

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

Interim Final

Date of Interim Audit Report: N/A

Date of Final Audit Report: May 23, 2022

Auditor Information

Name: K. E. Arnold	Email: kenarnold220@gmail.com
Company Name: KEA Correctional Consulting LLC	
Mailing Address: P.O. Box 1872	City, State, Zip: Castle Rock, CO 80104
Telephone: (484)999-4167	Date of Facility Visit: April 5, 6, 2022

Agency Information

Name of Agency: CoreCivic			
Governing Authority or Parent Agency (If Applicable): SAA			
Physical Address: 5501 Virginia Way Suite 110		City, State, Zip: Brentwood, Tennessee 37027	
Mailing Address: SAA		City, State, Zip:	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea			

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Eric S. Pierson, Senior Director, PREA Compliance and Programs	
Email: eric.pierson@corecivic.com	Telephone: 615-263-6915

PREA Coordinator Reports to: Steven Conry, Vice President, Operations Administration	Number of Compliance Managers who report to the PREA Coordinator: 63 (indirect)
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Facility Information

Name of Facility: Turley Residential Center

Physical Address: 6101 N Martin Luther King Jr. Blvd	City, State, Zip: Tulsa, OK 74126
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Mailing Address (if different from above): SAA	City, State, Zip: SAA
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The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

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

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

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

ACA
 NCCHC
 CALEA
 Other (please name or describe: N/A

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

Facility Director

Name: Todd Anderson

Email: todd.anderson@corecivic.com	Telephone: (539)424-5365
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Facility PREA Compliance Manager

Name: Laura Beckelheimer

Email: laura.beckelheimer@corecivic.com	Telephone: (539) 424-5365
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Facility Health Service Administrator N/A

Name:

Email:	Telephone:
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Facility Characteristics	
Designated Facility Capacity:	70
Current Population of Facility:	28
Average daily population for the past 12 months:	17
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	
Average length of stay or time under supervision	
Facility security levels/resident custody levels	Community
Number of residents admitted to facility during the past 12 months	139
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	21
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	84
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input checked="" type="checkbox"/> Other - U.S. Probation Office <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	21
Number of staff hired by the facility during the past 12 months who may have contact with residents:	3
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	Two
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	Seven
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	0
<p>Number of open bay/dorm housing units:</p>	7
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p>Are medical services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p> <input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: </p>
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p> <input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity </p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p> <input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A </p>
<p>Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>2</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p> <input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity </p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p> <input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A </p>

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.231, 115.288

Standards Met

Number of Standards Met: 39

Standards Not Met

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

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	Click or tap here to enter text.
2. End date of the onsite portion of the audit:	Click or tap here to enter text.
Outreach	
3. 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 type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Click or tap here to enter text.
Audited Facility Information	
4. Designated Facility Capacity:	Click or tap here to enter text.
5. Average daily population for the past 12 months:	Click or tap here to enter text.
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	Click or tap here to enter text.

7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
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Audited Facility Population on Day One of the Onsite Portion of the Audit
<i>Inmates/Residents/Detainees</i>

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	Click or tap here to enter text.
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	Click or tap here to enter text.
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	Click or tap here to enter text.
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.

<p>19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:</p>	<p>Click or tap here to enter text.</p>
<p>20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:</p>	<p>Click or tap here to enter text.</p>
<p>21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:</p>	<p>Click or tap here to enter text.</p>
<p>22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:</p>	<p>Click or tap here to enter text.</p>
<p>23. 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).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
<p><i>Staff, Volunteers, and Contractors</i></p> <p><u>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</u></p>	
<p>24. 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:</p>	<p>Click or tap here to enter text.</p>
<p>25. 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:</p>	<p>Click or tap here to enter text.</p>
<p>26. 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:</p>	<p>Click or tap here to enter text.</p>
<p>27. 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.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>

Interviews	
Inmate/Resident/Detainee Interviews	
<i>Random Inmate/Resident/Detainee Interviews</i>	
28. Enter the total number of RANDOM INMATES/ RESIDENTS/DETAINEES who were interviewed:	Click or tap here to enter text.
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	Click or tap here to enter text.
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	Click or tap here to enter text.
32. 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, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
<i>Targeted Inmate/Resident/Detainee Interviews</i>	

<p>33. Enter the total number of TARGETED INMATES/ RESIDENTS/DETAINEES who were interviewed:</p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p>Click or tap here to enter text.</p>
<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>Click or tap here to enter text.</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. If 0, 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>Click or tap here to enter text.</p>
<p>35. 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>Click or tap here to enter text.</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. If 0, 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>Click or tap here to enter text.</p>
<p>36. 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>Click or tap here to enter text.</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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>Click or tap here to enter text.</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>Click or tap here to enter text.</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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>Click or tap here to enter text.</p>
<p>38. 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>Click or tap here to enter text.</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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>Click or tap here to enter text.</p>

<p>39. 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>Click or tap here to enter text.</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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>Click or tap here to enter text.</p>
<p>40. 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>Click or tap here to enter text.</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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>Click or tap here to enter text.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>Click or tap here to enter text.</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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>Click or tap here to enter text.</p>

<p>42. 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>Click or tap here to enter text.</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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>Click or tap here to enter text.</p>
<p>43. 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>Click or tap here to enter text.</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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>Click or tap here to enter text.</p>
<p>44. 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 Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>Click or tap here to enter text.</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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>Click or tap here to enter text.</p>

<p>45. 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, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
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Staff, Volunteer, and Contractor Interviews
<i>Random Staff Interviews</i>

<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>Click or tap here to enter text.</p>
<p>47. 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 type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p> <p><input type="checkbox"/> None (explain) Click or tap here to enter text.</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p>
<p>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</p>	<p>Click or tap here to enter text.</p>
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>

Specialized Staff, Volunteers, and Contractor Interviews

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 interview would satisfy multiple specialized staff interview requirements.

<p>50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>Click or tap here to enter text.</p>
<p>51. Were you able to interview the Agency Head?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the Agency Head:</p>	<p>Click or tap here to enter text.</p>
<p>52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:</p>	<p>Click or tap here to enter text.</p>
<p>53. Were you able to interview the PREA Coordinator?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the PREA Coordinator:</p>	<p>Click or tap here to enter text.</p>
<p>54. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>a. If no, explain why it was not possible to interview the PREA Compliance Manager:</p>	<p>Click or tap here to enter text.</p>

<p>55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency contract administrator <input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/ residents in isolation <input type="checkbox"/> Staff on the sexual abuse incident review team <input type="checkbox"/> Designated staff member charged with monitoring retaliation <input type="checkbox"/> First responders, both security and non-security staff <input type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe) Click or tap here to enter text.
<p>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>Click or tap here to enter text.</p>
<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
<p>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>Click or tap here to enter text.</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):</p>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<p>58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>

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: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<p>59. Did you have access to all areas of the facility?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. If no, explain what areas of the facility you were unable to access and why.</p>	<p>Click or tap here to enter text.</p>
<p>Was the site review an active, inquiring process that included the following:</p>	
<p>60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. If no, explain why the site review did not include reviewing/examining all areas of the facility.</p>	<p>Click or tap here to enter text.</p>
<p>61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</p>	<p>Click or tap here to enter text.</p>
<p>62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>63. Informal conversations with staff during the site review (encouraged, not required)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
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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.

<p>65. 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>

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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate</u> sexual abuse	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<u>Staff-on-inmate</u> sexual abuse	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Total	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
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68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

# of sexual harassment allegations that had both criminal and administrative investigations	# of criminal investigations	# of administrative investigations	# of allegations
<u>Inmate-on-inmate</u> sexual harassment	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<u>Staff-on-inmate</u> sexual harassment	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Total	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
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Sexual Abuse and Sexual Harassment Investigation Outcomes
<i>Sexual Abuse Investigation Outcomes</i>
<p><i>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.</i></p>

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate</u> sexual abuse	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<u>Staff-on-inmate</u> sexual abuse	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Total	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
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70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

Ongoing Unfounded Unsubstantiated Substantiated

Inmate-on-inmate sexual abuse Click or tap here to enter text. Click or tap here to enter text.
Click or tap here to enter text. Click or tap here to enter text.

Staff-on-inmate sexual abuse Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
here to enter text. Click or tap here to enter text.

Total Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
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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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

Ongoing Referred for Prosecution Indicted/Court Case Filed Convicted/Adjudicated Acquitted

Inmate-on-inmate sexual harassment Click or tap here to enter text. Click or tap here to enter text.
text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Staff-on-inmate sexual harassment Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Total Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
<p>72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:</p> <p><i>Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.</i></p> <p>Ongoing Unfounded Unsubstantiated Substantiated</p> <p><u>Inmate-on-inmate</u> sexual harassment Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.</p> <p><u>Staff-on-inmate</u> sexual harassment Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.</p> <p>Total Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.</p>	
<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

<p>73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>Click or tap here to enter text.</p>
<p>a. If 0, explain why you were unable to review any sexual abuse investigation files:</p>	<p>Click or tap here to enter text.</p>
<p>74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>Click or tap here to enter text.</p>
<p>76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	

78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/ sampled:	Click or tap here to enter text.
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	Click or tap here to enter text.
a. If 0, explain why you were unable to review any sexual harassment investigation files:	Click or tap here to enter text.
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/ sampled:	Click or tap here to enter text.
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/ sampled:	Click or tap here to enter text.
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)

<p>89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
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Support Staff Information

DOJ-certified PREA Auditors Support Staff

<p>90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?</p> <p><i>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.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:</p>	<p>Click or tap here to enter text.</p>

Non-certified Support Staff

<p>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</p> <p><i>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.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</p>	<p>Click or tap here to enter text.</p>

Auditing Arrangements and Compensation

<p>92. Who paid you to conduct this audit?</p>	<p><input type="checkbox"/> The audited facility or its parent agency</p> <p><input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="checkbox"/> Other</p>
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PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to the Pre-Audit Questionnaire (PAQ), the Director self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The Director further self reports the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The facility has a written policy which includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and the policy includes sanctions for those found to have participated in prohibited behaviors. Additionally, the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

The Zero Tolerance policy is clearly articulated in Core Civic (CC) Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, pages 1-30. Page 4, section A(1) specifically addresses zero tolerance toward all forms of sexual abuse/harassment. The CC policy is comprehensive, incorporating both standards and implementation language.

The auditor's review of two completed staff PREA Zero Tolerance Policy Acknowledgement Forms 14-2J-CC reveals substantial compliance with 115.211(a). In view of the above, the auditor finds Turley Residential Center (TRC) substantially compliant with 115.211(a).

Pursuant to the PAQ, the Director self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (CCPC) who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The Director reports the CCPC is in the agency's organizational structure and the auditor verified the same pursuant to review of the CC Organizational Chart.

The auditor notes the assistant facility director (afd) serves as the PREA Compliance Manager (PCM) at TRC and she does have sufficient time and authority to develop, implement, and oversee facility efforts to comply with the PREA standards at the facility. She is likewise included in the facility organizational chart hierarchy, directly reporting to the Director.

The CCPC reports to the CC Vice President of Core Services. In turn, the Vice President of Core Services reports to the Executive Vice President and Chief Corrections Officer. The PCM's reporting status is reflected in the preceding sentence.

The auditor's review of the TRC Organizational Chart reveals substantial compliance with 115.211(b).

Pursuant to interview with the CCPC, the auditor learned he does feel he has sufficient time to manage all of his PREA related responsibilities. Each facility has a PCM, numbering in excess of sixty.

As Senior Director, he oversees the Director who facilitates reviews of all PREA investigations. The Director tracks any follow-up regarding reviewed PREA investigations and is now presenting an enhanced PREA training program at the facilities.

The CCPC's primary focus is audit preparation. Specifically, he reviews each PAQ for sufficiency and comprehensiveness prior to forwarding the same to PREA auditors. Additionally, he is currently developing a team to facilitate mock audits of each facility.

The CCPC reviews each mock audit report and coordinates corrective action with Wardens, Directors, and facility PCMs. He posts common audit deficiencies on a shared website so stakeholders can assume a proactive approach, as opposed to, reactive in terms of PREA-related matters. Additionally, the CCPC coordinates all corrective action following each PREA audit.

Finally, the CCPC reviews each facility PREA Staffing Plan and signs the same. Assistance with relevant MOU development is also a primary responsibility, with approval being conferred by the CC Legal Department.

The PCM asserts she likewise feels she has sufficient time to facilitate her PREA responsibilities. As the result of her duties as afd, she is involved in "all things PREA". She employs Management by Walking Around (MBWA) as her primary management strategy and as such, she is visible and accessible to all staff and residents. Pursuant to rounds, she always monitors staffing, resident and staff PREA education and knowledge, poster placement, etc.

She assesses operational "actual practice" against the standards during rounds, many times questioning staff regarding PREA operational issues. Subsequent to identification of an issue(s), she addresses the same immediately, formulating a solution and discussing the same with the Director. Any policy adjustments must be cleared through Corporate and the Federal Bureau of Prisons (FBOP). She would develop any proposed changes and route the same through the Director and the remaining components of the process. She can also recommend changes to the training curriculum however, the clearance process is similar to the policy clearance process. Financial expenditures are cleared through the Director and dependent upon dollar amount, corporate approval may be required.

In view of the above, the auditor finds TRC substantially compliant with 115.211.

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports CC and TRC do not contract with other facilities or companies to house residents designated for confinement at TRC. The auditor's research and informal interviews with the CCPC and Director validate the same.

Given the lack of evidence substantiating non-compliance with 115.212, the auditor finds TRC substantially compliant with the same.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency develops and documents a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse. The Director self reports the average daily number of residents since facility activation is 20 and the average daily number of residents on which the staffing plan is predicated is 70.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 7, section D(1)(a-d) addresses 115.213(a).

The auditor's review of an Annual PREA Staffing Plan dated February 10, 2022 reveals substantial compliance with 115.213(a). As previously noted, the facility was activated in 2021 pursuant to a contract with the Federal Bureau of Prisons (FBOP) and the CCPC asserts that he has been unable to find several of the pages for the 2021 PREA Staffing Plan at Turley. The actual 2021 plan itself has been provided to the auditor. The CCPC created the plan in November, 2020 before the facility re-opened in April, 2021 and the same is the plan used by the facility. The development included all of the requirements in the Standard. All requisite 115.213(a) and (c) criteria were reviewed by proper authorities.

Pursuant to the Director, the facility does have a staffing plan. Adequate staffing levels and video monitoring to protect residents against sexual abuse are considered in the staffing plan. Sufficient staff must be available to address security rounds, 24 hour coverage in the security office (control center), etc. At least one staff member is assigned to the security office at all times. The staffing plan is documented and maintained electronically in the Director's Office, afd, and case management supervisor's office. The only hard copy of the staffing plan is maintained in the Director's Office.

When assessing adequate staffing levels and the need for video monitoring, the staffing plan considers the following:

a. Two security staff (one male and one female) are assigned to each shift. Administrative Duty Officers (ADOs) and executive staff are available to assume duties in the security office to assist with coverage five days per week. Security rounds are facilitated throughout the facility, minimally, on an hourly basis however, during swing and night shifts, staff are expected to increase frequency of rounds.

Camera coverage is adequate for the facility, as assessed by the auditor during the facility tour. Dorms are arranged in linear fashion with no glaring blind spots. Cameras are located in each dorm and residents are clearly educated by memorandums and counseling as to preservation of their personal privacy while showering, toileting, and changing clothes.

b. Racial balance is acceptable. Although there are some residents with heavier sentences, they do not overwhelm the population. Zero residents convicted of capital crimes or sex offenders are housed at TRC. The LGBTI population is negligible. Zero validated gang members are housed at TRC however, a minimal number of associates may be confined at TRC at any time.

c. Since activation of TRC, two allegations of sexual abuse have been reported and both were unsubstantiated.

While substantiated and unsubstantiated incidents of sexual abuse are considered in terms of staffing plan development, frequency of the same is minimal. Close attention is devoted to recommendations subsequent to incident reviews to determine strategies to enhance resident sexual safety at TRC.

In regard to daily checks for compliance with the staffing plan, the Director reviews shift reports and monitors schedules. If a vacancy arises during non-regular business hours, the monitor II contacts the afd and/or ado to report the same. The Director, afd, or ado may have to report to the facility to work a shift until assistance arrives. Case manager(s), maintenance staff, food service staff, or the site checker may provide security coverage periodically. Overtime, while not the primary option, may be paid.

The auditor notes the PCM's assertions regarding the same subject-matter parallel those of the Director. Accordingly, her statement regarding staffing plan considerations is reflected in the preceding paragraphs.

Pursuant to the PAQ, the Director self reports that in circumstances where there is non-compliance with the staffing plan, the facility documents and justifies all deviations from the plan. According to the Director's self report in the PAQ, there were no instances of deviation from the staffing plan during the last year.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 8, section D(5) and (6) addresses 115.213(b).

The Director asserts all instances of non-compliance with the PREA Staffing Plan would be documented. Specifically, the deviation would be documented in a 5-1 packet as a reportable incident and forwarded to the CCPC, among other executives, within seven days of occurrence.

The Director asserts there were no instances of deviation from the staffing plan during the last 12 months. The auditor's observation of staffing during the facility tour and during non-regular business hours reveals substantial compliance with 115.213. Staffing, as described in the narrative for 115.213(a), was found to be implemented and sufficient.

The auditor did note camera surveillance is sufficient to augment staffing, thereby serving to facilitate resident sexual safety.

Pursuant to the PAQ, the Director self reports at least once every year, the facility reviews the staffing plan to see whether adjustments are needed to:

The staffing plan;
Prevailing staffing patterns;
The deployment of video monitoring systems and other monitoring technologies; or
The allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the same.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 7, section D(2)(a-c) addresses 115.213(c).

The PCM asserts she has reviewed the current staffing plan following the Director's development of the same. Being relatively new to her position, she assumed these responsibilities and may develop future staffing plans.

In view of the above, the auditor finds TRC substantially compliant with 115.213.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA

- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

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

115.215 (d)

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

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Pursuant to the PAQ, the Director self reports cross-gender strip searches or cross-gender visual body cavity searches of the anal or genital opening are not conducted at TRC. However, as reflected in the policy narrative cited below, the same can be conducted in exigent circumstances. The Director further self reports zero strip or cross-gender visual body cavity searches of residents were conducted at TRC during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, pages 12 and 13, section J(3) addresses 115.215(a). Such searches can be completed in exigent circumstances.

The non-medical staff (who may be involved in cross-gender strip or visual searches) interviewee asserts such searches are not facilitated at TRC. Conduct of the same requires executive approval. However, in the event of reasonable suspicion that a resident is conveying hard contraband (e.g. weapon) in his rectum, the same would constitute an exigent circumstance.

The auditor has found no evidence of cross-gender strip or visual searches conducted by non-medical staff at TRC during the last 12 months.

Pursuant to the PAQ, the Director self reports the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Of note, TRC is an all male facility as validated by the auditor during the facility tour.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 12, section J(1) addresses 115.215(b). Exigent circumstances are defined in this policy provision, as well as, the specifics of provision requirements.

Pursuant to the PAQ, the Director self reports facility policy requires all cross-gender strip searches and cross-gender visual body cavity searches are documented. The Director further self reports facility policy also requires that all cross-gender pat-down searches of female residents are documented.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 13, section J(5) addresses 115.215(c).

The auditor finds no evidence of the conduct of cross-gender strip searches/visual body cavity searches at TRC during the audit period.

Pursuant to the PAQ, the Director self reports the facility has implemented policies and 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 (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident dormitory.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 13, section J(6-9) addresses 115.215(d). Although not applicable to TRC, the auditor notes that a section of the 5-1B report is dedicated to cross-gender pat searches of female residents.

All nine random resident interviewees report opposite gender staff announce their presence, by gender, when entering their dormitory. All nine interviewees also report they are never naked or in full view of female staff (not including medical staff such as doctors, nurses) when toileting, showering, or changing clothing.

All eight random staff interviewees self report opposite gender staff announce their presence, by gender, when entering dormitory and shower/toilet areas at TRC. Similarly, all interviewees self report residents are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

During the facility tour, the auditor noted a sign on every resident dormitory door reading, "Opposite Gender Must Announce Upon Entry". Additionally, a memorandum is clearly displayed, advising residents to dress in the bathroom. The auditor noted no instances, either during the facility tour or throughout the duration of the audit, wherein female staff failed to announce their presence (by gender) whenever they entered a dormitory area where opposite gender residents were housed.

Pursuant to the PAQ, the Director self reports the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. According to the Director, no such searches were facilitated during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 14, section J(10)(a) addresses 115.215(e).

All eight random staff interviewees self report the facility prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status and that they are aware of the relevant policy. The PCM asserts zero transgender/intersex residents were housed at the facility at the time of the on-site audit. The same was validated during random staff interviews.

Pursuant to the PAQ, the Director self reports 100% of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender/intersex residents in a professional and respectful manner, consistent with security needs.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 6, section C(4) and page 14, section J(10)(g) address 115.215(f).

The auditor's review of the training module regarding the conduct of cross-gender pat down searches and searches of transgender/intersex residents in a professional and respectful manner (module entitled "Searches") reveals substantial compliance with 115.215(f). Cross-gender pat-down searches and searches of transgender/intersex residents in a professional and respectful manner training is facilitated in the PREA Overview session during Pre-Service and annual In-Service training.

In addition to the above, the auditor's review of an employee's training record reveals he completed the aforementioned Searches training on January 7, 2021. A training schedule included in the PAQ materials clearly reflects the Searches class is presented during the first week of Pre-Service Training.

Clearly, requisite training is provided during both pre-service and in-service training. The auditor's on-site review of 10 random staff training files reveals requisite training was provided in one case (Pre-Service) and all applicable cases (ten annual In-Service). At least two years of requisite In-Service training was reviewed in all applicable cases (the exception is the staff member hired on March 15, 2021).

All eight random staff interviewees assert they received agency training regarding cross-gender pat down searches of female residents and professional and respectful searches of transgender/intersex residents. Training is provided in either/or video, demonstration, discussion, power point formats during both PREA Pre-Service and Annual PREA In-Service (ART) sessions.

In view of the above, the auditor finds TRC substantially compliant with 115.215.

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

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

115.216 (a)

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

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

115.216 (b)

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

115.216 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director asserts the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 11, section H(6)(a) and (b) addresses 115.216(a).

The PCM asserts staff read materials to residents with low vision or those who are blind, if needed. Similarly, staff explain materials to those inmate(s) who are blind or suffer from low vision. A TTY telephone is available for resident use at TRC.

The PCM further asserts there are no additional contracts, other than LanguageLine, relative to communication services for disabled residents within the meaning of 115.216(a). Video sign language for the hearing impaired is now available through the language line. Residents with disabilities may be received, at times, if they are able to complete work release employment.

Generally speaking, the Director advises that residents must be able to complete program requirements regarding work and other programming. Accordingly, it is unlikely that residents who are acutely cognitively impaired or physically disabled would be housed at TRC. As reflected in the narrative for 115.216(b) below, there are provisions to assist residents who are Limited English Proficient (LEP).

According to the Agency Head interviewee, the agency has established procedures to provide residents with disabilities and residents who are Limited English Proficient (LEP) equal opportunity to participate in or

benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically, LanguageLine is used, when necessary, to communicate with LEP residents. Generally speaking, staff translators can also be used. TTY units are available in every facility and Braille is available in some facilities.

The PCM asserts that none of the disabled groups identified in the PREA questionnaires were represented at TRC during the on-site audit.

Throughout the facility tour, the auditor notes relevant standards-related information is posted at eyesight levels conducive with reading for any residents confined to wheelchairs, etc. Relevant information is available on posters, brochures, or tri-folds. Such information appears to be written in formats conducive with resident comprehension.

Pursuant to the PAQ, the Director self reports the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 11, section H(7) addresses 115.216(b).

The auditor's review of the LanguageLine Solutions contract and instructions reveals substantial compliance with 115.216(b). Finally, the auditor's review of the PREA: Prevent, Detect, Respond brochure reveals the same is presented in both English and Spanish.

During the facility tour, the auditor noted PREA posters are presented in both English and Spanish. Additionally, the "What You Need to Know" video is presented in both English and Spanish, minimally.

Pursuant to the PAQ, the Director self reports agency policy prohibits the use of 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, or the investigation of the resident's allegations. The Director further self reports the facility does not document the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used as such scenarios are disallowed pursuant to company policy. Upon further inquiry, the auditor learned such incidents would be documented if facilitated in accordance with the parameters of 115.216(c). Finally, in the last 12 months, there were no instances wherein resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first response duties, or the investigation of the resident's allegations.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 11, section H(8) addresses 115.216(c).

Six of eight random staff interviewees were aware of at least one condition under which a resident translator, interpreter, reader, or other assistant can be used to assist with translation in the event a disabled or Limited English Proficient (LEP) resident attempts to report sexual abuse. Interviewees cited resultant further physical injury to the victim or loss of evidence/investigation as the basis for invocation of 115.216(c) strategies. The auditor notes interviewees quickly identified the condition(s) following dissection of a scenario. All eight interviewees self report no such instances of using translators pursuant to the circumstances articulated in 115.216(c) have presented during the last 12 months.

In view of the above, the auditor finds TRC substantially compliant with 115.216.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:

Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
Has been civilly or administratively adjudicated to have engaged in the activity described in the above paragraph.

Of note, the Director self reports zero contractors provide services at TRC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 4, section B(1)(a-c) addresses 115.217(a).

The auditor's review of a completed 14-2H CC document relative to one staff member applicant and subsequent employee and promotional applicant reveals applicant certification of the absence of the three 115.217(a) issues, as well as, 115.217(b) sexual harassment from his history. Additionally, one document issued by the FBOP Residential Reentry Oversight Specialist (RROS) validates the same applicant is appropriate for hire following review of a fingerprint check. Finally, a Form 3-20-2A (Verification of Former Employment form), inclusive of the PREA Questionnaire for Prior Institutional Employers, was forwarded to one prior employer.

It is noted the auditor's on-site random review of two Human Resources (HR) files regarding staff promoted during the last 18 months reveals they completed the 14-2H CC in a timely manner and prior to the promotion date. Additionally, criminal background record checks reveal non-existence of 115.217(a) and (b) issues with respect to the promotions.

The FBOP contract was implemented during early 2021. The auditor's on-site review of 11 employee Human Resources (HR) files reveals the requisite 14-2H CC form [captures the three questions plus the 115.217(b) question] were completed by nine applicants either prior to the date of hire or on the date of hire. Two additional random staff file reviews pertained to employees who were hired outside the last 18 month time frame and they completed requisite documents for at least two years.

The auditor notes criminal background record checks also substantiate the lack of 115.217(a) issues in the staff member's history. Additionally, pursuant to inquiry with prior institutional employers, one random file reveals non-existence of both 115.217(a) and (b) findings as the previous institutional employer failed to respond.

The auditor finds compliance with 115.217(a) and (b) is demonstrated.

Pursuant to the PAQ, the Director self reports agency policy requires the consideration of any incident(s) 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.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 4, section B(2) addresses 115.217(b).

As articulated in the narrative for 115.217(a), the Form 14-2H CC contains a separate question as to whether a substantiated allegation of sexual harassment has been made against the individual. Additionally, the Form 3-20-2B entitled PREA Questionnaire for Prior Institutional Employers reflects the same question. Previous institutional employers are requested to complete the same. There is an expectation of response regarding PREA issues. As criminal background record checks do not address sexual harassment, the latter form is the only document available to validate the 14-2H CC.

The auditor's review of one Form 3-20-2B reveals TRC is substantially compliant with 115.217(b) despite staff from the previous institutional employer failure to complete the Form 3-20-2B.

The HR interviewee asserts the facility does consider prior incidents of sexual harassment when determining whether to hire or to promote anyone, or to enlist the services of any contractor, who may have contact with residents. New hires/promotion applicants, and contractor applicants complete the 14-2H CC. The interviewee also notes that the sexual harassment question is noted on the employment application, as well as, the internal promotion application (Note: the auditor validated the same pursuant to review of both applications). Applicants complete the document (14-2H-CC) at pre-hire and again following hire.

The auditor notes that FBOP staff approve all new hires selected pursuant to the instant contract.

Pursuant to the PAQ, the Director self reports agency policy requires that prior to hiring new employees who may have contact with residents, it (a) conducts criminal background record checks and (b) consistent with federal, state, and local law, makes 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. The Director further self reports three applicants were hired during the last 12 months who may have contact with residents and all have had criminal background record checks.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 5, section B(7) and (8) addresses 115.217(c).

The auditor's on-site review of random HR files reveals that seven of eleven criminal background record checks were completed on or prior to the hire date. Of note, FBOP approval authorities can approve conditional appointments pending receipt of the background investigation. Actual fingerprint and criminal background record check packets are assembled by TRC HR staff and forwarded to FBOP staff for processing.

The HR interviewee asserts the facility performs criminal background record checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents. The practice, as described by the HR interviewee, is clearly articulated in the narrative for 115.217(a).

A criminal background record check is not completed when current employees apply for promotion. The initial and 5-year criminal background record checks are considered in the promotion selection decision. Additionally, an internal vetting system is utilized to address any 115.217 questions or issues. Finally, all current employees complete a 14-2H CC form on an annual basis.

Pursuant to the PAQ, the Director self reports agency policy requires a criminal background record check is completed before enlisting the services of any contractor who may have contact with residents. The Director further self reports there were zero contracts for services where a criminal background record check was conducted during the last 12 months. As previously indicated in the narrative for 115.217(a), there are no contractors at TRC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 5, section B(7) addresses 115.217(d).

Pursuant to the PAQ, the Director self reports agency policy requires that either criminal background record checks are conducted at least every five years for current employees and contractors who may have contact with residents or a system is in place for otherwise capturing such information for current employees.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 5, section B(7) addresses 115.217(e).

In view of the recency of the FBOP contract, criminal background checks were completed in either 2020 or 2021 and accordingly, zero five year re-investigations have been conducted.

The HR interviewee asserts she tracks 5-year re-investigation needs pursuant to use of a spreadsheet. She receives alerts within a 60-day due date for the re-investigation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, pages 4 and 5, sections B(3-5) addresses 115.217(f).

The auditor is aware, as reflected in previous paragraphs, that the equivalent of the Form 14-2H CC is completed annually by all staff as required by the above policy. Additionally, the document is completed as a staff applicant and prior to hire. Finally, the same is completed by staff who are promoted.

According to the HR interviewee, the facility asks all applicants and employees who may have contact with residents about previous misconduct described in 115.217(a) as an applicant (asked in the application and pursuant to the 14-2H-CC), at the interview, and following hire. Additionally, staff are asked the same questions on an annual basis. The 14-2H CC is completed annually as of calendar year 2018, to encompass the performance evaluation process and affirmative duty to report. Of note, the affirmative duty to report caveat is also reflected on the 14-2H CC. The auditor finds the intent of the standard has been accomplished in this regard.

Pursuant to the PAQ, the Director self reports agency policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination of employment.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 5, section B(6) addresses 115.217(g) in totality.

The auditor's review of the Form 14-2H CC reveals a caveat about material omissions regarding such misconduct or the provision of materially false information being grounds for termination is included in the same. As previously noted, this document is signed and dated by the employee on an annual basis.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 5, section B(9) addresses 115.217(h) in totality.

According to the Director, during the last 12 months, no requests for information were received from an institutional employer, to whom a CC or ex-CC employee has applied to work, relative to substantiated allegations of sexual abuse or sexual harassment.

The HR interviewee asserts when a former employee applies for work at another institution, upon request from that institution, the facility provides information regarding substantiated allegations of sexual abuse/sexual harassment involving the former employee, unless prohibited by law. The interviewee further states that such release of information would be facilitated by Corporate staff.

In view of the above, the auditor finds TRC substantially compliant with 115.217.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring

technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the date of the last PREA audit. The Director confirmed this statement during his interview.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 8, section E(1-3) addresses 115.218.

According to the Agency Head interviewee, when designing, acquiring, or planning substantial modifications to facilities, CC commences the process through land purchase(s) and then subsequent construction. A design team facilitates most of the preparation and standards compliance work. Architects are well versed in PREA. Lines of sight are assessed to enhance inmate sexual and personal safety and camera surveillance needs to address blind spots. The same protocol is utilized with regard to expansion and renovations. Requests for changes must be approved by the design team. The design team is part of the Real Estate Group.

Pursuant to the PAQ, the Director self reports the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. He confirmed the same statement during his interview.

In view of the above, the auditor finds TRC substantially compliant with 115.218.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

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

115.221 (c)

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

115.221 (d)

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

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Director further self reports the Tulsa County Sheriff's Office (TCSO) facilitates criminal investigations at TRC. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. This caveat is also articulated in the MOU between TCSO and CC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 24, section O(4)(a) addresses 115.221(a).

All eight random staff interviewees assert they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. The responses regarding first responder duties essentially encompass evidence preservation. TCSO investigators conduct criminal investigations and they are responsible for physical evidence collection while all staff are responsible to secure the crime scene and guard against destruction of physical evidence by the victim and perpetrator.

Seven of eight random staff interviewees were able to correctly identify all four tasks as cited at 115.264(a). Policy is clearly scripted in accordance with 115.264(a) and each interviewee was in possession of a CC First Responder card.

Six of eight random staff interviewees assert one or more of the two trained facility investigators facilitate administrative sexual abuse/harassment investigations and five of eight interviewees properly identified the agency responsible for facilitation of criminal investigations (TCSO).

Pursuant to the PAQ, the Director self reports zero youth are housed at TRC and accordingly, that component of 115.221(b) is not applicable. The Director further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ'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.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 24, section O(1) and O(4)(b) addresses 115.221(b).

The auditor's review of the MOU between TCSO and CC reveals substantial compliance with 115.221(b).

Pursuant to the PAQ, the Director self reports the facility offers to all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by SAFE/SANE Nurse Examiners.

When SAFE/SANE Nurses are unavailable, a qualified medical practitioner performs forensic medical examinations. Pursuant to the auditor's review of a Memorandum of Understanding (MOU) between CC and a local hospital, SAFE/SANE examinations are facilitated at that location. According to the Director, zero forensic medical examinations have been conducted during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, pages 19 and 24, sections 11 and O(4)(c) address 115.221(c).

The SANE interviewee asserts she is one of 12 on-call trained International Association of Forensic Nurses (IAFN) SANE nurses who facilitate forensic examinations for TRC residents, as well as, members of the community. Training consists of a 40 hour classroom or on-line segment, as well as, 40 hours of clinicals (hands-on under the watchful eye of the instructor or senior SANE). Two additional SANE nurses are currently in training.

Generally, such services are provided for victims within a 50-70 mile radius of the hospital. The interviewee reports that zero forensic examinations have been missed by her group within the last several years.

If, for some reason, a SANE examination cannot be completed as the examination room is occupied with another forensic examination, the same is ordinarily delayed until the room is available. SANEs are available on a 24/7 basis.

Pregnancy tests are provided for females in conjunction with the forensic examination. Information regarding pregnancy-related services, as well, as sexually transmitted infection prophylaxis for both males and females are also provided. Finally, emergency contraception is provided for females.

Pursuant to the PAQ, the Director self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and these efforts are documented. The Director further self reports the facility provides victim advocate services pursuant to an MOU between CC and Domestic Violence Intervention Services, Inc. (DVIS).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 24, section O(4)(d) addresses 115.221(d).

According to the PCM, victim advocacy services are available to TRC residents pursuant to an MOU with DVIS. The PCM asserts she believes the Director has made contact with DVIS officials regarding victim advocate credentials.

According to the PCM, zero residents who reported sexual abuse at TRC were housed at the facility during the on-site audit. Accordingly, the same interview questionnaire was not administered.

In view of the above, interview(s) with residents who reported sexual abuse could not be conducted.

Pursuant to the PAQ, the Director self reports if requested by the victim, a victim advocate accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, pages 19 and 24, sections 12 and O(4)(e) address 115.221(e).

Pursuant to the auditor's review of the MOU between CC and DVIS, he finds the same to be compliant with 115.221(e). Requisite language is contained therein.

The PCM asserts, if requested by the victim, a victim advocate is accessed through DVIS to accompany the victim and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This is generally addressed in the DVIS MOU. The auditor notes that the MOU is unsigned however, services are provided nonetheless.

As reflected throughout this narrative, the TRC investigator(s) facilitate(s) administrative sexual abuse/harassment investigations. Accordingly, the auditor finds 115.221(f) not-applicable to TRC.

In view of the above, the auditor finds TRC substantially compliant with 115.221.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse and staff sexual misconduct). In the last 12 months, two allegations of sexual abuse/harassment were administratively investigated. Zero allegations of sexual abuse/harassment were criminally investigated.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 23, section N(1) addresses 115.222(a).

According to the Agency Head interviewee, an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Administrative investigations are completed by a PREA trained investigator and whenever the Inspector General (IG) arm of the partner is tasked with facilitation of criminal investigations, they are generally PREA trained pursuant to the contract.

In regard to the protocol relative to administrative/criminal sexual abuse or sexual harassment investigations, the Agency Head interviewee asserts the allegation triggers the rest of the investigative process. Medical examination and allegations the victim incurred physical harm may trigger a forensic examination as ordered by medical professionals. The allegation is generally reported to the Director, assistant facility administrator, operations supervisor, and PCM. Notifications to the facility investigator and/or criminal investigating agency would ensue.

The Agency Head interviewee continued, stating first responders ensure the victim and perpetrator are separated and perpetrator, if known, is isolated. The victim would likewise remain under staff's physical supervision. Generally, physical evidence is collected by the criminal investigator in a criminal matter. If criminal, the criminal investigator determines interview status and whether the facility investigator assists. CC investigative staff would assist the criminal investigator in any way needed, inclusive of research and preservation of camera footage, resident/staff file reviews, review of reports submitted by staff, review of resident statements (if applicable), and coordination of investigative activities. Additionally, CC officials would support prosecution efforts of both staff and residents.

The administrative investigation is generally completed by the facility investigator. He/she employs essentially the same protocol however, interviewing witnesses and assesses victim, perpetrator, witness credibility. Finally, the investigator writes an investigative report.

Pursuant to the PAQ, the Director self reports the agency has a policy that requires allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The Director further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 18, section M(9) and page 24, section O(1) address 115.222(b).

The administrative investigative staff interviewee asserts agency policy requires allegations of sexual abuse/harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. As previously indicated, allegations (criminal in nature) involving TRC residents are referred to TCSO for investigation.

The auditor's review of the CC and TRC websites reveals the appropriate policy regarding criminal referrals and the investigative responsibilities for administrative and criminal investigative entities is posted on the same.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 24, section O(2) and (3) addresses 115.222(c).

The auditor's review of the CC website reveals the aforementioned CC policy is posted on the same. Additionally, the specific duties of both CC and partner investigators is present.

In view of the above, the auditor finds TRC substantially compliant with 115.222.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

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

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency trains all employees who may have contact with residents on:

- 1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- 2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- 3) Resident's rights to be free from sexual abuse and sexual harassment;
- 4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- 5) The dynamics of sexual abuse and sexual harassment in confinement;
- 6) The common reactions of sexual abuse and sexual harassment victims;
- 7) How to detect and respond to signs of threatened and actual sexual abuse;
- 8) How to avoid inappropriate relationships with residents;
- 9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, and intersex, or gender non-conforming residents; and
- 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 5, section C(1) and (2)(a-j) addresses the PREA topic training requirements as articulated in 115.231(a).

The auditor's review of the PREA Overview Curriculum, student workbook, and accompanying training slides reveals substantial compliance with 115.231(a). The PREA Teach back Topics document suggests significant interactive learning between facilitator and students and content appears to be comprehensive.

The auditor's review of one PAQ Pre-Service CORECIVIC PREA POLICY ACKNOWLEDGMENT AND/OR TRAINING ACKNOWLEDGMENT form reveals the staff member was provided pre-service PREA Overview training during 2021. As TRC was activated during 2021, a cycle of in-service training has not yet been facilitated. This document includes the "I understand the subject-matter presented" caveat and is signed/ dated by the employee participant. Additionally, the auditor's review of a 2021 training schedule reveals

presentation of the pre-service training and review of the aforementioned employee's training record reveals completion of the training, in question.

The auditor's on-site review of 10 random resident training files reveals one staff hire within the last 12 months received pre-service PREA training during her first week following her entry-on-duty date. Eight files reflect affected staff members received at least two PREA Annual Refresher Training (ART- In-Service) trainings and one file reflects the employee received one such training.

All eight random staff interviewees self report they received training regarding the aforementioned 10 PREA topics either during Pre-Service or ART. The auditor notes that PREA ART is being provided in an on-line format in view of COVID-19 constraints.

Pursuant to the PAQ, the Director self reports training is tailored to the male gender of the residents housed at the facility. Any staff transferred to TRC from a female resident facility receives additional training.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 5, section C(1) addresses 115.231(b).

The auditor's review of the aforementioned training curriculum reveals the same is commensurate with 115.231(b).

The PCM asserts zero staff were reassigned from an opposite gender facility since TRC activation.

Pursuant to the PAQ, the Director self reports that 21 staff, who may have contact with residents, were trained or retrained in PREA requirements. This equates to 100% of the staff complement.

If there are any policy updates in regard to PREA matters, staff would be trained on the policy during staff meetings. E-mails are forwarded to staff via CoreCivic Compliance Bridge, notifying them of policy change(s). Policy changes are provided during monthly staff meetings.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 5, section C(2) addresses 115.231(c).

Employees who may have contact with residents receive PREA training on an annual basis.

Given the fact 115.231(c) requires refresher training every two years to ensure all employees know the agency's current sexual abuse/harassment policies and procedures and the fact TRC facilitates PREA ART, the auditor finds TRC exceeds standard requirements with respect to this provision.

Pursuant to the PAQ, the Director self reports the agency documents that employees, who may have contact with residents, understand the training they received through employee signature or electronic verification.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 6, section C(3) addresses 115.231(d).

The auditor's on-site review of staff training files, as reflected in the narrative for 115.231(a), reveals staff signed and dated the requisite Core Civic PREA Policy Acknowledgment and/or Training Acknowledgment forms and CC training rosters acknowledging their understanding of the subject-matter presented for 2019, 2020, and 2021. Accordingly, the auditor finds TRC substantially compliant with 115.231(d).

In view of the above, the auditor finds TRC exceeds standard expectations with respect to 115.231.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports all volunteers and contractors who have contact with residents are trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment/prevention/detection, and response. The Director further self reports zero contractor(s) and volunteer(s) provide services at TRC. In light of COVID 19 restrictions, contractor and volunteer activities have been suspended at TRC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 6, section C(8) addresses 115.232(a).

The auditor's review of the CC PREA Overview: Training for Contractors and Volunteers handout reveals substantial compliance with 115.232. The same provides sufficient information and background enabling all contractors/volunteers to fulfill their PREA responsibilities. This document, provided with the PAQ materials, bears the participant's printed name, signature, and date, validating their understanding of the subject-matter provided. Additionally, the auditor's review of the PREA ZERO TOLERANCE PREA ACKNOWLEDGMENT validates the same. The auditor notes that one vendor completed these documents, signing and dating the same, during the audit period.

Pursuant to the PAQ, the Director self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. The Director further self reports volunteers and contractors, who have contact with residents, have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 6, section C(8)(b) addresses 115.232(b).

A discussion of documents distributed to contractors/volunteers and signed and dated by the same, appears in the narrative for 115.232(a).

Pursuant to the PAQ, the Director self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 7, section C(8)(d) addresses 115.232(c).

In view of the above, the auditor finds TRC substantially compliant with 115.232.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports residents receive information at the time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The Director self reports 139 residents were provided requisite information at intake during the last 12 months, equal to 100% of residents admitted during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, pages 10 and 11, section H(1)(a-e) addresses 115.233(a).

The intake staff interviewee self reports he provides residents with information about the CC and TRC zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment at intake. The interviewee asserts he provides the CC TRC tri-fold pamphlet, as well as, the TRC Handbook, to incoming residents. The PREA video is displayed at a later date by either the case manager or Director/PCM.

The interviewee also asserts PREA documentation is posted throughout the facility.

All nine random resident interviewees self report they received information about the facility's rules against sexual abuse/harassment during intake or within 24 hours of intake. Similarly, all nine random resident interviewees assert they were told about the following within a couple days of arrival at TRC:

Their right not to be sexually abused or sexually harassed;
 How to report sexual abuse or sexual harassment;
 Their right not to be punished for reporting sexual abuse or sexual harassment; and

Interviewees confirmed the materials provided to them were consistent with staff assertions as reflected above. Of note, three of nine random resident interviewees state they did not see the PREA video, one interviewee states he reviewed the PREA video within a couple days of arrival, and five interviewees state they viewed the PREA video at intake.

The auditor's review of the CoreCivic PREA- Prevent, Detect, and Respond brochure reveals verbiage regarding the resident's right to be free from sexual abuse/harassment and retaliation for reporting the same. The pamphlet is presented in both English and Spanish. Additionally, strategies to avoid sexual abuse/sexual harassment are addressed in this document.

The auditor's review of the TRC Resident Handbook reveals reporting options. Each resident signs and dates an Acknowledgment of Facility Handbook receipt.

The auditor's review of the TRC Resident Handbook and CC PREA: Prevent. Detect. Respond tri-fold pamphlet confirms the zero tolerance policy of TRC regarding sexual abuse and sexual harassment and the various options for reporting incidents or suspicions of sexual abuse or sexual harassment.

The PCM asserts TRC residents review the PREA video, receive the resident handbook, and pamphlet during intake or within a few days of the same.

The auditor's on-site review of ten random resident files reveals substantial compliance with 115.233(a).

Pursuant to the PAQ, the Director self reports the facility provides residents who are transferred from a different community confinement facility with refresher information as referenced above. The Director further self reports 16 residents were transferred to TRC from a different community confinement facility within the last 12 months and they have received refresher training.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 11, section H(5) addresses 115.233(b).

The intake staff interviewee asserts that generally, at intake, the majority of requisite PREA information is provided to residents however, a follow-up PREA orientation is provided to new arrivals by the PCM. This is consistent with the auditor's findings following review of on-site documentation.

All nine random resident interviewees reported being transferred to TRC from federal prisons.

The PCM asserts 16 of 139 residents received at TRC within the last year came from other community confinement facilities. All residents were provided FBOP PREA education as any and all residents received at TRC received CC/TRC PREA education.

Pursuant to the PAQ, the Director self reports resident PREA education is available in accessible formats for all residents including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as, to residents who have limited reading skills.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 11, section H(2) addresses 115.233(c).

Resident education formats and accessibility of the same to the resident population are addressed in the narrative for 115.216 above.

Pursuant to the PAQ, the Director self reports the agency maintains documentation of resident participation in PREA education sessions.

Substantiating documentation is referenced in the narrative for 115.233(a) above. The singular document discussed in the narrative for 115.233(a) substantiates compliance with this provision. The

executed document, as discussed above, is applicable to one resident, in addition to the on-site random resident file reviews.

Pursuant to the PAQ, the Director self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The auditor's review of numerous documents referenced throughout the narrative for 115.233 reveals substantial compliance with 115.233(e). Throughout the facility tour, the auditor observed plentiful PREA posters and documentation serving as PREA educational materials.

In view of the above, the auditor finds TRC substantially compliant with 115.233.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)

X Yes No NA

115.234 (b)

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

X Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)

X Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 6, section C(5) addresses 115.234(a).

The auditor's review of TRC investigator certificates for the three hour National Institute of Corrections (NIC) training course entitled Investigating Sexual Abuse in a Confinement Setting reveals two current administrative sexual abuse/harassment investigators (Director and afd) completed the same. The auditor's review of the NIC training plans reveals substantial compliance with 115.234(a) and (b).

Pursuant to the MOU between CC and the TCSO, trained sexual abuse investigators on board receive training similar to that mentioned above.

According to the administrative investigative staff interviewee, he completed the three hour on-line National Institute of Corrections (NIC) sexual abuse/harassment investigative training regarding the conduct of sexual abuse investigations in a confinement setting. The training is scenario-based with a testing segment.

This course included topics such as interviewing techniques relative to victims and perpetrators in a confinement setting, execution of Miranda and Garrity warnings, evidence collection in sexual abuse cases, and the evidence standard necessary to substantiate a case for administrative action or prosecution referral.

The criminal investigative interviewee asserts he has completed generic sexual abuse training, non-specific to the confinement setting. He completed the same during the CLEET Academy. The training was conducted in-person, approximately 12 years ago. Training occurred, minimally, over the course of eight hours.

According to the interviewee, detectives facilitate actual investigations. The majority of victim evidence collection is completed by the SANE. The initial investigation is facilitated by a patrol officer and then, subsequently, by a detective(s).

Miranda warnings, general evidence collection techniques, and the evidence necessary to sustain a criminal conviction were addressed during this training. Specific interviewing techniques unique to the confinement setting were not addressed during the training.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 6, section C(5)(a) addresses 115.234(b).

Pursuant to the PAQ, the Director self reports the agency maintains documentation showing investigators have completed the required training. As previously indicated, the Director also self reports the agency maintains documentation showing two current investigators have completed the required training.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 6, section C(5)(b) addresses 115.234(c).

Documentation substantiating completion of requisite training is addressed in the narrative for 115.234(a).

In view of the above, the auditor finds TRC substantially compliant with 115.234.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities however, zero medical or mental health staff work at TRC. The Director further self reports that zero medical/mental health practitioners, who work regularly at the facility, received the training.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 6, section C(6)(a-e) addresses 115.235(a).

According to the PCM, the auditor's observation, and review of the TRC Organizational Chart, medical and mental health staff are not employed at TRC. Accordingly, such interviews could not be conducted. Of note, none of the provisions of 115.235 are applicable to TRC however, as the auditor finds no evidence of non-compliance, TRC is deemed compliant with the standard.

Pursuant to the PAQ and in view of the above, the Director self reports facility medical staff do not conduct forensic examinations at TRC. Accordingly, the auditor finds 115.235(b) not applicable to TRC.

Pursuant to the PAQ and in view of the above, the Director self reports the agency does not maintain documentation showing that medical/mental health care practitioners have completed the required training as medical/mental health care is provided in community facilities.

As mentioned throughout the narrative for this standard, no medical/mental health care practitioners are employed at TRC. Accordingly, 115.235(d) is not applicable to TRC.

As there are no apparent deviations from standard, the auditor finds TRC substantially compliant with 115.235.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

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

Pursuant to the PAQ, the Director self reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 9, section G(1) addresses 115.241(a).

The staff member who performs screening for risk of sexual victimization and abusiveness interviewee self reports he does screen residents upon admission to TRC or transfer from another facility for risk of sexual victimization or sexual abusiveness toward other residents.

All nine random resident interviewees self report when they arrived at TRC, they were asked questions like whether they had been in jail or prison before, whether they have ever been sexually abused, whether they identify as being LGBTI, and whether they think they may be in danger of being sexually abused at the facility. All interviewees self report they were asked these questions on the date of arrival or within 24 hours of arrival.

The auditor's on-site review of 10 random resident files reveals all were asked the requisite questions in a timely, thorough, and comprehensive manner. Questions were asked at intake in nine cases and within 24 hours in one final case.

The auditor observed the multi-purpose room wherein new commitments are screened and finds no evidence of deviation from standard or policy as the result.

Pursuant to the PAQ, the Director self reports 115.241(a) screening shall ordinarily take place within 72 hours of arrival at the facility. The below policy requires that screening is conducted within 24 hours of arrival at TRC. The Director self reports during the last 12 months, 118 residents entering the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other residents, within 72 hours of their entry into the facility. This equates to 100% of residents admitted to the facility during the last 12 months, for 72 hours or more.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 9, section G(2) addresses 115.241(b).

The auditor's review of one initial assessment and one 30-day reassessment (same resident), conducted during 2021 reveals substantial compliance with 115.241(b). CoreCivic policy requires completion of the initial assessment within 24 hours of arrival and the same was comprehensive/timely. The reassessment was likewise comprehensive and timely. Additionally, a third reassessment based on new information (same resident) reveals substantial compliance with 115.241(a-g).

Pursuant to the 115.241(a) narrative, the auditor's on-site review of 10 random resident files reveals timely and comprehensive completion of initial victimization/aggressor screenings within 24 hours of arrival at the facility. Review of 30-day reassessments related to the same residents reveals eight were completed in a timely manner and two were not yet due in view of the recency of arrival at TRC.

Pursuant to the staff who performs screening for risk of victimization and abusiveness interviewee, he screens inmates for risk of sexual victimization or risk of sexually abusing others upon arrival at TRC. Generally, the screening occurs within hours of arrival.

Pursuant to the PAQ, the Director self reports risk assessment is conducted using an objective screening instrument.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 9, section G(3) addresses 115.241(c).

The auditor's review of the Sexual Abuse Screening instrument reflects substantial compliance with 115.241(d). Specifically, the document reflects the following issues:

- 1) Whether the resident has a mental, physical, or developmental disability;
- 2) The age of the resident;
- 3) The physical build of the resident;
- 4) Whether the resident has previously been incarcerated;
- 5) Whether the resident's criminal history is exclusively nonviolent;
- 6) Whether the resident has prior convictions for sex offenses against an adult or child;
- 7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- 8) Whether the resident has previously experienced sexual victimization; and
- 9) The resident's own perception of vulnerability.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 9, section G(4) addresses 115.241(d).

The staff who performs screening for risk of victimization and abusiveness interviewee self reports the following factors are considered in the sexual victimization/abusiveness screening:

History of sexual victimization in both confinement and community settings, mental/physical disabilities, resident self-identification or appearance of LGBTI status, age, and build.

According to the interviewee who conducts such assessments, the same is facilitated in the multi-purpose room and the same can be secured. The auditor notes that there are no windows in the room. The door is closed and the screener reads the questions to the resident, probing and documenting responses. The screening is completed in a one-on-one setting.

The interviewee states he then reviews the scoring and subsequently, the shift supervisor makes housing assignments. He reviews the resident's previous disciplinary record, Pre-Sentence Investigation (PSI), etc. prior to the resident's arrival at the facility.

The auditor's review of the Sexual Abuse Screening Tool reveals substantial compliance with 115.241(e). Specifically, the same addresses prior acts of sexual violence, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 10, section G(5) addresses 115.241(e).

Pursuant to the PAQ, the Director self reports the policy requires the facility reassesses each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional relevant information received by the facility since the initial intake screening. The Director self reports during the last 12 months (until the date on which the PAQ was completed), 89 residents entering the facility (either through intake or transfer) were reassessed for their risk of sexual victimization or of being sexually abusive, within 30 days after their arrival at the facility based upon any additional relevant information received since intake. The Director further self reports this represents 100% of residents entering the facility for more than 30 days.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 10, sections G(11 and 12) addresses 115.241(f).

According to the staff who performs screening for risk of victimization and abusiveness interviewee, reassessments are conducted by case managers within 30 days of arrival at TRC.

Five of nine random resident interviewees state they were not reassessed pursuant to 115.241(f). Four interviewees were not yet due for reassessment in view of their arrival date at TRC.

The auditor's on-site review of four of the five random resident files related to residents who assert they were not reassessed reveals 30-day reassessments were completed in a comprehensive and timely manner. Of note, the auditor did not review the file pertaining to the last interviewee.

Pursuant to the PAQ, the Director self reports policy requires a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 10, sections G(13 and 14) addresses 115.241(g).

The staff responsible for risk screening interviewee relates the case managers reassess residents within 30 days of arrival. The case manager also facilitates reassessments, as needed, due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

Pursuant to the PAQ, the Director self reports the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the resident has a mental, physical, or developmental disability;
Whether or not the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
Whether or not the resident has previously experienced sexual victimization; or
The resident's own perception of vulnerability.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 10, section G(7) addresses 115.241(h).

According to the staff member who performs screening for risk of victimization and abusiveness interviewee, residents are not disciplined in any way for refusing to respond to (or for not disclosing complete information related to):

Whether or not the resident has a mental, physical, or developmental disability;
Whether or not the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
Whether or not the resident has previously experienced sexual victimization; and
The resident's own perception of vulnerability.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 10, section G(10)(a-d) addresses 115.241(i).

The auditor's review of a memorandum dated October 1, 2021 addresses those staff who can access resident files. The same appears to be commensurate with the intent of 115.241(i).

According to the TRC PCM, the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. Initial PREA

Assessment information is available to the Director, afd, case manager supervisor, case managers, monitor supervisors, and monitors. The staff who performs screening for risk of sexual victimization and abusiveness asserts the Director, afd, case manager supervisor, monitors, employment specialist, and case manager supervisor have access to the 115.241(a) assessments and 115.241(f) and (g) reassessments.

In view of the above, the auditor finds TRC substantially compliant with 115.241.

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, pages 9 and 12, sections G(1) and I(1) addresses 115.242(a).

According to the PCM, the agency uses information gleaned from the risk screening during intake to keep residents safe from being sexually victimized or sexually abusive. This information is used primarily with housing decisions as the facility is open (separated only by dormitory units and each dormitory is open in terms of structure, etc). Potential and known victims (PVs/KVs) are separated from potential and known abusers (PAs/KAs). Residents classified as Unrestricted (Us) may be placed with PVs/KVs or PAs/KAs as the classifications are housed in separate dormitories. Those residents classified as Unrestricted can be housed with either category.

Each KV/PV and KA/PA is keyed into the COATS PREA Alerts Roster reflecting the aforementioned designations. This alerts staff assigning room/bed placements to ensure the same are specific to resident sexual safety.

According to the staff who performs screening for risk of victimization and abusiveness interviewee, PVs/ KVs are physically separated (housing only) from PAs/KAs in terms of housing. Residents may also be placed in areas/rooms closer to surveillance and staff. Programming activities are supervised by staff and work assignments are generally off-site.

The electronic resident tracking system automatically assigns the above designations.

The auditor's review of a COATS PREA Alert Roster reveals that PVs and KVs are not housed with PAs and KAs.

Pursuant to the PAQ, the Director self reports the facility makes individualized determinations about how to ensure the safety of each resident.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 12, section I(3) addresses 115.242(b).

Pursuant to the PAQ, the Director self reports the facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 12, section I(7)(b) addresses 115.242(c).

The PCM asserts she reviews pre-arrival materials and some PREA information is contained within the same. She subsequently shares her findings with the screener to ensure continuity of information. There are no designated location(s) for transgender/intersex resident housing.

The agency does consider whether the placement will ensure the resident's health and safety. Similarly, the agency does consider whether the placement would present management or security concerns.

The PCM asserts zero transgender/intersex residents were housed at TRC during the on-site audit. Accordingly, such interview(s) could not be conducted.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 12, section I(7)(c) addresses 115.242(d).

The PCM asserts the transgender/intersex resident's own views with respect to her own safety are given serious consideration in placement and programming assignments.

The staff member who conducts screening for risk of victimization and abusiveness interviewee affirms the PCM's statement in this regard.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 14, section J(10)(h) addresses 115.242(e).

According to the PCM, transgender and intersex residents are given the opportunity to shower separately from other residents. A separate shower is located behind a specific bathroom and the same can be secured to ensure safety. Additionally, the area is under camera surveillance. Varied shower times may be established. Of note, the staff responsible for risk screening interviewee also asserts transgender and intersex residents are given the opportunity to shower separately from other residents and his narrative validates that of the PCM.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 12, section I(7)(d) addresses 115.242(f).

The PCM asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for LGBTI residents. The PCM further asserts she reviews the housing assignment roster to guard against placement of LGBTI residents in specific dormitories. The same is reviewed daily and facility staff review the roster in the absence of the AFD.

Alerts (PV,KV, PA, and KA) are inputted into the system and the system clearly reflects the same.

The auditor's cursory review of room/bed assignments reveals no deviation from standard.

In view of the above, the auditor finds TRC substantially compliant with 115.242.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:

Sexual abuse or sexual harassment;
Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and
Staff neglect or violation of responsibilities that may have contributed to such incidents.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 15, section K(1)(a and b)(i-iii) addresses 115.251(a).

The auditor's review of one poster, the TRC Resident Handbook, and the aforementioned CC tri-fold (written in English and Spanish) included in the PAQ materials reveals substantial compliance with 115.251(a). Several reporting options are listed in these three resources.

The auditor notes that resident calls are free of charge and not monitored. Residents do not enter a pin number when making such calls.

All eight random staff interviewees are able to cite at least one method available to residents for reporting sexual abuse/harassment, retaliation by other residents/staff for reporting sexual abuse/harassment, or staff neglect/violation of responsibilities that may have contributed to an incident of sexual abuse/harassment or retaliation. Methods of reporting include the Ethics Hotline, contact TCSO to report, submission of letter or note, verbal report to staff, verbal to clergy, and third party report.

All nine random resident interviewees are able to cite at least one method available to them to report sexual abuse/harassment. Options include talking to staff, contacting the Federal Bureau of Prisons (FBOP), contact TCSO, and third-party report.

As previously addressed in the narrative for 115.233, posters (regarding procedures for reporting sexual abuse/harassment of residents) are available throughout the facility.

Pursuant to the PAQ, the Director self reports the agency provides 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.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 15, section K(1)(c) addresses 115.251(b).

The signed MOU with the TCSO reflects under section B3 an agreement that the TCSO will accept written reports from residents allowing them to remain anonymous by request. TCSO does not have a 24 hour PREA Hotline.

According to the PCM, reporting options are noted on posters. Residents can call 9-1-1 or contact the RRM (FBOP) at Grand Prairie, Texas.

Generally, the turnaround from TCSO is 24 hours while resident calls to the FBOP RRM are immediate. Resident telephones are available at the control center, as well as, the intake room. Residents are also at liberty to use personal cellular telephones for reporting purposes.

Residents are not required to key pin numbers, register numbers, or other identifying information into the facility telephone system. Additionally, these telephones are not recorded.

Four of nine random resident interviewees assert they are allowed to make a report without having to give their name.

Pursuant to the PAQ, the Director self reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The Director also self reports staff are required to document verbal reports "immediately" following receipt of the same.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 16, section K(2)(b) addresses 115.251(c).

All eight random staff interviewees assert when a resident alleges sexual abuse, he can do so verbally, in writing, anonymously, and from third parties. All eight interviewees assert they immediately document any verbal reports of sexual abuse/harassment received from residents.

Eight of nine random resident interviewees assert reports of sexual abuse/harassment can be made both in person and in writing. Furthermore, seven of nine interviewees assert a friend or relative can make the report for the resident without giving his name.

Pursuant to the PAQ, the Director self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Pursuant to CC policy, staff may report resident sexual abuse/harassment via the CC Ethics Line, amongst other reporting mechanisms. The auditor's review of the CC website reveals staff reporting information. The same can be generally accomplished through reporting to the Ethics and Compliance Hotline. Staff are alerted to reporting procedures pursuant to Pre-Service and In-Service training.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 16, section K(2)(f) addresses 115.251(d).

One staff-related poster was observed during the facility tour regarding The Ethics Line. The Ethics Line is specifically referenced in the above policy as a resource for private staff reporting in accordance with 115.251(d)

All eight random staff interviewees are able to cite at least two methods of privately reporting sexual abuse/harassment of residents. Methods cited are placement of a telephone call or e-mail to a supervisor/Director/afd, closed door meeting, report to Director/afd/PCM, Ethics Hotline, third party report, and written report.

In view of the above, the auditor finds TRC substantially compliant with 115.251.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

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

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

115.252 (c)

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

115.252 (d)

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

115.252 (e)

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

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

Pursuant to CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse, unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility resident grievance process.

Should a report of sexual abuse or sexual harassment be submitted and received as a resident grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the designated facility investigator or facility Director for investigation and reporting in accordance with this policy.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, pages 15 and 16, section K(1)(d)(i and ii) addresses 115.252(a).

The Director relates there has been no residents, within the audit period, who filed or attempted to file a PREA-related issue pursuant to grievance policies.

As the auditor finds no deviation from either standard or CC policy, he finds TRC substantially compliant with 115.252.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the facility provides 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) for local, state, or national victim advocacy or rape crisis organizations; and

Enabling reasonable communication between residents and these organizations in as confidential manner as possible.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 8, section F(3 and 4) addresses 115.253(a).

The PCM asserts an informative flyer from DVIS is available to residents pursuant to posting on bulletin boards in all dorms. During the on-site audit, the auditor validated the same as the flyers are posted near the laundry area in each dorm. Accordingly, residents have substantial access to information provided in the same.

The auditor's review of the document, in question, reveals the telephone number is posted in the same. While the DVIS telephone number is reflected in the aforementioned flyer and the Resident Handbook, the DVIS address is not listed. The auditor recommends that these documents be amended to include the DVIS address and telephone number.

Eight of the nine random resident interviewees were aware of services available outside of the facility for dealing with sexual abuse, if needed. Four of the nine interviewees assert that counseling (one interviewee identified Tulsa Counseling) and COPE staff are available to provide services. Six of nine interviewees assert they have been apprised of the name(s)/addresses/ and telephone numbers applicable to such services pursuant to posters in each dorm and/or the Resident Handbook. Seven interviewees assert they are aware such calls are free and confidential. Eight interviewees assert they can make contact with staff from such agency(ies) at any time.

As previously indicated, zero residents who reported a sexual abuse, were confined at TRC at the time of the on-site audit.

Pursuant to the PAQ, the Director self reports the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The Director further self reports the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, pages 8 and 9, section F(5)(a and b) addresses 115.253(b).

The auditor's review of the CC tri-fold entitled Prevent. Detect. Respond reveals substantial compliance with 115.253(b). The same is provided to all TRC residents.

Six of nine random resident interviewees assert they believe the dialogue with people from these services remains private. Of these interviewees however, two interviewees assert their conversations could be told to or listened to by someone else. One of the two interviewees stated that discussion of criminal activities at either TRC or within respective communities constitutes a basis for such sharing of information.

The auditor finds that TRC residents clearly have sufficient informational sources from which to be informed of 115.253(b) parameters.

Pursuant to the PAQ, the Director self reports the final draft of the facility MOU with DVIS is not yet signed and dated by stakeholders.

The auditor's review of the draft MOU with DVIS reveals the same is commensurate with 115.253(c). However, as previously mentioned, the same is not yet signed and dated by all stakeholders. Accordingly, subsequent to signature, the PCM will forward the same to the auditor for inclusion in the audit file.

In view of the above, TRC meets the letter of 115.253(c) and accordingly, the auditor finds TRC substantially compliant with the same.

In view of the above, the auditor finds TRC substantially compliant with 115.253.

Standard 115.254: Third-party reporting

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

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The CC website provides information regarding third-person reporting options.

According to the PCM, PREA posters are posted throughout the facility addressing reporting via TCSO and FBOP administrators. The auditor validated the same pursuant to observation during the facility tour.

Posters are posted such that facility visitors are informed of reporting options. The CoreCivic Ethics Line Poster is posted in the front lobby for non-resident use. The same provides a telephone number that third-party reporters can access.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 16, section K(2)(f and g) addresses 115.254(a).

The auditor's review of Page 31 of the TRC Resident Handbook reveals the telephone number(s) for reporting of sexual abuse/harassment allegations, specifically referencing third-party reporters.

In view of the above, the auditor finds TRC substantially compliant with 115.254.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Pursuant to the PAQ, the Director self reports the agency requires all staff to report immediately and according to agency policy:

Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;
Any retaliation against residents or staff who reported such an incident; and
Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 16, section K(2)(a) and CC PCN 14-2(01) entitled Sexual Abuse Prevention and Response address 115.261(a).

All eight random staff interviewees state the agency requires all staff to immediately report any knowledge, suspicion, or information regarding any incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All interviewees assert policy requires immediate reporting to either their immediate supervisor, the Director, assistant director, PCM, administrative duty officer (ado), or the highest ranking supervisor on-site. Of note, such allegations are not reported to any of the aforementioned supervisors if the resident names them as the perpetrator.

Pursuant to the PAQ, the Director self reports apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 16, section K(2)(d) addresses 115.261(b).

Of note, the auditor's review of investigations reveals no deviation from either standard or relevant policies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 16, section K(2)(e) addresses 115.261(c).

As noted in the narrative for 115.235, medical and mental health providers are not employed at TRC. Accordingly, such interviews were not facilitated.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 16, section K(2)(h) addresses 115.261(d).

According to the Director and PCM, no residents under the age of 18 are housed at TRC. With respect to a vulnerable adult being subjected to sexual abuse or sexual harassment, an investigation would be immediately initiated, as is the case with any allegation, and notification to the FBOP RRC would result in notification(s) to any relevant state or federal agencies.

The auditor has not been provided any information relative to allegation(s) received from vulnerable adults, nor has he discovered any such allegations pursuant to random and specialized staff interviews.

In view of the above, the auditor finds TRC substantially compliant with 115.261.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Director further self reports in the last 12 months, there were zero times the facility determined a resident was subject to substantial risk of imminent sexual abuse.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 17, section M(1) addresses 115.262(a).

The auditor's review of the CC PREA Overview Facilitator Guide reveals removal of the resident victim from the danger zone is paramount to assurance of the potential victim's safety.

The Agency Head interviewee advises immediate isolation of the potential victim is the initial response to a report of substantial risk of imminent sexual abuse. It may be feasible to move the potential victim to another housing unit within the facility, dependent upon the circumstances. The potential perpetrator may also be placed under direct staff supervision status. The contractual requirements of the governmental partner will dictate the ability to transfer both the potential victim and potential perpetrator. Minimally, we would work with on-site contract monitors to make the best decision under the circumstances.

The Director asserts when staff learn a resident is at risk of imminent sexual abuse, he is removed from the danger zone and placed in a safe place. If necessary, the victim may be moved to another facility pursuant to agreement and assistance by the FBOP RRC.

All eight random staff interviewees corroborate the assertions of the Agency Head interviewee and the Director to the extent the potential victim would be immediately removed from the danger zone.

In view of the above, the auditor finds TRC substantially compliant with 115.262.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency has a policy requiring that, upon receiving an allegation a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Director further self reports in the last 12 months, the facility received zero allegations that a resident was sexually abused while confined at another facility. However, during the course of the on-site audit, the auditor discovered one situation wherein a resident reported prior institutional sexual abuse.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 21, section M(16)(a)(i) addresses 115.263(a).

Pursuant to the auditor's review of a Form 5-1A-CC dated March 2, 2022, he finds that a resident reported alleged sexual abuse at a previous facility on March 1, 2022 and the requisite notification to the FBOP RRC was completed on March 2, 2022. Such notification protocol is required pursuant to agreement with the FBOP. The aforementioned form memorializes the notification and accordingly, compliance with 115.263 is accomplished.

Pursuant to the PAQ, the Director self reports agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 21, section M(16)(a)(i) addresses 115.263(b).

Pursuant to the PAQ, the Director self reports the facility documents that it has provided such notification within 72 hours of receiving the same.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 22, section M(16)(a)(iii) addresses 115.263(c).

Pursuant to the PAQ, the Director self reports facility policy requires allegations received from other facilities/agencies are investigated in accordance with PREA standards. The Director further self reports in the last

12 months, zero allegations of sexual abuse originating at TRC, were received by the facility from other facilities.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 22, section M(16)(b)(i-iii) addresses 115.263(d).

The PCM asserts that during the last 12 months, zero allegations were received from other facilities regarding sexual abuse/harassment incidents that allegedly originated at TRC.

The Agency Head interviewee advises if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within a CC facility, the Director is generally the administrator who receives the call. Subsequent to receipt of such a call, the Director would advise the facility investigator to open an investigation. Dependent upon the circumstances, the investigator would initiate an administrative investigation or contact TRC/TCSO. The auditor's review of the 2016, 2017, and 2018 Survey of Sexual Violence (SSV) reveals the same coincide with the data reflected in the standardized instrument and set of definitions discussed in the narrative for 115.287(a)(c). to initiate a criminal investigation.

According to the Director, when an allegation is received from another facility regarding an incident that allegedly occurred at TRC, a full investigation would be initiated pursuant to standard procedure. The Director subsequently responds to the reporting administrator regarding the outcome of the investigation.

The Director asserts he is not aware of any such allegation(s) that occurred during this audit period.

In view of the above, the auditor finds TRC substantially compliant with 115.263.

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency has a first responder policy for allegations of sexual abuse. Specifically, upon learning of an allegation a resident was sexually abused, the first security staff member to respond to the report shall be required to:

Separate the alleged victim and abuser;
 Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
 If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and
 If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged abuser does not take any actions that could destroy physical evidence such as those described in paragraph 3 above.

The Director self reports two alleged incidents of sexual abuse occurred at TRC during the last 12 months. Of these allegations, the first security staff member to respond to the report separated the alleged victim and abuser on zero occasions. Of these allegations, staff were not notified within a time period that still allowed for collection of physical evidence on any occasion.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, pages 17 and 18, section M(2)(a and b), (5), and (6) address 115.264(a). The auditor's review of a Priority: PREA laminated staff card reveals substantial compliance with 115.264(a).

The non-security first responder interviewee was able to accurately identify all steps involved in the first responder duty expectations. The security first responder interviewee did not address anything regarding the victim or perpetrator in terms of preservation of physical evidence. Seven of eight random staff interviewees were able to correctly identify all four tasks as cited at 115.264(a).

Policy is clearly scripted in accordance with 115.264(a) and each interviewee was in possession of a CC First Responder card.

Pursuant to the PAQ, the Director self reports agency policy requires if the first responder is not a security staff member, that responder shall be required to:

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

The Director further self reports that a non-security staff member was the first responder on zero occasions during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 17, section M(3) addresses 115.264(b).

Of note, all staff receive the same First Responder training as all staff receive the same PREA training, both Pre-Service and In-Service.

In view of the above, the auditor finds TRC substantially compliant with 115.264.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports that the facility has developed an institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, pages 16 through 20, sections L through M(14)(i) addresses 115.265(a).

The auditor's review of this plan, all MOUs as previously mentioned throughout this report narrative, in addition to the aforementioned policy citations, reveals a comprehensive and substantive plan to enable proper staff response to an incident of sexual abuse at TRC.

According to the Director, the facility does have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The plan is clearly articulated in CC Policy 14-2 CC, with specific information for TRC.

In view of the above, the auditor finds TRC substantially compliant with 115.265.

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

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

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the facility is not involved in any collective bargaining process, either currently or since the last PREA audit.

During the on-site audit, the auditor confirmed this assertion.

The Agency Head interviewee asserts there are five or fewer facilities under the CC umbrella that are unionized. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any inmate/resident pending an investigation or a determination of whether and to what extent discipline is warranted.

Since the auditor finds no TRC deviation from standard, compliance with 115.266 is established.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? X Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? X Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? X Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? X Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? X Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? X Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? X Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? X Yes No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? X Yes No

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency has 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. According to the PAQ, the Director self reports the PCM is designated as the Retaliation Monitor at TRC. The auditor's review of one PREA Retaliation Monitoring Report reveals that actual monitoring was delegated to a case manager with respect to the particular case.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 20, section M(14)(b) addresses 115.267(a).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 20, section M(14)(a) and (d) addresses 115.267(b).

According to the Agency Head interviewee, staff and residents who report sexual abuse/sexual harassment allegations are protected from retaliation pursuant to frequent retaliation monitoring check-ins (residents/staff), in addition to a 30/60/90 day formal review schedule (applies to sexual abuse situations). Staff charged with retaliation monitoring responsibilities follow disciplinary action(s), housing unit changes, removal of perpetrator(s) from area(s) of victim housing, transfer of alleged abuser(s), and change(s) in programming. In regard to alleged staff perpetrators, monitoring and follow-up regarding staff conduct is a primary consideration in the resident safety equation.

According to the Director and staff member charged with monitoring retaliation, formal 30/60/90 day monitoring checks are facilitated however, the same can be delegated to case managers. Case managers facilitate random checks, documenting the same in COATS and IPP. Safety strategies may include as follows:

Move perpetrator to a secure facility pursuant to FBOP approval;
Change housing dorm;
Refer the resident for intense counseling to CTS (after care mental health provider);
Assess whether victim may require placement at another reentry facility.

In regard to alleged retaliation against staff, the afd would discuss the same with the perpetrator. If validated, the perpetrator would be placed on administrative leave pending investigation completion. The victim may be placed on another shift, if agreeable. If necessary and the victim is agreeable, move the victim employee to another facility. Minimally, post and assignments could be changed, if agreeable.

The staff member charged with monitoring retaliation interviewee asserts she would reach out to the victim upon determination that abuse had occurred. Her primary obligation is to ensure the safety of the victim.

The auditor notes that retaliation monitoring and proactive strategies are clearly documented in the aforementioned policy.

Pursuant to the PAQ, the Director self reports the facility monitors the conduct or treatment of residents or staff who reported sexual abuse/harassment and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The Director further self reports retaliation monitoring is continued for at least 90 days or more, if necessary. The facility does act promptly to remedy such retaliation.

The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The Director self reports retaliation has not occurred within the last 12 months

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, pages 20 and 21, section M(14)(c), (e)(i and ii), (f), and (g) address 115.267(c).

The Director and designated staff member charged with retaliation monitoring interviewee assert they monitor changes in resident behavior(s) (increase in receipt of misconduct reports), hygiene changes, wandering eyes while communicating, isolation, aggression, tardiness at work, and change(s) in attitude and demeanor. In regard to staff victims, a decrease in work productivity, increase in call-offs, increase in corrective actions, depression, isolation, change in demeanor, and change in appearance are key indicators.

Monitoring is continued for a minimum of 90 days however, the same may be extended, dependent upon the circumstances. The Director and the designated staff member charged with monitoring retaliation interviewee make the determination. Monitoring can be continued until the threat level is reduced.

The auditor notes CC policy requires the conduct of 30/60/90 day formal retaliation monitoring in sexual abuse situations. The auditor's review of two 2021 sexual abuse investigations reveals retaliation monitoring was properly documented and facilitated in excess of 90 days in one matter. Both investigations were concluded by the FBOP in both matters. In the second matter, the resident discharged from FBOP custody and accordingly, formal retaliation monitoring meetings were terminated. The auditor finds no deviation from either standard or policy.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 20, section M(14)(d)(iv) addresses 115.267(d).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 21, section M(14)(i) addresses 115.267(e).

Pursuant to contact with the PCM, she is not aware of any other incidents that occurred during the last 24 months wherein other individual(s), who cooperated with an investigation, expressed fear of retaliation.

When a resident who cooperates with an investigation expresses fear of retaliation, the Agency Head interviewee asserts he receives the same benefits and treatment as articulated in the narratives for 115.267(b) and (c) above.

In view of the above, the auditor finds TRC substantially compliant with 115.267.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the facility has a policy related to criminal and administrative agency investigations.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 23, section N(4) addresses 115.271(a).

The auditor's review of two 2021 sexual abuse investigations conducted at TRC reveals substantial compliance with 115.271. Both investigations were determined to be unsubstantiated.

Investigations appear to be substantive and inclusive of all requirements of 115.271. The auditor finds TRC substantially compliant with 115.271(a), (b), (c), (e), (f), (i), (j), and (l) as the result of his review of the investigations.

The administrative investigative staff interviewee asserts an investigation is initiated immediately following receipt of an allegation of sexual abuse. If he is on-site, he immediately commences the investigation. If a sexual abuse/harassment allegation is reported during off-duty hours, he would immediately report to the facility (within 20 minutes of notification) to commence the investigation..

The interviewee asserts upon arrival at the facility, he commences the investigative protocol as follows:

- Check and ensure completion of 1st Responder Duties (10 minutes);
- Check the scene (five minutes);
- Review staff reports (15 minutes per staff member);
- Threshold questioning of victim (one to ten minutes);
- Review video (10 minutes to two days);
- Question staff and resident witnesses (10-15 minutes per witness);
- File reviews (20 minutes per file);
- Re-interviews (10 minutes per interviewee);
- Interview perpetrator if case released by TCSO (0-30 minutes); and
- Write report (one to two hours).

With respect to the criminal investigative process, the call regarding the sexual abuse incident is received by Dispatch. The staff assigned to Dispatch send a patrol officer to the facility where he/she takes a basic report. He/she facilitates a threshold interview with the victim to determine basic facts. He/she checks the crime scene to determine the same is secure and facts surrounding that process and then he/she photographs physical evidence and potential evidence. Subsequently, he/she would collect any physical evidence for transport to the evidence facility.

The patrol officer takes staff and resident statements, including the same in his/her report. The report is forwarded to the investigations sergeant and he assigns the case to a detective, if warranted.

The detective collects further physical evidence, reviews video surveillance, reviews staff/resident/HR files, and conducts re-interviews, if deemed necessary. If probable cause is present and there is a clear violation of the criminal code, the detective may pursue a warrant. Subsequently, the detective writes a report.

In regard to anonymous or third-party sexual abuse/harassment reports, both the administrative and criminal investigative interviewees assert the same are handled in the same manner as any investigation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 23, section N(5) addresses 115.271(b).

Trained sexual abuse/harassment investigators are addressed in the narrative for 115.234.

According to the administrative investigative staff interviewee, he completed a three hour on-line NIC course as described in the narrative for 115.234. The same was scenario based and included a testing component.

This course included topics such as interviewing techniques relative to victims and perpetrators in a confinement setting, execution of Miranda and Garrity warnings, evidence collection in sexual abuse cases, and the evidence standard necessary to substantiate a case for administrative action or prosecution referral.

The criminal investigative staff interviewee's statement regarding his training is articulated in the narrative for 115.234.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 24, section O(6)(a) addresses 115.271(c).

The administrative staff investigative interviewee states that he collects video footage, written staff and resident statements, interview notes, and file findings.

The criminal investigative interviewee asserts detectives collect physical evidence, video surveillance, bedding/towels/etc., and photographs of the crime scene.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 24, section O(6)(b) address 115.271(d).

The auditor's review of the CC/TCSO MOU regarding criminal sexual abuse investigations generically addresses the conduct of such investigations. While not specific regarding the requirements of 115.271(d), the overall requirements of a criminal investigation are addressed by TCSO regulations.

The administrative investigative staff interviewee asserts compelled interviews are not conducted by TRC staff. The same would be facilitated by TCSO investigator(s) and they would likewise maintain contact with prosecutors. The criminal investigative interviewee asserts detectives generally have no contact with the D.A.s Office regarding compelled interviews.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 25, section O(6)(c) addresses 115.271(e).

In regard to credibility assessments relative to staff and resident witnesses, the administrative investigative staff interviewee asserts credibility is established based on the premise the statement is credible until proven otherwise.

An assessment of the victim/witness/perpetrator's past history is used as a starting point in terms of credibility assessments. Subsequently, an assessment regarding whether the known facts and evidence substantiates the individual's statement(s) follows. Credibility becomes an issue of whether there is more evidence that corroborates the individual's statement than not.

The criminal investigative interviewee's statement essentially parallels that of the administrative investigative staff interviewee. Additional factors that are considered are as follows:

- Sobriety;
- Prior history of complaints;
- Injuries;
- Forensic examination results; and
- General assessment of believability.

Both interviewees further assert they would not, under any circumstances, require a resident who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 23, section N(6)(a-f) addresses 115.271(f).

With respect to determining whether staff actions or failure to act contributed to the incident of sexual abuse, the administrative investigative staff interviewee asserts he assesses facts against policy/Code of Ethics deviations.

Administrative investigations are documented in written reports. Reports address the Who?, What?, When?, Where?, and Why? of the incident. A skeleton description of the administrative report format follows:

Establishment of a timeline;
Victim, witness, perpetrator statements and credibility analysis;
Circumstantial evidence analysis; and
Findings.

According to the Director, he is not in possession of any criminal reports regarding sexual abuse that arose during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 25, section O(6)(f) addresses 115.271(g).

The administrative investigative staff interviewee asserts criminal investigations are documented. In actuality, the reports are similar to the administrative reports completed by the interviewee and as described above in the narrative for 115.271(f), but inclusive of a physical evidence assessment. Such reports are not provided to TRC.

Pursuant to the PAQ, the Director self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution. The Director further self reports zero criminal findings were referred for prosecution since the last PREA audit.

The administrative investigative staff interviewee asserts there must be evidence that a criminal code violation has occurred prior to prosecution referral by TCSO. The criminal investigative interviewee adds that probable cause must also be evident to warrant prosecution referral.

Pursuant to the PAQ, the Director self reports the agency retains all written reports referenced in the above paragraphs of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 25, section O(6)(g) addresses 115.271(i).

The auditor has not found any evidence of deviation from either policy or standard.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 25, section O(6)(d) addresses 115.271(j).

Pursuant to the CCPC, standard practice requires continuation of an investigation into a PREA allegation even if a resident is terminated from the program.

Both the administrative and criminal investigative interviewees state that the investigation continues regardless of whether a staff member alleged to have committed a sexual abuse act terminates employment prior to a completed investigation into his/her conduct and/or when a victim who alleges sexual abuse/harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 24, section O(5) addresses 115.271(l).

The Director asserts that either he or the afd request, via email, follow-up with the criminal investigative entity on a bi-weekly basis. According to the administrative investigative staff interviewee, he acts as a liaison or facilitator, providing total support.

In view of the above, the auditor finds TRC substantially compliant with 115.271

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 23, section N(8) addresses 115.272(a).

The auditor's review of the two 2021 sexual abuse investigations referenced in the narrative for 115.271(a) reveals substantial compliance with 115.272(a) as the preponderance of evidence standard is met.

The administrative investigative staff interviewee states he relies on a preponderance of evidence to substantiate allegations of sexual abuse/harassment. He asserts this equates to, "more evidence the incident occurred, than not" or 51% of the total evidence. The criminal investigative interviewee states that probable cause must be apparent to warrant further review for criminal prosecution.

In view of the above, the auditor finds TRC substantially compliant with 115.272.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency has a policy requiring that any resident who makes an allegation he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Director self reports two administrative sexual abuse investigations were completed during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 26, section R(1) addresses 115.273(a).

The auditor's review of the two 2021 sexual abuse investigations reveals the investigations were closed by the FBOP on September 9, 2021 in both cases. The victim resident in one case had been released to Home Confinement and the victim resident in the other case was released from FBOP supervision. Accordingly, notifications, in question, were not provided to the residents based on 115.273(f).

According to the Director/administrative staff investigative interviewee, he notifies a resident who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. He asserts all such notifications are effected on a Notice of Investigation Status Form.

Pursuant to the PAQ, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The Director further self reports, in the last 12 months, two investigations were managed by an outside agency (FBOP).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 26, section R(1) addresses 115.273(b).

With respect to one of the aforementioned investigations, the auditor's review of numerous emails with FBOP staff reveals substantial compliance with 115.273(b). Clearly, coordination and follow-up regarding the results of the investigation were accomplished with respect to the same.

Pursuant to the PAQ, the Director self reports following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the agency has determined the allegation is unfounded) whenever:

The staff member is no longer posted within the resident's unit;
The staff member is no longer employed at the facility;
The agency learns the staff member has been indicted on a charge related to sexual abuse within the facility; or
The agency learns the staff member has been convicted on a charge related to sexual abuse within the facility.
The Director asserts two staff-on-resident sexual abuse or sexual misconduct allegation(s) has been received during during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 26, section R(2)(a-d) addresses 115.273(c).

The PCM asserts zero substantiated cases of staff-on-resident sexual abuse or misconduct occurred during the last 12 months. The basis for the lack of 115.273(a) and (c) notifications in these matters is articulated in the narrative for 115.273(a) above.

Pursuant to the PAQ, the Director asserts that following a resident's allegation he or she has been sexually abused by another resident at TRC, the agency subsequently informs the alleged victim whenever:

The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 26, section R(3)(a and b) addresses 115.273(d).

The auditor finds zero investigations regarding resident-on-resident sexual abuse were conducted during the last 12 months. The PCM validated the same.

Pursuant to the PAQ, the Director self reports the agency has a policy that all notifications to residents described under this standard are documented.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 26, section R(4) addresses 115.273(e).

According to the PAQ, zero 115.273 notifications were completed during the last 12 months. Specifically, the resident was discharged prior to completion of the investigation by the U.S. Department of Justice (USDOJ).

In view of the above, the auditor finds TRC substantially compliant with 115.273(e).

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 27, section S(2)(a) addresses 115.276(a).

Pursuant to the PAQ, the Director self reports in the last 12 months, zero facility staff members are alleged to have violated agency sexual abuse/ harassment policies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 27, section S(2)(b) addresses 115.276(b).

The auditor's review of a CC Code of Ethics Acknowledgement of BOP Standards of Employee Conduct reveals sexual abuse of a resident or allowing another to sexually abuse a resident is expressly prohibited. The employee signed and dated the document, attesting to their understanding of the subject-matter contained therein.

Pursuant to the PAQ, the Director self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

The Director further self reports that in the last 12 months, zero staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 27, section S(2)(c) addresses 115.276(c).

Pursuant to the PAQ, the Director self reports 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Director further self reports during the last 12 months, zero facility staff have been reported to law enforcement or licensing boards following termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 27, section S(2)(d) addresses 115.276(d).

In view of the above, the auditor finds TRC substantially compliant with 115.276.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports agency policy requires that any contractor or volunteer who engages in sexual abuse is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, the Director self reports agency policy requires that any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents. According to the Director, in the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 27, section S(2)(e) addresses 115.277(a).

As the result of COVID protocols, volunteers have not been approved at the facility. Pursuant to staff/ resident interviews and documentation reviews, the auditor has not found any incidents wherein the requirements of 115.277 were invoked or would require the same.

Pursuant to the PAQ, the Director self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 27, section S(2)(f) addresses 115.277(b).

The Director asserts he suspends contractor/volunteer access privileges pending the outcome of an investigation and eliminates contact with residents should a contractor/volunteer become involved in a validated sexual abuse/harassment incident with a resident. He terminates the contract if the investigation is substantiated.

In view of the above, the auditor finds TRC substantially compliant with 115.277.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. The Director further self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the last 12 months, there was zero administrative and/or criminal findings of resident-on-resident sexual abuse that occurred at the facility.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 26, section S(1)(a) addresses 115.278(a). The auditor's review of the TRC Resident Handbook, pages 31, 32, 37, 38, 39, 40, 41, and 42 reveals substantial compliance with 115.278.

The case manager addresses resident disciplinary procedures during intake/orientation and requisite information is provided in the TRC Resident Handbook.

The auditor notes residents are subject to the FBOP Discipline policy as reflected in the aforementioned handbook. Facility administrative disciplinary hearings, wherein disciplinary transfers/loss of Statutory Good Time/etc. can be imposed, are facilitated by TRC staff and reviewed/approved by FBOP staff.

TRC resident disciplinary hearings are facilitated by TRC staff and reviewed by FBOP staff. In the event of a question regarding mental health, the FBOP Disciplinary Hearing Officer (DHO) would schedule any mental health oversight or intervention. It is noted residents have the right to appeal findings.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 26, section S(1)(c) addresses 115.278(b).

According to the Director, residents who facilitate a resident-on-resident sexual abuse incident may normally be recommended, subsequent to an administrative disciplinary process, for termination from the program and transfer to another facility. An administrative transfer, loss or forfeiture of Good Conduct Time (GCT), and disallowance of Extra Good Time (EGT) are potential sanctions.

TRC resident disciplinary hearings are facilitated by TRC staff and reviewed by FBOP staff. In the event of a question regarding mental health, the FBOP Discipline Hearing Officer (DHO) would schedule any mental health oversight.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 26, section S(1)(d) addresses 115.278(c).

Pursuant to the PAQ, the Director self reports the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Specifically, in the case of substantiated abuse, the perpetrator would be placed into custody and eventually terminated from the program. Additionally, the alleged perpetrator is separated from the victim. In view of the above, facility staff do not consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 27, section S(1)(i) addresses 115.278(d).

As previously mentioned in the narrative for 115.235, according to the Director and the auditor's observations, medical and mental health staff are not employed at TRC.

Pursuant to the PAQ, the Director self reports the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 27, section S(1)(e) addresses 115.278(e).

The auditor finds no allegations or investigations relative to resident sexual contact with staff, conducted during the last 12 months, addressing the subject-matter of 115.278(e).

Pursuant to the PAQ, the Director self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 27, section S(1)(g) addresses 115.278(f).

The auditor has found no evidence of deviation from the requirements of 115.278(f).

Pursuant to the PAQ, the Director self reports the agency prohibits all sexual activity between residents. The Director further self reports the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 27, section S(1)(f) addresses 115.278(g).

The auditor did not find any incidents of resident discipline for sexual abuse linked to coerced sex.

In view of the above, the auditor finds TRC substantially compliant with 115.278.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Director further self reports the nature and scope of such services are determined by community medical and mental health practitioners at a designated location, according to their professional judgment. The Director self reports that as medical and mental health care are not provided at TRC, such secondary materials are maintained at the respective hospital.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 21, section M(15)(a) addresses 115.282(a).

The auditor's review of an MOU between CC and a local hospital reveals substantial compliance with 115.282(a). While the same is unsigned, the content of the same does meet standard. Upon signature by both parties, the PCM will forward a copy of the same to the auditor for inclusion in the audit file.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 21, section M(15)(b) addresses 115.282(b).

The non-security first responder interviewee was able to accurately identify all steps involved in the 115.264(a) first responder duty expectations. The security first responder interviewee did not address anything regarding the victim or perpetrator in terms of preservation of physical evidence. Seven of eight random staff interviewees were able to correctly identify all four tasks as cited at 115.264(a). Policy is clearly scripted in accordance with 115.264(a) and each interviewee was in possession of a CC First Responder card.

The auditor has found no incidents during this audit period wherein medical care and follow-up were warranted.

Pursuant to the PAQ, the Director self reports resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The Director self reports that as medical and mental health care are not provided at TRC, such secondary materials are maintained at the hospital.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 21, section M(15)(c) addresses 115.282(c).

Pursuant to the PAQ, the Director self reports treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 21, section M(15)(d) addresses 115.282(d).

In view of the above, the auditor finds TRC substantially compliant with 115.282.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the facility offers 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.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 21, section M(15)(e) addresses 115.283(a).

The PCM asserts zero residents have reported, at intake during their initial sexual abuse victimization/aggressor screening, that they were sexually abused at a prior confinement facility. However, as reflected in the narrative for 115.263, one resident reported such sexual abuse subsequent to intake. When the auditor questioned him as to whether he was offered a meeting with a medical/mental health practitioner, he stated he didn't need a mental health appointment as he was working with a therapist.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 21, section M(15)(f) and (g) addresses 115.283(b) and (c).

The auditor has not been provided any other evidence nor has he discovered any additional evidence substantiating 115.283(a) and (b) issues. This information is validated pursuant to interviews and review of random resident files.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 21, section M(15)(g) addresses 155.283(c).

Provision of medical and mental health care at community hospital(s) equates to the community standard of care.

As previously indicated throughout this report, female residents are not housed at TRC. Accordingly, the auditor finds 115.283(d) and (e) not applicable to TRC.

Pursuant to the PAQ, the Director self reports resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 21, section M(15)(i) addresses 115.283(f).

Pursuant to the PAQ, the Director self reports treatment services are 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.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 21, section M(15)(j) addresses 115.283(g).

In view of the above, the auditor finds no evidence of 115.283(g) violation(s).

Pursuant to the PAQ, the Director self reports the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 10, section G(15) addresses 115.283(h).

The PCM asserts that resident-on-resident sexual abusers have not been housed at TRC during the last 12 months.

Pursuant to interviews and the auditor's random review of resident files, he has not discovered any incidents wherein 115.283(h) requirements were invoked.

In view of the above, the auditor finds TRC substantially compliant with 115.283.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

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

115.286 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. The Director further self reports in the last 12 months that zero criminal or administrative sexual abuse investigations were facilitated at TRC. As previously indicated, the auditor reviewed two administrative sexual abuse investigations that were facilitated by a TRC investigator. Both cases were subjected to FBOP, minimally, follow-up investigation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 25, section P(1) addresses 115.286(a).

The auditor's review of two applicable sexual abuse investigations and applicable Sexual Abuse Incident Reviews (SAIRs) reveals substantial compliance with 115.286(a-e). The FBOP closed their investigation on September 9, 2021 and the respective SAIRs were facilitated on September 29, 2021.

Pursuant to the PAQ, the Director self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of completion of the criminal or administrative sexual abuse investigation. The Director further self reports in the last 12 months, zero criminal or administrative sexual abuse investigations were facilitated at TRC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 25, section P(3) addresses 115.286(b).

Pursuant to the PAQ, the Director self reports the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The auditor notes zero medical or mental health staff are employed at TRC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 25, section P(2) addresses 115.286(c).

The auditor finds the composition of the SART review team, in question, to be commensurate with standard expectations.

The Director asserts the facility does have a sexual abuse incident review team. With the exception of medical/mental health professionals, the team is comprised of the Director and those individuals mentioned above, allowing for input from line supervisors, and investigators.

Pursuant to the PAQ, the Director self reports the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this provision and any recommendations for improvement, and submits such report to the facility head and PCM.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 25, sections P(3)(a-e) and (4) addresses 115.286(d).

The auditor's review of the CC Sexual Abuse/Harassment Incident Review Form reveals substantial compliance with 115.286(d). The auditor finds TRC substantially compliant with respect to both 2021 SAIRs as described in the narrative for 115.286.

According to the Director, the team works to determine whether the alleged incident was the result of a policy, technology, inadequate staffing, or performance failures. During the review, the team assesses a path to ensure policy compliance and enhance the PREA program and resident sexual safety at TRC.

Both the Director and the SAIR team interviewee assert that the following is considered during such reviews:

Was the incident motivated by race, ethnicity, gender identity, LGBTI identification status or perceived status or perceived status, or gang affiliation, or was it motivated or otherwise caused by other group dynamics at the facility;

Physical examination of the area, in the facility, where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assessment of the adequacy of staffing levels in the area during different shifts; and

Assessment of whether monitoring technology should be deployed or augmented to supplement staff supervision.

Of note, the incident review team interviewee's statement parallels that of the Director in terms of issues assessed during the review.

According to the PCM, the Director currently writes the SAIR report. She has reviewed the reports to ensure understanding of the process and quality control. If recommendation(s) are made, she looks to implement the same unless there is a written basis for non-compliance with the recommendation(s).

Pursuant to the PAQ, the Director self reports the facility implements the recommendations for improvement or documents its reasons for not doing so.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 25, section P(5) addresses 115.286(e).

In view of the above, the auditor finds TRC substantially compliant with 115.286.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The Director further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 28, sections T(1) and (3) addresses 115.287(a/c).

The auditor's review of the CC Incident Reporting Definitions (IRD) and CC 5-1E forms reveals substantial compliance with 115.287(a/c).

Pursuant to the PAQ, the Director self reports the agency aggregates the incident-based sexual abuse data at least annually.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 28, section T(3) addresses 115.287(b).

As previously mentioned throughout this report, TRC was activated in early 2021. Accordingly, there is no historical or aggregated sexual abuse/harassment data inputted on the website.

Pursuant to the PAQ, the Director self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 28, section T(2) addresses 115.287(d).

Based on the PAQ review and on-site review of documents, the auditor finds TRC substantially compliant with 115.287(d).

TRC does not contract with any other facility(ies) for confinement of residents committed to the custody and care of the facility. Accordingly, the auditor finds 115.287(e) not applicable to TRC.

According to the Director, the USDOJ has not requested SSV sexual abuse/harassment data from the previous calendar year.

In view of the above, the auditor finds TRC substantially compliant with 115.287.

Standard 115.288: Data review for corrective action

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

115.288 (a)

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency reviews 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 and training including:

Identifying problem areas;
Taking corrective action on an ongoing basis; and
Preparing an annual report of its findings from its data review and corrective actions for each facility, as well as, the agency as a whole.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 28, section T(4 and 5) addresses 115.288(a).

The auditor's review of the 2019 and 2020 CC Annual Reports reveals substantial compliance with 115.288(a), (b), and (c). The CC reports are published on the CC website.

The Agency Head interviewee asserts CC accesses information from several sources, using incident-based sexual abuse data, to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. Specifically, he advises that a 5-1 Incident Reporting System is implemented wherein incidents and reports are, minimally, reviewed by Corporate and designated facility staff within a 24-hour period. Monthly, a report of PREA related incidents details frequency and location(s) of incidents within the facility, amongst other criteria. Pursuant to this procedure, corporate and facility staff collaborate to diagnose any PREA-related issues, concerns, etc. These proactive steps, in addition to SAIR review findings and continual monitoring of data, are utilized to attain optimal efficiency in terms of sexual safety of residents at CC facilities.

In view of the above, the auditor finds CC exceeds compliance expectations with respect to 115.288. This procedure is representative of CC's commitment and zeal in terms of enhancement of inmate sexual safety within facilities.

While the CCPC interviewee was not interviewed during this audit, his statement with respect to previous CC audits is noteworthy. He asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Such data is securely retained in password protected programs at both the facility and the CCPC's office. Access to this information is limited.

Auditor's Note: PREA investigation reports and ancillary documentation are electronically generated. The auditor observed this process throughout the on-site audit.

The CCPC further advises the agency takes corrective action on an ongoing basis based on this data. For example, anything identified pursuant to a mock audit or SAIR review is considered for implementation.

The PCM asserts the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve effectiveness of its sexual abuse prevention, detection, and response policies, and training. Data and supporting documentation are maintained electronically by the CCPC and hard copies are maintained at the facility. Hard copies are maintained behind a locked door in the Director's Office.

Auditor's Note: During the on-site audit, the auditor observed the aforementioned secure retention of relevant PREA documents, as described by the PCM.

As previously mentioned throughout this report, TRC was activated in early 2021. Accordingly, there is no historical or aggregated sexual abuse/harassment data inputted on the website. Additionally, TRC was not addressed in the 2020 CC Annual PREA Report.

The PCM also asserts the agency prepares an annual report of findings from its data review(s) and any corrective actions for each facility, as well as, the agency as a whole. The CCPC actually compiles the report.

Pursuant to the PAQ, the Director self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Director further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 28, section T(5) addresses 115.288(b).

Pursuant to the PAQ, the Director self reports the agency makes its annual report readily available to the public at least annually through its website and the reports are approved by the agency head.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 28, section T(8) addresses 115.288(c).

According to the Agency Head interviewee, he reviews all PREA Annual Reports as he is the direct supervisor of the CCPC. He copiously reviews each report for comprehensiveness and content, forwarding the same to the CC Chief Corrections Officer for final review and signature.

Pursuant to the PAQ, the Director self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Furthermore, the agency indicates the nature of the material redacted.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 28, section T(6) addresses 115.288(d).

According to the PCM, personal names/identifiers and security information are typically redacted from the annual report and the agency indicates the nature of the redacted material. The report is generated by the CCPC.

In view of the above, the auditor finds that TRC exceeds standard expectations with respect to 115.288.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency ensures incident-based and aggregate data are securely retained.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 28, section T(11) addresses 115.289(a).

The PCM asserts the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve effectiveness of its sexual abuse prevention, detection, and response policies, and training. Data and supporting documentation are maintained electronically by the CCPC and hard copies are maintained at the facility. Hard copies are maintained behind a locked door in the Director's Office.

Auditor's Note: During the on-site audit, the auditor observed the aforementioned secure retention of relevant PREA documents, as described by the PCM.

Pursuant to the PAQ, the Director self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually through its website. As noted in the narrative for 115.212, CC does not contract with any other private facilities to house residents designated to CC control and custody.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 28, section T(8) addresses 115.289(b).

As previously mentioned throughout this report, TRC was activated in early 2021. Accordingly, there is no historical or aggregated sexual abuse/harassment data inputted on the website.

Pursuant to the PAQ, the Director self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, page 28, section T(7) addresses 115.289(c).

Pursuant to the PAQ, the Director self reports the agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section T(10) addresses 115.289(d).

The auditor's review of the CC Records Retention Schedule reveals compliance with 115.289(d).

In view of the above, the auditor finds TRC substantially compliant with 115.289.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

Staff were very facilitative throughout the entire audit process. Pre-audit information was delivered in a timely and comprehensive manner. Interview scheduling and the conduct of the same flowed in an efficient manner. The auditor was provided all appropriate access to the facility, residents, and staff.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

None.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

K. E. Arnold

May 23, 2022

Auditor Signature

Date

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

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.
PREA Audit Report, V7
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