam procedure at either location. The YWCA South Hampton Roads has a clinical team on staff. Individual and group therapy and crisis counseling is offered to victims of sexual abuse. Resident victims would receive a follow-up call within 48 hours and would be connected to support services as needed.

115.221 (e): As requested by the victim, an advocate from the YWCA would be called upon to accompany the victim through the forensic exam process at the Chesapeake Forensic Services clinic.

115.221 (f): Administrative investigations are conducted by trained facility Investigators. The Facility Director/PREA Compliance Manager is the facility's trained investigator. Criminal investigations are conducted by the Norfolk Police Department. In interview with facility's PREA Compliance Manager, she was knowledgeable of her responsibilities of conducting administrative investigations

	and when to refer allegations for criminal investigation.
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115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1477 1335">115.222 (a): Policy 14-2 CC, pages 24 & 25, sections N-10 & O-1-3, outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The Facility Director is responsible for ensuring an administrative and/or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The facility is responsible for conducting administrative investigations of all allegations of sexual abuse and sexual harassment. The Norfolk Police Department is responsible for conducting criminal investigations of allegations of sexual abuse that appear to be criminal. If an employee is a perpetrator in a sexual abuse allegation, FSC would assign an investigator from another CoreCivic facility to conduct an administrative investigation, if criminal, BOP would probably conduct an investigation as well. According to information reported on the Pre-Audit Questionnaire, in the past 12 months there were no allegations of sexual abuse or sexual harassment reported. In interview with the Vice President, Core Services (agency head designee), he stated, "It is CoreCivic's 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 investigated by CoreCivic investigators who have received specialized PREA investigative training and/or law enforcement officials. 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 work with outside law enforcement upon request."</p> <p data-bbox="280 1375 1477 1868">115.222 (b): According to page 25, section O-1 of policy 14-2 CC, CoreCivic facilities do not conduct criminal investigations of allegation of sexual abuse. The facility has an agreement with the Norfolk Police Department to conduct criminal investigations of sexual abuse and sexual harassment. If an allegation of sexual abuse or sexual harassment appears to be criminal, the Facility Director/PREA Compliance Manager will immediately report the allegation to the Norfolk Police Department. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the CoreCivic website (http://corecivic.com/security-operations/prea). In interview with the Facility Director/PREA Compliance Manager, who is the facility's trained investigator, she knew to refer any allegations that appear to be criminal to the Norfolk Police Department for investigation.</p> <p data-bbox="280 1908 1406 1984">115.222 (c): Information about investigations published on the agency website describes the responsibilities of the agency and the investigating entity.</p>

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.231 (a): Policy 14-2 CC, pages 5 & 6, section C-1-3, addresses the agency’s requirements of employee PREA training. All CoreCivic employees receive training on the agency’s zero-tolerance policy (14-2 CC) for sexual abuse and sexual harassment at pre-service and annually during in-service training.</p> <p>The PREA Overview curriculum was provided for review. The training, completed by employees at orientation and annually in in-service training, was found to include information on the agency’s zero-tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities, the residents’ right to be free from sexual abuse and sexual harassment, the rights of residents and staff to be free from retaliation, the dynamics of sexual abuse in a confinement setting, the common reactions of victims, how to detect and respond to signs of threatened sexual abuse, signs of predatory behavior, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with LGBTI residents and how to comply with relevant mandatory reporting laws.</p> <p>115.231 (b): The training is tailored to meet the needs of male and female residents. Employees who are reassigned from facilities housing only one gender of residents are given additional training to meet the needs of the opposite gender population. Between trainings, employees are provided with ongoing PREA information in staff meetings.</p> <p>115.231 (c): In information provided on the Pre-Audit Questionnaire, In the past 12 months, all assigned employees of the Ghent Residential Reentry Center completed PREA training.</p> <p>15.231 (d): Employees are required to sign a CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgement form (14-2A-CC) acknowledging they have reviewed agency policy 14-2 CC and have completed and understood the PREA training provided. Employee PREA training is conducted by the Learning and Development Manager or sometimes by CoreCivic’s corporate Learning and Development Manager for community corrections. In information received from staff, 2022 PREA training was held in August facilitated by CoreCivic's corporate Learning and Development Manager for community corrections. Eight employee files selected were reviewed to determine compliance with PREA training requirements. Employees and contractors are required to sign a 14-2A-CC form upon completion of PREA training as stated in agency policy 14-2 CC, page 6, section C-3. According to provision (d) of standard 115.231, “The agency shall document, through employee signature or electronic verification, that employees understand the training they received”. In review of employee files, the majority of the required 14-2A-CC forms were not found in employee files. Due to this finding the facility did not meet compliance to provision (d) of standard 115.231 and therefore, entered into a 60-day corrective action period.</p>

Recommended Corrective Action:

- The facility to provide a current employee roster.
- The Learning and Development Manager is to ensure all current employees sign a 14-2A-CC form acknowledging receiving PREA training in 2022.
- Send copies of the 14-2A-CC forms to me and to the PREA Coordinator.
- Ensure moving forward, upon completion of PREA training, 14-2A-CC forms are signed and maintained by the facility.

Corrective Action Taken:

During the Post-Audit Phase, the Director, PREA Compliance and Investigations communicated with the agency's Manager of Business Unit Training regarding the facility's non-compliance to provision 115.231 (d) of this standard. The Manager of Business Unit Training confirmed through email that all employees of the Ghent Residential Reentry Center completed in-person PREA training facilitated by her in 2022, but 14-2A-CC, *CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgement* forms were not signed by employees following completion of the training. She shared that moving forward, all training for BOP facilities beginning this year will be online only. The online training program has an acknowledgement form attached and training does not show complete until the employee checks off that they understand the training. It was determined that it would not be necessary for employees to sign 14-2A-CC forms for PREA training in 2022 as stated in the Recommended Corrective Action, second bullet. Due to information from the agency's Manager of Business Unit Training, it was determined the facility achieved compliance to all provisions of standard 115.231.

Employees interviewed acknowledged receiving PREA training in August 2022 at the James River Residential Reentry Center and were knowledgeable of the zero-tolerance policy and their responsibilities related to the prevention, detection and response to sexual abuse and sexual harassment.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>15.232 (a): CoreCivic policy 14-2, pages 6-7, section C-8, outlines the training requirements for contractors and volunteers. The objectives of the trainings ensure volunteers and contractors are trained of their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection and response policies and procedures. The Ghent Residential Reentry Center has seven contractors, who are shared with the James River Residential Reentry Center. The facility does not have volunteers.</p> <p>115.232 (b): The level and type of training provided to contractors and volunteers is based on the services they provide. Per policy and standard requirements, all contractors and volunteers who have contact with residents are notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed of how to report such incidents. The <i>PREA Overview: Training for Contractors and Volunteers</i> curriculum was provided for review.</p> <p>115.232 (c): Contractors sign a CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgement form (14-2A-CC) confirming they received and understood the training they received. In interview with three contractors, they confirmed receiving PREA training. In review of training records of four contractors, 14-2A-CC forms were found to be maintained in their training records.</p>

115.233	Resident education
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1485 958">115.233 (a): Based on CoreCivic’s policy 14-2 CC, pages 10 & 11, section H-1-5, all residents receive information upon arrival to the facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. In information provided on the Pre-Audit Questionnaire, in the past 12 months 127 residents assigned to the Ghent Residential Reentry Center received PREA information at intake. Residents receive a CoreCivic <i>PREA Prevent, Detect, Respond</i> brochure (14-2AA) and a <i>Resident Handbook</i> on day of arrival to the facility. PREA information is provided to residents on pages 30-32 of the <i>Resident Handbook</i>. Residents are given verbal information by Monitor I's of the zero-tolerance policy informing them of methods of reporting allegations of sexual abuse and sexual harassment. When interviewed, Monitor I's confirmed the PREA information provided to residents upon arrival to the facility. Residents interviewed also confirmed they received written information upon intake.</p> <p data-bbox="280 999 1453 1155">115.233 (b): Residents who transfer from another community confinement facility receive the same PREA education as all residents assigned to the facility. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no residents who transferred from a different community confinement center.</p> <p data-bbox="280 1196 1437 1397">115.233 (c): Residents are provided PREA information in formats accessible to all residents. Written PREA information and posted information is provided in both English and Spanish. The facility has a contract with Language Line Services to provide translation of PREA information. A TTY is available for residents who are deaf or hard of hearing.</p> <p data-bbox="280 1438 1469 1841">115.233 (d): Ten random resident records were reviewed to determine compliance with the requirements for resident PREA education. Resident records reviewed showed residents receive a CoreCivic <i>PREA Prevent, Detect, Respond</i> pamphlet and a <i>Resident Handbook</i>. They sign a <i>PREA Acknowledgement Zero Tolerance Acknowledgements for Offender 115.233</i> form acknowledging receipt and understanding of the zero-tolerance policy and the reporting information contained on the form. They also sign an <i>Intake Checklist</i> acknowledging receipt of the <i>Resident Handbook</i> and acknowledge receiving verbal information on several topics including PREA information. Records reviewed were complete with required documentation of PREA education being maintained by the facility.</p> <p data-bbox="280 1881 1485 2002">115.233 (e): In addition to the PREA education residents receive on day of arrival, posted PREA information in numerous locations throughout the facility ensures PREA information is continuously available to residents.</p>

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.234 (a): Based on CoreCivic’s policy 14-2 CC, page 6, section C-5, in addition to general training provided to all employees, CoreCivic ensures facility Investigators receive training on conducting sexual abuse investigations in confinement settings.</p> <p>115.234 (b): The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warning, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution as verified in review of the <i>Investigating Sexual Abuse in Confinement Settings</i> curriculum provided for review.</p> <p>115.234 (c): The Facility Director/PREA Compliance Manager is the facility’s trained Investigator. The facility provided a copy of a certificate of completion of specialized investigative training the Facility Director completed on 7/10/22. Also provided was a <i>CoreCivic PREA Training Acknowledgement Specialized Training</i> form (14-2A1-CC) signed by the Facility Director upon completion of this training. The facility also maintains documentation of the general PREA training provided to all employees completed by the facility investigator.</p> <p>When interviewed, the Facility Director/PREA Compliance Manager knew her responsibilities in conducting administrative investigations of sexual abuse and sexual harassment and her responsibility for referral of any allegation that appear to be criminal to the Norfolk Police Department.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.235 (a): According to CoreCivic policy 14-2 CC, pages 6 & 7, section C-6 & 7, CoreCivic ensures in addition to general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work regularly in their facilities shall receive specialized medical training.</p> <p>The Ghent Residential Reentry Center does not employ medical or mental health staff; therefore, this standard is not applicable to this facility. All medical and mental health services are provided off-site by referral to off-site providers.</p>

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1477 707">115.241 (a): Residents are screened for their risk of being sexually abused or sexually abusive towards others according to policy 14-2 CC, pages 9 & 10, section G. Upon admission to the Ghent Residential Reentry Center, all residents are screened for their risk of being sexually abused or sexually abusive towards others. Ten random resident records were reviewed to determine compliance with risk screening procedures. Monitor I's are responsible for conducting initial risk screenings. The Sexual Abuse Screening Tool (14-2B-CC) is electronically completed in the COATS system. When interviewed, Monitor I's explained the intake screening process.</p> <p data-bbox="280 748 1477 987">115.241 (b): At the Ghent Residential Reentry Center intake screening is completed within 24 hours off arrival to the facility or the following. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 127 residents assigned to the facility were screened upon arrival for their risk of sexual victimization and sexual abusiveness. Residents interviewed confirmed being screened on the first day of arrival to the facility.</p> <p data-bbox="280 1028 1477 1144">115.241 (c): Residents are screened, using CoreCivic's <i>Sexual Abuse Screening Tool</i> (14-2B-CC), an objective screening tool. The 14-2B-CC is completed electronically in the COATS, system.</p> <p data-bbox="280 1184 1477 1341">115.241 (d): In review of the screening tool, it was found to consider all of the criteria required in this provision of this standard. The PREA Compliance Manager and the assigned Monitor I's interviewed confirmed some of the questions that are on the <i>Sexual Abuse Screening Tool</i> (14-2B-CC) screening too.</p> <p data-bbox="280 1382 1477 1538">115.241 (e): The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing residents for risk of being sexually abusive, as confirmed by interview of Monitor I's.</p> <p data-bbox="280 1579 1477 1906">115.241 (f): According to policy 14-2 CC, page 10, section G-11, between 20-29 days after arrival to the facility, residents are rescreened using the <i>Sexual Abuse Screening Tool</i> (14-2B-CC) to reassess the resident's risk of victimization or abusiveness. According to information provided on the Pre-Audit Questionnaire, in the past 12 months 110 residents assigned to the facility whose length of stay was over 30 days were reassessed for their risk of victimization or abusiveness. In review of 10 resident files, 30-day reassessments are being completed on or before the 30th day of arrival to the facility.</p> <p data-bbox="280 1946 1477 2063">115.241 (g): In interview of Case Managers, they reported a resident's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of</p>

sexual victimization or abusiveness.

115.241 (h): Residents are not disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the screening form.

115.241 (i): The 14-2B-CC forms are stored electronically in COATS. Case Managers also print the screening forms and maintain folders for each resident. These folders were found in a filing cabinet located in the Case Manager's office. All staff have access to COATS, but not to the paper resident files.

115.242	Use of screening information
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1469 748">115.242 (a): According to policy 14-2 CC, page 9, section G-1, residents are assessed during intake screening in order to obtain information relevant to make housing, bed, work and program assignments with the goal of separating residents at high risk of being sexually victimized from residents at high risk of being sexually aggressive. In interview with the PREA Coordinator he stated, "The goal is to separate actual and potential victims and abusers. Each facility uses the 14-2B-CC, risk screening instrument to identify victims and abusers and separate them accordingly in housing placement. To the extent possible in community corrections this is also considered in job placement and programming. Monitor I's and Case Managers interviewed explained how information from the risk screenings is used.</p> <p data-bbox="280 790 1477 1115">115.242 (b): Page 12 of policy 14-2 CC, section I, addresses how individualized determinations are made about how to ensure the safety of each resident. In interview with the PREA Compliance Manager, Security Monitors and Case Managers they explained how the facility utilizes information from the screening to keep residents safe from sexual abuse. Residents who score at risk for victimization or abusiveness are not housed together. Those who score as victims are housed in the front of the dorm away from potential predators. Victims and predators are tracked on <i>PREA Alert Rosters</i> generated in COATS.</p> <p data-bbox="280 1158 1465 1644">115.242 (c): Guidelines on housing and program assignments for the management of transgender and intersex residents are outlined in policy 14-2 CC, page 12, section I-7. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, CoreCivic considers on a case-by-case basis whether the placement would ensure the resident's health and safety and whether the placement would present management or security problems. In interview with the PREA Coordinator he stated, "CoreCivic is a private company and the initial assignment of residents to each community facility is made by a partner agency. Once at a facility, a housing assignment for a transgender and/or intersex resident is made on an individual basis. Through the partner agency, and following discussion with the resident, the best facility, dorm or room assignment is selected."</p> <p data-bbox="280 1686 1458 1883">115.242 (d): Transgender and intersex residents are reassessed at least twice a year to review placement and programming assignments and any threats to safety experienced by the resident. Case Managers interviewed were knowledgeable of this requirement. At the time of the onsite audit visit, there were no residents who self-disclosed being transgender or intersex.</p> <p data-bbox="280 1926 1474 2085">115.242 (e): Transgender and intersex residents' own view of his or her safety is given serious consideration. Upon arrival to the facility, a transgender or intersex resident would be interviewed by members of the Sexual Abuse Response Team (SART) and a <i>Transgender/Intersex Assessment and Treatment Plan</i> (14-9A CC) form</p>

would be completed.

115.242 (f): According to agency policy, transgender and intersex residents are given the opportunity to shower separately from other residents. In interview with the PREA Coordinator he stated, "Each facility has a plan for this based on the physical layout of the facility and shower areas. Most community facilities have individual shower stalls with curtains to ensure privacy." In interview with the Facility Director/PREA Compliance Manager, transgender and intersex residents would be offered the opportunity to shower in an individual restroom where there is a single shower.

115.251	Resident reporting
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1469 833">115.251 (a): Policy 14-2 CC, pages 15 & 16, section K, outlines the procedures for resident reporting of allegations of sexual abuse and sexual harassment, retaliation by other residents or staff or staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed of the zero-tolerance policy and methods of reporting in the CoreCivic brochure, <i>PREA Prevent, Detect, Respond</i>, in the <i>Resident Handbook</i> and on information posted throughout the facility in both English and Spanish. Residents are informed they can report allegations to the Facility Director or other supervisory staff by forwarding a letter, sealed and marked “confidential” and can verbally report to the PREA Compliance Manager or any employees. They are also told family and friends can report an allegation on their behalf. Residents and staff interviewed were aware of resident reporting options available to them.</p> <p data-bbox="280 873 1477 1451">115.251 (b): Residents are also informed that they have options to report abuse or harassment to a public or private entity that is not part of the agency. Residents can dial 911 to reach the Norfolk Police Department or call them at 757-823-4433. They are also provided the phone number to the Bureau of Prisons-Baltimore Residential Reentry Manager's Office (RRM) (202-514-8304) and given the addresses to the Federal Bureau of Prisons National PREA Coordinator and the Federal Bureau of Prisons Office of Internal Affairs. The majority of residents have their own personal cell phones. The facility does not have resident pay phones, but there is a portable phone kept in the Monitors’ Office available for residents to use with telephone wall plugs in the female hallway and in the Dining/Multipurpose room. A call was made to the Residential Reentry Manager’s (RRM) Office (202-514-8404) on the portable phone. The person answering the phone stated the caller to this number would be instructed to leave a message and the message would be forwarded to the appropriate Contract Oversight Specialist who would call the resident back.</p> <p data-bbox="280 1491 1477 1733">115.251 (c): Employees must take all allegations of sexual abuse and harassment seriously whether they be made verbally, in writing, anonymously and from third parties and are required to promptly document all verbal reports as stated on page 17, section K-2-b of policy 14-2 CC. Staff interviewed knew the reporting options for residents and knew verbal reports must be documented. Staff who fail to report allegations may be subject to disciplinary action.</p> <p data-bbox="280 1774 1469 2056">115.251 (d): According to policy 14-2 CC, page 17, section K-2-f, CoreCivic employees, contractors, volunteers and third parties may privately report sexual abuse and sexual harassment of residents in writing or may contact the CoreCivic’s Ethics and Compliance Hotline at 1-800-461-9330 or report on CoreCivic’s website at www.corecivic.com/ethicsline. Reporting methods can be found on the CoreCivic website and in the <i>CoreCivic Code of Ethics</i>, pages 16 & 17. Staff are informed of the <i>Ethics Line on Speak Up</i> posters. Employees can also report in writing to the</p>

Facility Director in a sealed envelope marked "Confidential".

Residents interviewed were aware of the methods of reporting available to them. Staff interviewed were aware of privately reporting sexual abuse of residents by calling the agency's Ethics and Compliance hotline or reporting on the ethics line website and in writing confidentially to the Facility Director.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.252 (a): According to policy 14-2 CC, page 17, section K-1-d, CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse, unless specifically mandated by contract. Any PREA allegations received as a grievance are submitted BOP. BOP Program Statement number 1330.18, <i>Administrative Remedy Program</i> outlines the procedures for BOP's handling of grievances received alleging sexual abuse or sexual harassment. On information provided on the Pre-Audit Questionnaire, in the past 12 months the facility has not received any grievances alleging sexual abuse. In interview with the Facility Director/PREA Compliance Manager, she confirmed no PREA-related grievances were received in the past 12 months and stated any grievances received would be submitted to BOP.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.253 (a): Policy 14-2 CC, pages 8 & 9, section F, outlines the agency’s policy on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are given the telephone number to the YWCA South Hampton Roads where residents can request victim advocacy and emotional support services. Residents are informed they may remain anonymous upon request. Information about the YWCA South Hampton Roads was found posted in resident rooms and in other locations throughout the facility. In interview with random residents, they knew where they could find posted information about the YWCA.</p> <p>115.253 (b): Residents are informed prior to giving them access to outside victim advocates to the extent to which such communication will be monitored and to the extent which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Residents are informed calls to the YWCA are not recorded and are not monitored. In interview of the Chief Operating Officer of the YWCA South Hampton Roads, she confirmed information remains confidential. When interviewed, random residents knew they could remain anonymous.</p> <p>115.253 (c): The facility has attempted to enter into an MOU with the YWCA South Hampton Roads. The facility provided a copy of the draft MOU for review. When contacted the Chief Operating Officer of the YWCA explained the services her agency provides to victims of sexual abuse.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.254 (a): The agency has a method to receive third-party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing to the PREA Coordinator or the Facility Director. Per CoreCivic policy 14-2 CC, page 17, section K-2-f, information on third party reporting is made available on CoreCivic’s website (www.corecivic.com/ethicsline).</p> <p>Residents and staff are made aware of third-party reporting on <i>Speak Up! The Ethics Line</i> posters. The posters have the Ethics Line website information and the phone number to reach the Ethics Line (1-800-461-9330). Residents and staff interviewed were knowledgeable of this method of reporting.</p>

115.261	Staff and agency reporting duties
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1469 748">115.261 (a): Based on agency policy 14-2 CC, page 17, section K-2, staff must take all allegations of sexual abuse and sexual harassment seriously, including verbal, anonymous and third-party reports. All staff are required to report immediately to the Facility Director/PREA Compliance Manager any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against residents or staff who reported such an incident. Staff are to document all verbal reports promptly. Staff who fail to report allegations may be subject to disciplinary action. Random staff interviewed knew their reporting responsibilities. The <i>PREA Overview training</i> curriculum addresses staff reporting responsibilities during pre-service and in-service training.</p> <p data-bbox="280 790 1469 947">115.261 (b): Apart from reporting to designated supervisors, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. Staff interviewed confirmed this practice.</p> <p data-bbox="280 990 1469 1102">115.261 (c): The Ghent Residential Reentry Center does not have medical or mental health staff; therefore, this provision of the standard is not applicable to this facility.</p> <p data-bbox="280 1144 1469 1637">115.261 (d): The Ghent Residential Reentry Center houses adult male and female residents, none of whom according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statue, as verified by interview with the Facility Director. If there is an allegation of a vulnerable adult, facilities are instructed to contact local law enforcement agencies responsible for conducting criminal investigations to be advised of any reporting requirements." In interview with the Facility Director/PREA Compliance Manager, she stated she would contact law enforcement for information on local laws involving vulnerable adults. When interviewed the PREA Coordinator stated, "Notifications are made in accordance with state law. CoreCivic community corrections facilities do not house offenders under the age of 18. For all others, the partner agency and local law enforcement are notified."</p> <p data-bbox="280 1680 1469 2000">115.261 (e): The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the Facility Director/PREA Compliance Manager. The Sexual Abuse Incident Check Sheet (14-2C-CC) is used to ensure all required steps and notifications are made. Interview with all specialized and random staff revealed staff is very knowledgeable of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary.</p> <p data-bbox="280 2042 1469 2110">115.261 (e): The facility will report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the Facility Director/</p>

	PREA Compliance Manager.
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.262 (a): Policy 14-2 CC, page 18, section M-1 requires that when it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident. In interview with the Vice President, Core Services (agency head designee), he stated, "Staff take immediate action to protect the resident by removing the resident from the area and/or individuals where risk may be stemming from, and an investigation is immediately initiated."</p> <p>In interview with the Facility Director/PREA Compliance Manager and on information reporting on the Pre-Audit Questionnaire, in the past 12 months there were no instances where it was necessary for the facility to take immediate action in regard to a resident being at substantial risk of sexual abuse. The Facility Director/PREA Compliance Manager stated she would ensure the resident was housed properly and notify BOP. Staff interviewed were aware of their responsibilities if they felt a resident was at risk for sexual abuse. They knew they are required to report this information to their supervisor. All staff carry with them a First Responder Card reminding them of the actions to take in the event they are a first responder to an allegation of sexual abuse. The <i>Sexual Abuse Incident Check Sheet (14-2C-CC)</i> is used to ensure all required steps and notifications are made.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.263 (a): CoreCivic policy 14-2 CC, page 23, section M-16 was used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director/PREA Compliance Manager shall notify the head of the facility where the sexual abuse was alleged to have occurred, with a copy of the statement of the resident forwarded as part of the notification.</p> <p>115.263 (b): This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation. In interview with the Vice President, Core Services (agency head designee) he stated, "The most common examples are allegations inmates make during the. In information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, there were no notifications received that a resident was abused while confined to another facility.</p> <p>115.263 (c): The Facility Director is required to document on the 5-1B, Notice to Administration form that notification was provided.</p> <p>115.263 (d): The facility head or agency office that receives a notification will ensure that the allegation is investigated in accordance with the PREA standards. In interview with the Vice President, Core Services (agency head designee) he stated, "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." When interviewed, the Facility Director/PREA Compliance Manager stated if she received a notification of this nature, she would investigate immediately.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.264 (a): CoreCivic policy 14-2 CC, pages 18 & 19, sections M-2-6, outlines the procedures for first responders to allegations of sexual abuse by security and non-security staff. Per policy, upon learning of an allegation of sexual abuse, the first security responder is to keep the alleged victim safe with no contact with the alleged perpetrator and immediately escorted to a private area and ensure that the crime scene is preserved. If the abuse was alleged to have occurred within a period of time that allows for the collection of physical evidence, staff shall request the alleged victim to not wash, shower, remove clothing, use the restroom, eat, drink, smoke or brush his/her teeth and notify the highest supervisory authority on-site. Staff will ensure the alleged abuser does not take any actions that could destroy physical evidence. According to information reported on the Pre-Audit Questionnaire and in interview with the Facility Director/PREA Compliance Manager, in the past 12 months there were no allegations of sexual abuse reported.</p> <p>115.264 (b): Policy mandates that if the first responder to an allegation of sexual abuse is a non-security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence and then notify security staff immediately.</p> <p>All staff carry with them a First Responder Card that highlights their responsibilities in response to allegations of sexual abuse and sexual harassment. The <i>Sexual Abuse Incident Check Sheet</i> (14-2C CC) is used to ensure all required steps and notifications are made. Security and non-security staff are trained on first responder duties during annual PREA training. Interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and any physical evidence.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.265 (a): CoreCivic policy 14-2 CC, pages 17 & 18, section L, outlines the facility's coordinated response to an incident of sexual abuse. It is the responsibility of the Sexual Abuse Response Team (SART) to ensure coordination of the facility's coordinated response plan. The SART includes the Facility Director, Site Checker, Employment Placement Specialist, Case Manager and two Security Monitors. When interviewed, the Facility Director confirmed the members of the SART.</p> <p>A <i>Sexual Abuse Incident Check Sheet</i> (14-2C-CC) is completed for all allegations of sexual abuse to ensure that all steps of the coordinated response plan are carried out and required notifications are made. All staff carry with them a <i>First Responder Card</i> to remind them of the steps to take in response to an allegation of sexual abuse. Interviews with Facility Director/PREA Compliance Manager and other members of the SART revealed members of the SART know their responsibilities in carrying out the coordinated response plan.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.266 (a): CoreCivic policy 14-2 CC, page 29, section S-2-g & h, was used to verify compliance to this standard. CoreCivic would not enter into any collective bargaining agreement or other agreement that would limit the agency's ability to remove alleged employee sexual abusers from contact with residents pending the outcome of an investigation. Employees are subject to disciplinary sanctions up to termination for violating CoreCivic's policies on sexual abuse and sexual harassment.</p> <p>According to information provided by the Facility Director/PREA Compliance Manager, since the last PREA audit the Ghent Residential Reentry Center has not entered into or renewed any collective bargaining agreements. There are no restrictions to keep the agency from removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation. In interview with the Vice President, Core Services (agency head designee) he stated, "CoreCivic as an agency has entered into and/or renewed collective bargaining agreements since August 12, 2012. The agreements permit CoreCivic to remove alleged staff sexual abusers from contact with an inmate pending an investigation or disciplinary action."</p>

115.267	Agency protection against retaliation
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1481 667">115.267 (a): CoreCivic has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined on page 21, section M-14 of policy 14-2 CC. The agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims. The Facility Director is responsible for monitoring residents and employees for retaliation. Monitoring is documented on the 14-2D-CC, <i>PREA Retaliation Monitoring Report</i>.</p> <p data-bbox="280 705 1481 1238">115.267 (b): Multiple protection measures, such as housing changes, or transfers of resident victims or abusers, removal of alleged staff or resident abusers from contact with victims are taken. In interview with the Facility Director/PREA Compliance Manager, she explained what protection measures are taken to protect residents and staff from retaliation. In interview with the Vice President, Core Services (agency head designee), he stated, "For both inmates/residents and staff who have reported allegations 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 action which may be perceived as retaliatory whether it be housing and/or job assignments and inmates/residents and shift changes, evaluations, etc. for staff. These reviews also occur for victims of sexual harassment/sexual abuse."</p> <p data-bbox="280 1276 1481 1603">115.267 (c): Monitoring is required 30/60/90 days following an allegation and can continue beyond 90 days if there is a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place. In interview with the Facility Director/PREA Compliance Manager, she explained the process and time frames of retaliation monitoring and the things she would look for to determine if retaliation may be occurring. There would be disciplinary action if retaliation occurs.</p> <p data-bbox="280 1641 1422 1720">115.267 (d): In addition to monthly monitoring, residents will also have periodic status checks and any relevant documentation will be reviewed.</p> <p data-bbox="280 1758 1481 1962">115.267 (e): If other individuals who cooperate with an investigation express a fear of retaliation, appropriate measures will be taken to protect that individual from retaliation. In interview with the Vice President, Core Services he stated, "Our policies and practices prohibit retaliation for any reason and we include this expectation in training with staff. Any violations are acted upon accordingly."</p> <p data-bbox="280 2000 1374 2078">115.267 (f): The agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p>

	<p>According to documentation provided on the Pre-Audit Questionnaire and in interview with the Facility Director/PREA Compliance Manager, no incidents of retaliation have occurred in the past 12 months.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.271 (a): The agency/facility conducts an investigation immediately when notified of an allegation of sexual abuse and sexual harassment including third party and anonymous reports. The Facility Investigator is responsible for conducting administrative investigations of all sexual abuse and sexual harassment allegations at the Ghent Residential Reentry Center. Administrative investigations are required to be conducted promptly, thoroughly and objectively. The agency's policy on administrative investigations is outlined in CoreCivic's policy 14-2 CC, pages 24 & 25, section N, and criminal investigations are outlined on pages 25 & 26, section O. According to policy 14-2 C, all allegations of sexual abuse and sexual harassment are reported in the CoreCivic 5-1 CC policy, Incident Reporting. In interview with the Facility Director/PREA Compliance Manager, who is the facility's Investigator, she knew her responsibilities in the conduct of administrative investigations. On information provided on the Pre-Audit Questionnaire and in interview with the Facility Director/PREA Compliance Manager, there have been no allegations of sexual abuse or sexual harassment reported in the past 12 months and none since the last PREA audit.</p> <p>115.271 (b): Documentation provided showed the facility Investigator completed Investigating Sexual Abuse in a Confinement Setting, a web-based training, on 7/10/22. A copy of her certificate of completion was provided for review. The Facility Director/PREA Compliance Manager confirmed completion of this training.</p> <p>115.271 (c): The Investigators gathers and preserves direct and circumstantial evidence, including physical and DNA evidence and available electronic monitoring data. When interviewed the Facility Director confirmed this requirement.</p> <p>115.271 (d): Allegations involving staff or residents that appear to be criminal are referred to the Norfolk Police Department. If the evidence appears to support criminal prosecution, compelled interviews will be conducted after consulting with prosecutors.</p> <p>115.271 (e): The credibility of an alleged victim, suspect or witness is assessed on an individual basis and shall not be determined by the person's status as a resident or a staff. The agency does not require a resident who alleges sexual abuse to submit to a polygraph test. This was confirmed in interview with the Facility Director.</p> <p>115.271 (f): The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation is documented on the 5-1G-CC, <i>Incident Investigation Report</i>. The report includes investigative facts, physical evidence and testimonial evidence, reasoning behind credibility assessments, investigative findings and whether actions and/or failures of staff to act contributed to the incident, including</p>

explanation as to what determined the conclusion.

115.271 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. In conversation with a Detective of the Special Crimes Unit of the Norfolk Police Department, he stated the facility would be able to request a copy of the criminal investigative report through their Central Records Office.

115.271 (h): Substantiated allegations shall be referred for prosecution to the Commonwealth of Virginia District Attorney's office. On information provided on the Pre-Audit Questionnaire, since the last PREA audit there were no substantiated of sexual abuse referred for prosecution.

115.271 (i): CoreCivic retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years as required by the *CoreCivic Retention Schedule* (1-15 B).

115.271 (j): If an alleged staff abuser or victim terminates employment before the conclusion of an investigation, the investigation continues. If a resident abuser or victim leaves the facility before the conclusion of the investigation, the investigation continues.

115.271 (k): The Norfolk Police Department conducts investigations as required in provisions (a) - (j) of this standard.

115.271 (l): The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. In interview with the PREA Coordinator he stated, "The facility stays informed of the progress of the investigation through direct contact with the local law enforcement agency." In interview with the Facility Director she stated, she would communicate with the Detective of the Norfolk Police Department.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.272 (a): Based on CoreCivic’s policy 14-2 CC, page 25, section N-8, the agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the Facility Director/PREA Compliance Manager was asked what standard of evidence was used in determining if an allegation is substantiated, she confirmed the agency’s policy and standard requirement.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.273 (a): Policy 14-2 CC, pages 27 & 28, section R, was used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of a resident, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. It is the responsibility of the Facility Director/PREA Compliance Manager to present the notice to the victim. In interview with the Facility Director/PREA Compliance Manager, she confirmed this requirement.</p> <p>115.273 (b): If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident. In the last 12 months, there were no allegations of sexual abuse reported.</p> <p>115.273 (c): The policy further states that following a resident’s allegation that an employee has committed sexual abuse against the resident; the facility is required to inform the resident of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. The resident will be informed if the staff member is no longer posted within the resident’s unit, if the staff member was indicted on a charge related to sexual abuse or if the staff member has been convicted on a charge related to sexual abuse.</p> <p>115.273 (d): Following a resident’s allegation that another resident sexually abused him/her, the agency shall inform the resident of the outcome of the investigation. The resident is informed if the alleged abuser was indicted on a charge related to sexual abuse or the alleged abuser was convicted on a charge related to sexual abuse.</p> <p>115.273 (e): All notifications or attempted notifications shall be documented on the 14-2E-CC, <i>Resident Allegation Status Notification</i> form. The resident signs the 14-2E-CC and the form is filed in the corresponding investigative file. In information provided on the Pre-Audit Questionnaire, there was no allegations of sexual abuse reported in the past 12 months.</p> <p>115.273 (f): The facility's obligation to notify the resident shall terminate if the resident is released from custody.</p>

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.276 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy 14-2 CC, page 29, section S-2-a-d. All new employees receive a <i>BOP Code of Ethics Acknowledgement BOP Standards of Employee Conduct</i> form (3-3C-CC). new employees sign the 3-3C-CC form acknowledging they have read the information and understand the contents.</p> <p>115.276 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>115.276 (c): Disciplinary sanctions for violation of agency policies related to sexual abuse or sexual harassment shall commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and other sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>115.276 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>From information provided on the Pre-Audit Questionnaire and in interview with the Facility Director/PREA Compliance Manager, in the past 12 months, there were no staff found in violation of the agency's sexual abuse and sexual harassment policy.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.277 (a): Based on review of policy 14-2 CC, page 29, section S-2-e & f, any volunteer or contractor who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies or licensing boards, unless the activity was clearly not criminal. The facility has reported having seven contractors and does not utilize the services of volunteers.</p> <p>115.277 (b): Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions.</p> <p>In interview with the Facility Director/PREA Compliance Manager and documentation provided on the Pre-Audit Questionnaire, in the past 12 months there were no contractors who violated the agency's sexual abuse policy. She stated if a contractor was found to violate the agency's sexual abuse policy, they would be removed from the facility and possibly face criminal charges.</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1461 622">115.278 (a): Per policy 14-2 CC, page 28, section S-1, residents will be subject to disciplinary sanctions following an administrative finding that the resident was found guilty of resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Residents are informed in the <i>House Rules and Regulations</i> they receive on date of arrival that there is no consent to sexual activity at this facility. They also receive BOP information informing them of prohibited acts and sanctions that will be imposed for committing these acts.</p> <p data-bbox="280 633 1445 835">Residents sign acknowledging they have read and understand the <i>BOP Prohibited Acts and House Rules and Regulations</i> and agree to obey them. According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director/PREA Compliance Manager, in the past 12 months there were no residents found in violation of the zero-tolerance policy.</p> <p data-bbox="280 875 1453 1032">115.278 (b): Sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. In interview, the Facility Director/PREA Compliance Manager confirmed this requirement.</p> <p data-bbox="280 1072 1469 1274">115.278 (c): The disciplinary process considers whether a resident’s mental disabilities or mental illness contributed to his behavior in determining what type of sanction, if any should be imposed. In interview with the Facility Director/PREA Compliance Manager, she stated a resident’s mental disability or mental illness would be considered before sanctions were imposed.</p> <p data-bbox="280 1314 1453 1426">115.278 (d): In the case of sexual abuse, the alleged perpetrator is offered mental health services. Mental health services are provided by referral to an offsite provider, after approval by the BOP.</p> <p data-bbox="280 1467 1422 1543">115.278 (e): A resident may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct.</p> <p data-bbox="280 1583 1481 1785">115.278 (f): Residents who allege false claims of sexual abuse can be disciplined. A report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="280 1825 1481 2027">115.278 (g): Sexual activity between residents is prohibited in all CoreCivic facilities and residents may be disciplined for such activity. Residents are informed that sexual misconduct is a violation against the facility’s rules and regulations and what constitutes sexual misconduct. All sexual activity between residents is prohibited and residents are informed they will be disciplined for violations.</p>

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.282 (a): All resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention service, the nature and scope determined by community medical and mental health practitioners according to their professional judgement, according to CoreCivic policy 14-2 CC, page 22, section M-15-a-d.</p> <p>115.282 (b): The Ghent Residential Reentry Center does not have medical or mental health practitioners on staff. Security staff first responders are required to take steps to protect the victim. Resident victims of sexual abuse are referred to Norfolk Sentara Medical Center for medical services, Chesapeake Forensic Services for forensic exams and to the YWCA South Hampton Roads for emotional support services. Security and non-security staff confirmed their knowledge of the requirements to protect the victim.</p> <p>115.282 (c): Resident victims of sexual abuse are transferred to the Chesapeake Forensic Services where SANE exams are performed. Victims of sexual abuse are offered sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care and female victims receive a pregnancy test and are given the morning after pill.</p> <p>115.282 (d): Medical and mental health treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.283 (a): Based on CoreCivic’s policy 14-2 CC, pages 22 & 23, section M-15-e-j, the facility ensures medical and mental health evaluations and treatment to all residents who have been victimized by sexual abuse.</p> <p>115.283 (b): This treatment includes follow-up services, treatment plans and when necessary, referrals for continued care. Ongoing medical services are offered at the Norfolk Sentara Medical Center. Mental health services are provided by the YWCA South Hampton Roads or by other community mental health providers by referral.</p> <p>115.283 (c): Resident victims of sexual abuse are provided medical and mental health services consistent with the community level of care.</p> <p>115.283 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests as was confirmed in interview with the Director of the Chesapeake Forensic Services.</p> <p>115.283 (e): Based on CoreCivic’s policy 14-2 CC and in conversation with the Director of Chesapeake Forensic Services, resident victims of sexually abusive vaginal penetration while incarcerated are given a pregnancy test. If pregnancy results, victims will receive timely access to lawful pregnancy-related medical services.</p> <p>115.283 (f): Resident victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. Resident victims of sexual abuse are offered prophylactics STD's.</p> <p>115.283 (g): Treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation of the incident.</p> <p>115.283 (h): According to agency policy, page 11, section G-15, resident-on-resident abusers would be referred to a community provider for a mental health evaluation, to be seen within 60 days.</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.286 (a): Based on policy 14-2 CC, pages 26 & 27, section P, the Facility Director/PREA Compliance Manager will ensure a post investigation review of a sexual abuse incident is conducted within 30 days of the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. The <i>Sexual Abuse or Assault Incident Review Report</i> (14-2F CC) is completed for this review.</p> <p>115.286 (b): The review shall occur within 30 days of the conclusion of the investigation.</p> <p>115.286 (c): It is the responsibility of the SART to conduct these reviews. Members of the SART include the Facility Director, the Site Checker, Employment Placement Specialist, Case Manager and two Security Monitors, with the PREA Coordinator and/or the Director, PREA Compliance and Investigation in attendance via telephone or zoom. In interview with the Facility Director, she confirmed the members of the SART.</p> <p>115.286 (d): When reviewing an incident, the SART considers the requirements of 115.286 (d) of this standard, which includes whether the incident was motivated by race, ethnicity, and gender identity, sexual orientation or gang affiliation. They examine the area in the facility where the incident alleged to have occurred to assess for physical barriers, assess the adequacy of staffing levels in the area during different shifts to include supervisory staff and assess whether monitoring technology should be deployed. All findings and recommendations for improvement are documented and submitted to the PREA Coordinator. In interview with the PREA Coordinator he stated he receives copies of the 14-2F CC reports. On information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months there were no allegations of sexual abuse reported. When interviewed, members of the SART knew their responsibilities as they relate to the review of sexual abuse incidents.</p> <p>115.286 (e): The facility will implement the recommendations for improvement or will document reasons for not doing so. In interview with the PREA Coordinator, he stated the Facility Director is tasked with taking corrective action to address any findings.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.287 (a): Information on data collection is found on pages 29, sections T-1-3, of CoreCivic’s policy 14-2 CC. CoreCivic collects uniform data for every allegation of sexual abuse at all facility under their control. The facility ensures incidents of sexual abuse are entered into the 5-1 CC reporting system as required in CoreCivic policy 5-1 CC, <i>Incident Reporting</i>.</p> <p>115.287 (b): At least annually, the PREA Coordinator aggregates the incident-based sexual abuse data. In interview with the PREA Coordinator he stated, "The agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies and training. Data from all facilities is included in the process.</p> <p>115.287 (c): The data collected, will be 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 (DOJ).</p> <p>115.287 (d): The facility maintains, reviews and collects data as needed including reports, investigation files and sexual abuse incident reviews. The facility will ensure that incidents of sexual abuse and sexual harassment are reported on the <i>Prison Rape Elimination Act (PREA) Reporting (5-1E)</i> form. According to CoreCivic’s policy 14-2 CC, page 30, section T-11, aggregated PREA sexual abuse data is retained for 10 years and PREA investigation files and written reports for 5 years after the resident is released or post-employment of alleged abusers according to the CoreCivic Retention Schedule (1-15B). In interview of the PREA Coordinator he stated, "Files and information relative to investigations of PREA allegations are retained in the CoreCivic 5-1 Incident Report Database. This is on a secured server. Hard copies of investigation files are secured at the facility. All annual reports are kept on the CoreCivic website. Everything is subject record retention schedules."</p> <p>115.287 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its residents.</p> <p>115.287 (f): Upon request, or no later than June 30, the agency provides aggregated data information for the previous calendar year to DOJ. According to information reported on the Pre-Audit Questionnaire, DOJ did not request this information in the previous calendar year.</p>

115.288	Data review for corrective action
	<p data-bbox="280 188 1038 224">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1477 1211"> 115.288 (a): Based on policy 14-2 CC, page 30, section T-4-6 & 8, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator prepares an annual report that provides problem areas and corrective actions for each facility and as the agency as a whole. When interviewed the Vice President, Core Services (agency head designee) stated, "A review of PREA data is made 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". The PREA Coordinator when interviewed stated, " The agency reviews data collected and aggregated pursuant to standard 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. Data from all facilities is included in the process." The annual reports provide an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities with data review and analysis and therefore, was found to exceed in the requirements of this standard. </p> <p data-bbox="280 1249 1422 1368"> 115.288 (b): The annual report includes a comparison of the current year's data and corrective actions with those from the previous years and provides an assessment of the agency's progress in addressing sexual abuse. </p> <p data-bbox="280 1406 1461 1608"> 115.288 (c): The PREA Coordinator forwards the annual report to the Chief of Corrections Officer for approval. The report is made public on CoreCivic's website and can be accessed at http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea. Annual reports since the last PREA audit were found published on the agency's website. </p> <p data-bbox="280 1646 1469 2056"> 115.288 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted. In interview with the PREA Coordinator, he stated, "The report do not contain the identity or personal and medical information belonging to inmates or staff." The annual reports prepared by the PREA Coordinator and posted on the agency's website since the last PREA audit were well written with easy-to-read tables according to the type of allegations and the investigative findings of all CoreCivic facilities, as well as a narrative overview of this information. The report provides a review of incident-based data with a comparison of aggregated data for the previous years in the audit cycle. The facility was found to exceed in the requirements of this standard. </p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.289 (a): According to policy 14-2 CC, page 30, section T-7-11, the agency ensures that the data collected is securely retained. In interview with the PREA Coordinator he stated, "Files and information relative to investigations of PREA allegations are retained in the CoreCivic 5-1 Incident Report Database. This is on a secured server. Hard copies of investigation files are secured at the facility. All annual reports are kept on the CoreCivic website. Everything is subject to record retention schedules."</p> <p>115.289 (b): The annual report is approved by the agency's Chief of Corrections. CoreCivic makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea.</p> <p>115.289 (c): Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted. In interview of the PREA Coordinator he stated, "The reports do not contain the identity or personal and medical information belonging to inmates or staff."</p> <p>115.289 (d): According to the CoreCivic Retention Schedule (1-15-B), the entire PREA packet including aggregated sexual abuse data is retained for 10 years. This information was confirmed in interview with the PREA Coordinator.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 (a): Based on policy 14-2 CC, pages 30 & 31, section U, CoreCivic ensures that an external audit of all of its facilities is conducted every three years to ensure compliance with the agency’s policy, the PREA National Standards and federal law and regulations. The FSC Quality Assurance Department in conjunction with the PREA Coordinator ensures that a DOJ Certified PREA Auditor conducts the external audit.</p> <p>115.401 (b): According to the agency’s PREA Coordinator, during the three-year period beginning on August 20, 2013, CoreCivic ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. The last PREA audit of this facility was conducted in 2019.</p> <p>115.401 (f): I received and reviewed all relevant agency-wide policies for the Ghent Residential Reentry Center.</p> <p>115.401 (g): I reviewed a sampling of relevant documents and other records and information for the most recent one-year period.</p> <p>115.401 (h): During the audit, I was allowed access to all areas of the facility.</p> <p>115.401 (i): I was permitted to request and receive copies of any relevant documentation, including information that was stored electronically.</p> <p>115.401 (j): I have retained all documentation relied upon to make audit determinations. The documentation will be provided to the Department of Justice upon request.</p> <p>115.401 (k): I interviewed a representative sample of residents and staff, supervisors and administrators.</p> <p>115.401 (l): I reviewed camera monitors and electronically stored data.</p> <p>115.401 (m): I was permitted to conduct private interviews with residents and staff ensuring confidentiality to our conversation.</p> <p>15.401 (n): Residents and staff were notified on 9/21/22 through posted facility notices in both English and Spanish that they could send confidential correspondence to me and were given my name and mailing address. I did not receive correspondence from any residents or staff of the Ghent Residential Reentry Center.</p> <p>115.401 (o): During the Pre-On-Site Audit Phase, on 10/20/22 I contacted the Chief Operating Officer and Co-Director of the Norfolk Family Justice Center to confirm and review the terms of the MOU that CoreCivic has attempted to enter into with the YWCA South Hampton Roads.</p>

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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 (a): Based on policy 14.2 CC, page 30, section U-4, each audit includes a certification by the auditor that no conflict of interest exists with respect to his/her ability to conduct a CoreCivic audit. No audit may be conducted by an auditor who has received financial compensation from CoreCivic within the three years prior to CoreCivic retaining the auditor. CoreCivic will not employ with or otherwise financially compensate the auditor for three years subsequent to CoreCivic's retention of the auditor, with the exception of contracting for subsequent PREA audits. I certify by my signature in the Auditor's Certification section of this report that no conflict of interest exists with my ability to conduct this audit.</p> <p>115.403 (b): Audit reports shall state whether company-wide policies and procedures comply with relevant PREA National Standards. In thorough review of <i>CoreCivic's Sexual Abuse Prevention, Response policy (14-2 CC)</i>, the policy was found to be well written and comprehensive complying with the PREA National Standards.</p> <p>115.403 (c): For each standard, I made a determination of a finding of Exceeds Standard or Meets Standard. Standards 115.211 and 115.288 were determined to exceed the requirements of the standards. Two Standards, 115.217 and 115.231 were initially determined to not meet all of the requirements of these standards. Following the completion of a 60-day corrective action plan, the facility achieved compliance to standards to 115.217 and 115.231 and to all standards.</p> <p>115.403 (d): This report describes the methodology, sampling sizes and basis for my conclusions as required.</p> <p>115.403 (e): I have redacted any personal identifiable resident or employee information, but I can provide such information to the Department of Justice upon request.</p> <p>115.403 (f): Per agency policy and standard requirements, CoreCivic ensures that this final report will be published on their website at http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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 community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	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
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.221 (a)	Evidence protocol and forensic medical examinations	
	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

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	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
115.221 (h)	Evidence protocol and forensic medical examinations	
	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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	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
	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
	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
	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
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	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

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	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.)	na
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	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.)	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.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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.)	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.)	na
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na

115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	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
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	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

115.261 (e)	Staff and agency reporting duties	
	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
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	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
115.265 (a)	Coordinated response	
	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

115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	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:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	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
	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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	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
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.271 (d)	Criminal and administrative agency investigations	
	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
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.271 (g)	Criminal and administrative agency investigations	
	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
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	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
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	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
115.276 (d)	Disciplinary sanctions for staff	
	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
	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

115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	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
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.286 (a)	Sexual abuse incident reviews	
	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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	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
115.287 (d)	Data collection	
	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
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	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.)	na

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	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
115.288 (c)	Data review for corrective action	
	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
115.288 (d)	Data review for corrective action	
	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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	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.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes