

PREA Facility Audit Report: Final

Name of Facility: Coffee Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 01/12/2024

Date Final Report Submitted: 07/17/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kenneth E. Arnold	Date of Signature: 07/17/2024

AUDITOR INFORMATION	
Auditor name:	Arnold, Kenneth
Email:	kenarnold220@gmail.com
Start Date of On-Site Audit:	10/17/2023
End Date of On-Site Audit:	10/19/2023

FACILITY INFORMATION	
Facility name:	Coffee Correctional Facility
Facility physical address:	1153 North Liberty Street, Nicholls, Georgia - 31554
Facility mailing address:	P.O. Box 650, Nicholls, Georgia - 31554

Primary Contact

Name:	Anna Claxton
Email Address:	anna.claxton@corecivic.com
Telephone Number:	4782994075

Warden/Jail Administrator/Sheriff/Director	
Name:	William Danforth
Email Address:	William.Danforth@corecivic.com
Telephone Number:	1-912-423-9693

Facility PREA Compliance Manager	
Name:	Phillip Hall
Email Address:	Phillip.Hall@corecivic.com
Telephone Number:	
Name:	Anna Claxton
Email Address:	anna.claxton@corecivic.com
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	2673
Current population of facility:	2255
Average daily population for the past 12 months:	2255
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-78

Facility security levels/inmate custody levels:	Minimum to Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	186
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	55
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	16

AGENCY INFORMATION

Name of agency:	CoreCivic, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	5501 Virginia Way, Suite 110, Brentwood, Tennessee - 37027
Mailing Address:	
Telephone number:	615-263-3000

Agency Chief Executive Officer Information:

Name:	Damon T. Hininger
Email Address:	
Telephone Number:	615-263-3000

Agency-Wide PREA Coordinator Information

Name:	Heather Baltz	Email Address:	heather.baltz@corecivic.com
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

1

- 115.31 - Employee training

Number of standards met:

44

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-10-17
2. End date of the onsite portion of the audit:	2023-10-19

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2673
15. Average daily population for the past 12 months:	2255
16. Number of inmate/resident/detainee housing units:	43
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	2458
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	82
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	4
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	4
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	4
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>3</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>5</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>NA</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>263</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>52</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>9</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>24</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The total of 52 interviewees were selected from each unit.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	None.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	29
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	4
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	4

63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	4
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	4
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	3
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	5

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>As reflected in the narrative for 115.43, inmates are not placed in segregated housing/isolation for risk of sexual victimization or who have alleged to have suffered sexual abuse. Pursuant to the auditor's cursory review of RHU documentation, he found no evidence to the contrary.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>NA</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input 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 (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Language(s) spoken to account for translation with respect to LEP inmates..</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>NA</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>17</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Explain why it was not possible to interview the Agency Head:</p>	<p>The Agency Head interview was completed remotely and accounts for all CC PREA audits on an annual basis. Responses to each question are clearly scripted in the interview synopsis.</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the PREA Coordinator:</p>	<p>The Core Civic PREA Coordinator (CCPC) interview was completed remotely and accounts for all CC PREA audits on an annual basis. Responses to each question are clearly scripted in the interview synopsis.</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Classification Supervisor regarding housing assignments.
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	NA
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	NA
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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.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Human Resources Files- 14 Staff Training Files- 15 Inmate Files- 16 Investigative Files- 8
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	5	0	5	1
Staff-on-inmate sexual abuse	2	0	2	0
Total	7	0	7	1

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	0	3	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	5	0	5	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	3	2	0
Staff-on-inmate sexual abuse	0	2	0	0
Total	0	5	2	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	2	0
Staff-on-inmate sexual harassment	0	1	1	0
Total	0	2	3	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

6

<p>99. 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="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	NA
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:	1

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.11(a)</p> <p>Pursuant to the Pre-Audit Questionnaire (PAQ), the Warden 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. According to the Warden, the policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those found to have participated in prohibited behaviors. Finally, a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates, is included in this policy.</p> <p>The Zero Tolerance policy is clearly articulated in CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section A(1). Pages 1-30 of the same policy address all facets of the PREA program at Coffee Correctional Facility (CCF).</p> <p>The auditor's review of five (one completed in 2020, two completed in 2022, and two</p>

completed in 2023) CORECIVIC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms, signed and dated by staff, reveals substantial compliance with 115.11(a). This document addresses understanding of training presented regarding sexual abuse/harassment and reporting options. The document is signed and dated during orientation training and annual inservice refresher training.

In view of the above, the auditor finds CCF substantially compliant with 115.11(a).

115.11(b)

Pursuant to the PAQ, the Warden self reports the agency employs or designates an upper-level, agency-wide PC with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

According to the CC Organizational Chart, the agency-wide CCPC (Senior Director of PREA Compliance and Programs) is a full-time position and he reports to the Vice President of Core Services (VPCS). The VPCS reports to the Chief Operating Officer (COO) who is a member of the CC executive staff.

The auditor finds the CC PREA chain of command sufficient to accomplish PREA needs and requirements.

Pursuant to interview with the CC PREA Coordinator (CCPC), the auditor learned that he does feel he has sufficient time to manage all of his PREA related responsibilities.

Each facility has a PREA Compliance Manager (PCM), numbering a minimum of 57.

As senior director, he oversees the director who facilitates reviews of all PREA investigations. The CCPC handles audits and compliance matters, inclusive of policy development and updates.

The CCPC and director facilitate quarterly Skype sessions with facility PCMs and travel to facilities for audits and training sessions, inclusive of investigative training. The CCPC and director are in contact with PCMs on a daily basis relative to investigations and audit issues.

The CCPC's primary focus is audit preparation and follow-up regarding corrective action plans. Specifically, he reviews each PAQ for sufficiency and comprehensiveness prior to forwarding the same to PREA auditors. He is able to provide technical on-site assistance and training to correct practices that may have developed due to a misunderstanding of PREA standards. In his position, he is able to involve CC managing directors and vice presidents to address concerns requiring their intervention. Additionally, the CCPC coordinates all corrective action following each PREA audit.

In view of the above, the auditor finds CCF substantially compliant with 115.11(b).

	<p>115.11(c)</p> <p>Pursuant to the PAQ, the Warden self reports there is a designated PREA Compliance Manager (PCM) at CCF. The chief of unit management (COUM) fulfills this role.</p> <p>According to the Warden, the PCM does have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. According to the CCF Organizational Chart, the COUM/PCM reports directly to the Assistant Warden Operations (AWO) and he reports directly to the Warden. The auditor finds this PREA chain of command sufficient to accomplish all PREA requirements and needs as the PCM has nearly direct access to the Warden as a member of the executive staff.</p> <p>The CCF PCM asserts he does have sufficient time to devote to his PREA duties. He makes daily MBWA tours throughout the facility and during these tours, he is accessible to both staff and inmates. He evaluates and monitors blind spots throughout the facility, camera placements, poster accessibility and positioning, monitors staffing, monitors staff and inmate PREA training, reviews the CCF Inmate Handbook on an annual basis, quizzes staff regarding PREA issues, maintains constant contact with the investigator(s), and monitors physical plant issues that may impact inmate sexual safety, at a minimum. Many of his PREA-related responsibilities are addressed during MBWA rounds. This hands-on approach with "all things PREA" provides continuity throughout the facility.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.11(c). In view of the above, the auditor finds CCF substantially compliant with 115.11(c).</p> <p>Accordingly, the auditor finds CCF substantially compliant with 115.11.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, CCF is a private facility, under contract with zero other jurisdictions to house those inmates designated to its care, custody, and control. CC, the parent company, contracts with the Georgia Department of Corrections, housing inmates from that jurisdiction.</p> <p>The auditor finds no deviations from the requirements of 115.12 and accordingly, CCF is substantially compliant with 115.12.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.13(a)</p> <p>Pursuant to the PAQ, the Warden self reports CC requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. The Warden further self reports since the last PREA audit, the average daily number of inmates is 2255. The staffing plan is predicated upon an average daily number of 2255 inmates.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 7, section D(3)(a)(i-xi) addresses 115.13(a).</p> <p>The auditor's review of the September 14, 2021, June 28, 2022, and February 28, 2023 Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(a and c). All requisite criteria are addressed in the Annual PREA Staffing Plan Assessments and the same are reviewed and approved by the CCF PCM, Warden, and CCPC. The auditor finds the Annual Staffing Plans and Assessments to be compliant with 115.13(a).</p> <p>The Warden asserts the facility does have a staffing plan. Adequate staffing levels and video monitoring to protect inmates against sexual abuse are considered in the plan. The marriage between staffing and electronic surveillance is sufficient to facilitate inmate sexual safety.</p> <p>During the facility tour, the auditor noted that two correctional officers (COs) generally supervise smaller open bay and smaller secure cell pods per unit as rovers during both shifts (12-hour shifts- 6:00AM- 6:00PM and 6:00PM- 6:00AM). Three COs (may include a correctional counselor) per shift are generally assigned to the 288 and 354 bed secure cell pods. Clusters of pods (three to seven) comprise each of the eight units, plus the Restricted Housing Unit (RHU) and each pod/unit is well supervised by electronic monitoring (cameras) as three cameras are strategically placed in the larger pods. Two staff are assigned to the central control center.</p> <p>Unit management staff [unit manager, case manager, and correctional counselor (sometimes synonymous with unit sergeants)] also assist with supervision of pods in their respective areas of responsibility. The auditor notes that there is very little variation between the first and second shifts in terms of staffing, with the exception of unit management staff cover only part of the second shift and there is no unit management coverage between 6:00AM and 8:00AM. Of note, inmates are locked in their cells and the dormitories are locked down during part of the second shift.</p> <p>Security screening and PREA screening are primary considerations in terms of open bay dormitory housing.</p> <p>Cameras are located and positioned in all housing areas and hallways. Cameras are</p>

absent from cell interiors and shower/toilet areas.

The staffing plan is documented, forwarded to, and maintained electronically at corporate. Additionally, a hard copy is maintained in the Warden's Office and electronic copies are maintained in a privileges accessible system, accessible only to the administrative duty officer (ADO) team. In essence, the staffing plan is determined by both corporate and the customer, Georgia Department of Corrections (GDOC).

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

- a. Considerations regarding generally accepted detention and correctional principles are generally guided by American Correctional Association (ACA) standards and center on an analysis of the areas to which inmates have access, blind spots, whether camera/mirror surveillance is adequate, areas of inmate concentration, line of sight considerations, and sexual abuse/harassment incident locations. The staffing plan is largely determined by the individual contract and CC requirements however, additional staffing can be requested through corporate to address inmate sexual safety, as well as, general safety concerns. In addition to ACA Best Practices, CC and customer audits also provide "Best Practices" snapshots. CC leadership is very much in tune with "Correctional Best Practices" and views audits/monitoring visits as opportunities to enhance "all things PREA."
- b. Zero judicial findings of inadequacy during this audit period;
- c. Zero findings of inadequacy from federal investigative agencies during this audit period;
- d. Zero findings of inadequacy from internal or external oversight bodies during this audit period;
- e. Three to five cameras are utilized in all housing units, as well as, multiple cameras in hallways and areas of inmate concentration. Blind spots and line of sight are addressed above. PREA vs. physical plant considerations are always assessed during daily/weekly MBWA rounds (facilitated daily by executive staff, ADO staff, management staff, in addition to requisite line staff tours and rounds). Egress and exit areas are closely monitored;
- f. Ethnically, the predominant race is Black with caucasian second. A heavy gang member and associate population is evident. The LGBTI population is minimal and is not a significant concern. The 18-30 age group is predominant at the facility.
- g. A shift captain, lieutenants, and sergeants are present on each shift and this staffing strategy is adequate for this institution. Sergeants and above are considered supervisory staff and accordingly, sufficient supervisory presence and benefits are realized. Sergeants are the "go to" staff on each shift as they are present in the hallways, units, and critical areas the majority of the time. Lieutenants facilitate a more generalized role as the second layer of supervision. Supervision is strategically placed throughout the facility to address potential "hot spots", as well as, facilitation of sexual safety rounds. As previously mentioned, unit management staff augment supervision throughout the facility.
- h. The majority of programming is facilitated on the first shift in view of staffing. Programming is closely monitored in terms of numbers and other key indicators. If

additional staffing is required for a special event, the area in which the event is being conducted is saturated with staff. If an increase in inmate presence is noted during programming, staffing is adjusted to compensate.

i. The facility is subject to State of Georgia statute(s), some GDOC policies, and all CC PREA policies and standards.

j. The prevalence, locations, etc. of substantiated and unsubstantiated incidents of sexual abuse are closely monitored and considered in the staffing plan/ any corresponding requests for increased staffing/ or electronic surveillance modification(s). Of note, only 14 sexual abuse/harassment investigations were facilitated at CCF during the last 12 months.

k. None.

In regard to daily checks for compliance with the staffing plan, the chief of security (COS) conducts a daily staffing roster review with the master scheduler (MS), taking into consideration the PREA Staffing Plan while the Warden personally monitors the daily roster. Captains, lieutenants, and sergeants update the daily roster, ensuring that changes are accurately noted on the same. The COS and MS then review the same to ensure all posts are accounted for. Subsequently, during daily MBWA rounds, executive staff and ADO staff randomly compare actual staffing vs. the roster snapshot. The COS also provides updates to the Warden on a daily basis.

The Warden asserts that zero deviations from the PREA Staffing Plan occurred during the last 12 months. If a deviation had occurred, the same would be reported, in writing, to the CCPC and Managing Director (MD) with a justification for the vacancy and how the same was addressed.

The auditor notes that the PCM provided essentially the same responses in terms of the above. Accordingly, the Warden's interview synopsis is also applicable to the PCM.

The auditor's observations of staffing and video surveillance validate the above statements. Staff presence in the units was acceptable and cameras are vigorously monitored. Camera placements (315 in total) are abundant and placements are strategic. The presence of sergeants throughout the facility was impressive. Finally, line of sight is linear in some units and pods while two tiers of cells in a 270 degree configuration comprise the remainder.

In view of the above, the auditor finds CCF substantially compliant with 115.13(a).

115.13(b)

Pursuant to the PAQ, the Warden self reports 115.13(b) is not applicable to CCF as there were no deviations from the staffing plan during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section D(3)(e) and (f) addresses 115.13(b).

The Warden asserts all instances of non-compliance with the PREA Staffing Plan

would be documented. The Warden further self reports zero instances of staffing plan non-compliance have been noted during the last 12 months. If staffing plan non-compliance was to occur, a report would be completed and forwarded to the CCPC, MD, and other corporate staff. The report would address the reasons for the vacancy and non-compliance.

The auditor's observation of staffing during the facility tour and during non-regular business hours reveals substantial compliance with 115.13(b).

115.13(c)

Pursuant to the PAQ, the Warden self reports that at least once every year, the facility, in collaboration with the CCPC, reviews the staffing plan to determine:

Whether adjustments are needed to the staffing plan;

The deployment of monitoring technology; and

The allocation of facility resources to commit to the staffing plan to ensure compliance with the same.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 7 and 8, section D(3)(c)(i-iii) and (d) addresses 115.13(c).

The auditor's review of the aforementioned Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(a) and (c).

The CCPC asserts he is consulted regarding any assessments of, or adjustments to, the staffing plan for CCF. Specifically, he is a reviewer and co-signer for the CCF Annual Staffing Plans pursuant to policy.

In view of the above, the auditor finds CCF substantially compliant with 115.13(c).

115.13(d)

Pursuant to the PAQ, the Warden self reports that intermediate-level or higher level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Rounds are documented and cover all shifts. Facility policy does prohibit staff from alerting other staff of the conduct of such rounds.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 7, section D(1) and (2) addresses 115.13(d).

The auditor's review of six pages (four pages of unit/dormitory logs and two pages of Staff Signature Logs) of 2022 and 2023 CCF Supervisory Unannounced PREA Rounds log entries reveals requisite 115.13(d) tours were completed on two different shifts on different dates. Additionally, the auditor's random review of unit log books during the facility tour and weekly sign-in documents reveals substantial compliance with 115.13(d).

	<p>The intermediate or higher facility level staff interviewee states he facilitates unannounced sexual safety rounds on a weekly basis. He documents unannounced sexual safety rounds in black ink in the unit/pod/dormitory log book, as well as, Staff Sign-in Log. The latter document reflects specific signature blocks for sexual safety rounds. During unannounced sexual safety rounds, he walks all tiers and checks each cell, checking for inmate sexual safety and ensuring that each inmate is living and breathing.</p> <p>The interviewee asserts he varies times for the conduct of rounds, varies his path for the conduct of rounds as he may facilitate half of the rounds at one time and half at another time, and he may double back, conducting two tours on the same day. No patterns are established. At times, he may enter pods and units via alternate entry routes.</p> <p>During the facility tour and as previously mentioned, the auditor reviewed log books in various housing units, pods, and other areas, finding documented times for supervisory unannounced PREA rounds.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.13(d).</p> <p>Accordingly, the auditor finds CCF substantially compliant with 115.13.</p>
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115.14 Youthful inmates	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.14(a-c)</p> <p>Pursuant to the PAQ, the Warden asserts the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The Warden further self reports youthful inmates are not housed at CCF and that in the last 12 months, zero youthful inmates were housed at CCF.</p> <p>During the facility tour and subsequent rounds throughout the facility, the auditor did not observe any youthful inmates.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.14.</p>

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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.15(a)</p> <p>Pursuant to the PAQ, the Warden self reports cross-gender strip or cross-gender visual body cavity searches of inmates are not conducted at CCF. However, the existence of exigent circumstances dictates whether the same can be conducted. The Warden further self reports that zero cross-gender strip or cross-gender visual body cavity searches of inmates were facilitated at CCF during the last 12 months.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section (J)(3) reveals substantial compliance with 115.15(a). CC Policy 14-9 entitled Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, pages 3 and 4, section C(1-4) also addresses 115.15(a).</p> <p>According to the non-medical staff involved in cross-gender strip or visual searches of inmates interviewee, female staff do not generally conduct cross-gender strip or visual searches of inmates at CCF. When questioned regarding circumstances wherein cross-gender strip or visual searches might be warranted, the interviewee stated when an inmate is suspected (reasonable suspicion) of being in possession of hard contraband [e.g. a weapon(s)] secreted in his/her rectum, the same would constitute an exigent circumstance. Additionally, a transgender woman who requests strip search may be a basis for cross-gender strip or visual search.</p> <p>Strip searches are generally conducted in the intake area. The auditor's review of the same reveals no conditions of alarm in terms of privacy.</p> <p>Pursuant to the auditor's review of PAQ information and random on-site conversations with staff and inmates, the auditor did not discover any violation(s) of 115.15(a).</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.15(a).</p> <p>115.15(b)</p> <p>Pursuant to the PAQ, the Warden self reports the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances, as female inmates are not housed at CCF. The Warden further self reports that zero pat-down searches of female inmates were conducted by male staff at CCF during the last 12</p>

months.

Pursuant to the auditor's review of the CC website and on-site observations, only male inmates are housed at CCF. The 12 random staff interviewees state that female inmates are not housed at CCF.

In view of the above, the auditor finds CCF substantially compliant with 115.15(b).

115.15(c)

Pursuant to the PAQ, the Warden self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section J(5) address 115.15(c).

The auditor notes that all strip searches are logged in the CCF Cross-Gender Strip Search Log and on a Form 5-1B. He finds no violation of 115.15(c) requirements pursuant to random review of the aforementioned logs.

In view of the above, the auditor finds CCF substantially compliant with 115.15(c).

115.15(d)

Pursuant to the PAQ, the Warden self reports policies and procedures have been implemented at CCF that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The Warden further asserts policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section J(6) and (7) address 115.15(d).

During the facility tour, the auditor reviewed facility cameras and at the time of the tour, female staff were assigned to the area(s) where the monitors are maintained.

The auditor's review of camera angles validated the premise that cameras do not capture cell interiors or unshielded shower/toilet areas. The auditor notes that showers and toilets are generally located against one wall in housing pods and open bay dormitories. Of note, a toilet/sink combination is located in each secure cell.

During the facility tour, the auditor noted that toilets and showers were separated by half walls in most areas. Shower curtains were used to ensure privacy, etc. While some shower curtains and curtains covering the front of toilets were unserviceable at the time of the facility walkthrough, the auditor found no evidence suggesting that

inmates were denied shower and toilet privacy. The auditor addressed this condition with the PCM and he initiated corrective action with unit managers to address the same.

While the auditor found no substantive evidence, pursuant to review of cameras and observation of the walls separating these features from different positions within the housing area, suggesting genitalia could be seen, he recommends that the height of the walls be elevated by one block. The same would eliminate any inmate concerns regarding exposure.

The auditor's observation of care rooms and suicide cells reveals the same are equipped with cameras and the same are pixilated to preclude observation of genitalia, etc.

During the facility tour and throughout the on-site visit period, the auditor noted no instances wherein opposite gender staff failed to announce themselves when entering pods. As a matter of fact, both staff and inmates announced female staff were present on the pod. This practice appears to be institutionalized at CCF.

Additionally, the auditor observed a painted notice at each pod entry area reflecting that opposite gender staff must announce their gender upon entry into the area.

Twenty of 24 random inmate interviewees state that male and female staff announce their presence when entering opposite gender housing units. In regard to query as to whether inmates are ever naked or in full view of opposite gender staff while toileting, showering, or changing clothing, 21 of 24 random inmate interviewees stated they are not. Two of the three inmates who reported they were naked or in full view of staff of the opposite gender stated that toilet and shower walls need to be increased in height.

Eleven of 12 random staff interviewees state that female staff announce their presence when entering a housing unit wherein opposite gender inmates are housed. Furthermore, all 12 random staff interviewees state inmates are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

In view of the above, the auditor finds CCF substantially compliant with 115.15(d).

115.15(e)

Pursuant to the PAQ, the Warden self reports there is a CCF policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. According to the Warden, no such searches have been conducted during the last 12 months.

CC Policy 14-9 entitled Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 3, section C(1) addresses 115.15(e).

Eleven of 12 random staff interviewees assert the facility prohibits staff from

searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Similarly, 11 of 12 interviewees were aware of the policy governing the same.

According to the PCM, two transgender inmates were housed at CCF during the on-site visit. Both interviewees state they have not been strip searched while at CCF, excluding intake.

In view of the above, the auditor finds CCF substantially compliant with 115.15(e).

115.15(f)

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

The auditor's review of the CC Search Procedures Facilitator and Participant's Guides/slides, as well as, transgender/intersex search scenarios reveals substantial compliance with 115.15(f).

The auditor's review of cumulative training reports covering 2023 on-line and In-Service "Searches" training reveals 220 CCF staff participated in annual PREA training (ART) wherein the Search Procedures class is taught. Additionally, the auditor's review of Training Attendance Rosters (various 2023 training dates) reveals that 276 staff attended Contraband Interdiction/Searches classes. Employee printed name, signature, trainer's printed name and signature, name of course, and date of attendance are minimally captured in that document.

Eleven of 12 random staff interviewees state the facility provides training regarding cross-gender pat-down searches of female inmates and professional and respectful searches of transgender/intersex inmates and nine of these interviewees completed the same. Nine of 12 interviewees state they completed such training either during 2022 and/or 2023. The training is presented in a Power Point Presentation (PPT) format with lecture and a video.

The auditor's on-site review of all 16 random staff training files reveals compliance with 115.15(f) during either 2022 or 2023. Of note, this class was presented and documented during either pre-service or ART.

In view of the above, the auditor finds CCF substantially compliant with 115.15(f).

Accordingly, the auditor finds CCF substantially compliant with 115.15.

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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.16(a)</p> <p>Pursuant to the PAQ, the Warden self reports there are established procedures to provide disabled inmates 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.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12, section 7(a) and (b) addresses 115.16(a).</p> <p>Within the PAQ information, a photograph of a TTY machine is present. This equipment is available for use by deaf inmates so they can converse with other individuals similarly situated. Additionally, the auditor's review of memorandums reveals that sign language is available pursuant to the contract with LanguageLine, the PREA video is available with subtitles for hearing impaired, and the PREA video transcript is likewise available for those inmates who are hearing impaired. The auditor notes that the CC PREA trifold pamphlet reveals the same is presented in both English and Spanish.</p> <p>The auditor's review of a LanguageLine Services instructional document reveals a procedure is in place to provide interpretative services for non-English speaking and deaf inmates. Generally, solicitation of interpretational assistance through LanguageLine Services is facilitated on staff telephones.</p> <p>According to the Agency Head interviewee, the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient 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 limited English proficient (LEP) inmates. Generally speaking, staff translators can also be used. TTY units are available in every facility and arrangements are provided to assist those inmates who are blind.</p> <p>Corporate office staff provide assistance to facility staff that enables them to locate potential vendors and/or agencies that provide support services for inmates with disabilities. The agency maintains a comprehensive contract with LanguageLine and some facilities have a Memorandum of Understanding (MOU) with organizations in the local community to provide translation services, when needed.</p>

The secondary auditor interviewed 14 inmates who presented with disabilities (two cognitively impaired, four vision impaired, four physically disabled, and four hearing impaired) who reported that the facility provides information about sexual abuse and sexual harassment they are able to understand. Educational posters were noted to be posted in areas easily accessible to and observable by the inmate population (e.g. pods, program areas, operational areas). Additionally, posters appear to be written in language understandable by the inmate population.

The intake staff interviewee states that the PREVENT. DETECT. RESPOND tri-fold pamphlet is captured in both English and Spanish. With each new commitment, she advises of reporting options. In the event of a Limited English Proficient (LEP) inmate, she would access LanguageLine to translate for other than Spanish non-English speakers. She would use mental health staff resources to assist with cognitively impaired inmates.

In view of the above, the auditor finds CCF substantially compliant with 115.16(a).

115.16(b)

Pursuant to the PAQ, the Warden self reports the agency has established procedures to provide LEP inmates 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 entitled Sexual Abuse Prevention and Response, page 12, section 8 addresses 115.16(b).

The auditor reviewed the contract between CC and LanguageLine Interpreter Services for provision of services to LEP inmates. Services for 250-plus languages, plus sign language, are provided pursuant to this service. LanguageLine can be accessed from any staff telephone and is generally accessed by staff.

Of note, the auditor learned that shift commanders, unit management staff, intake staff, and above can access LanguageLine. The same can be accessed on any facility staff landline or the aforementioned staff cell phones.

The auditor did test the LanguageLine on October 19, 2023 pursuant to telephone call originated on a unit manager's institutional telephone in his office. The call was successfully made, the CC contract number was entered, and the auditor heard the type of translation required prompt. At this point, the call was terminated and considered to be successful. In addition to the above, bi-lingual staff interpreters are available to provide Spanish translation as experienced during an LEP inmate interview.

A staff interpreter translated for one LEP interviewee and he (the inmate) stated that he received initial PREA educational materials and he understands the same. Two additional LEP interviewees are bi-lingual and they stated they understand the PREA materials provided. A third LEP interviewee who speaks broken English states that he

understands most of the materials, specifically zero tolerance and reporting options.

In view of the above, the auditor finds CCF substantially compliant with 115.16(b).

115.16(c)

Pursuant to the PAQ, the Warden self reports agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under 115.64, or investigation of the inmate's allegations. The Warden further self reports that the facility documents the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used.

Reportedly, there was zero instances, within the last 12 months, wherein inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegations.

Nine of 12 random staff interviewees assert, to the best of their knowledge, inmate interpreters, inmate readers, or other types of inmate assistants have not been used in relation to sexual abuse or sexual harassment allegations during the last 12 months. It is noted that nine of 12 interviewees identified further physical injury to the victim and/or impeding an investigation as legitimate reason(s) to invoke 115.16(c) procedures. Nine of 12 interviewees state that agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants for translation of a sexual abuse report, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.

In view of the above, the auditor finds CCF substantially compliant with 115.16(c).

Accordingly, the auditor finds CCF substantially compliant with 115.16.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.17(a)

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

Has engaged in sexual abuse in a prison, jail, lock-up, 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 preceding bullet.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(1)(a-c) addresses 115.17(a).

The auditor's review of 2022 Self Declarations of Sexual Abuse/Sexual Harassment forms (14-2H) included in the PAQ materials, for three employee applicants (all completed within the last 12 months) and one contractor applicant reveals compliance with this provision to the extent the three questions are specifically asked, and staff responded, in writing, to complete the form. Of note, the 115.17(b) question regarding sexual harassment is also included on the form. In each case, responses to the four questions were negative.

The auditor's on-site random review of five HR files relative to staff selected during the last 18 months reveals that the 14-2H questions were facilitated in a timely manner (included in the PAQ materials). In all five cases plus two contractor cases, criminal background record checks were likewise completed in a timely manner with no evidence of 115.17(a) or (b) violations. In all three promotion cases handled during the last 18 months, the 14-2H was completed in a timely manner. In four additional cases, staff were hired prior to July, 2022.

Accordingly, the auditor finds CCF compliant with 115.17(a), (b), and (d).

115.17(b)

Pursuant to the PAQ, the Warden self reports agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

The auditor's review of the aforementioned 14-2H forms, as reflected in the narrative for 115.17(a), reveals substantial compliance with 115.17(b) to the extent the three questions and an additional question regarding substantiated allegations of sexual harassment are specifically asked and staff applicants and contractors respond, in writing, to the questions.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(2) addresses 115.17(b).

The auditor notes that while there is a question regarding sexual harassment on the 14-2H form, there is no method for validation of the employee's or contractor's response as reflected on the same. The HR interviewee asserts that the 115.17(a) and (b) questions are asked on the PREA Questionnaire for Prior Institutional Employers form (03-20-02B) which is forwarded to prior institutional employer(s) and the auditor validates the same. The auditor's review of two completed 03-20-02B forms (applicable to staff hired during the last 12 months) reveals substantial compliance with 115.17(b) and (c). The auditor notes that there is no evidence of response from the prior institutional employers in either case.

The HR interviewee states the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. CCF staff forward the 03-20-02B form to prior institutional employers (applies to staff applicants) for completion. The form includes a question regarding sexual harassment of inmates. The 14-2H form [comprised of four questions- three 115.17(a) and one 115.17(b)] is administered to the prospective employee as an applicant, at hiring, and subsequently on an annual basis and the same is administered to contractors. Substantiating information regarding previous incidents of sexual harassment may be gleaned pursuant to previous institutional employer inquiries.

In view of the above, the auditor finds CCF substantially compliant with 115.17(b).

115.17(c)

Pursuant to the PAQ, the Warden self reports agency policy requires that before new employees who may have contact with inmates are hired, a criminal background record check is conducted and consistent with federal, state, and local law, best efforts are made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The Warden further self reports during the last 12 months, 277 applicants who may have contact with inmates have had criminal background record checks completed. This equates to 100% of staff hired during this time frame.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(7 and 8) addresses 115.17(c).

According to the HR interviewee, criminal background record checks are performed or pertinent civil or administrative adjudications are considered for all newly hired employees and contractors who may have contact with inmates. With respect to promotion applicants, a new criminal background record check is not completed for internal applicants as a vouchering process is utilized. As that employee has been

under the continuous employ of CC pursuant to these circumstances, contact with the employee's current supervisor, review of any sexual abuse/harassment allegations and investigations, as well as employment record is deemed appropriate. The auditor concurs with this process.

Subsequent to the prospective employee's completion of an authorization to disclose information and his/her provision of requisite information, HR staff forward the same to the contract background investigation company (First Advantage) and they complete the specific investigation. First Advantage also completes a criminal background record check, considering a driver's license check. Once completed, the First Advantage findings are compared against the 14-2H revelations.

In addition to the above, GDOC completes a fingerprint check as the last step prior to hiring for staff and contractors. GDOC staff indicate, in writing, whether the applicant can be hired. If disapproved, justification for the same is not provided.

Timely criminal background record checks were completed in the five applicable cases (staff hired during the last 18 months) and two contractor cases. The three staff promotion cases were hired prior to 2021 and accordingly, criminal background record checks are not applicable to this audit period. In the remaining cases, staff were likewise hired prior to this audit period. Accordingly, zero deviations from 115.17(c) criminal background record checks were found. The auditor's review of two completed 03-20-02B forms (applicable to staff hired during the last 12 months) reveals substantial compliance with 115.17(b) and (c). The auditor notes that there is no evidence of response from the prior institutional employers in either case.

Accordingly, the auditor finds CCF substantially compliant with 115.17(c).

115.17(d)

Pursuant to the PAQ, the Warden self reports agency policy requires a criminal background record check is completed before enlisting the services of any contractor who may have contact with inmates. The Warden further self reports criminal background record checks were conducted with respect to 55 contractors who might have contact with inmates, during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(7) addresses 115.17(d).

The auditor notes that the narrative for 115.17(a) reflects a discussion regarding on-site review of two random contractor files (applicable to contractors hired during the last 12 months). The auditor finds CCF substantially compliant with 115.17(d).

115.17(e)

Pursuant to the PAQ, the Warden self reports that criminal background record checks

are conducted at five-year employment intervals for current employees and contractors who may have contact with inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(7) addresses 115.17(e).

According to the HR interviewee, annual criminal background record checks are conducted for security staff and five-year criminal background record checks are completed for all other staff. The interviewee maintains a log of entry-on-duty dates and quarterly reviews of the same dictate when the process for reinvestigations starts. Affected staff are alerted via email to commence requisite documentation to start the actual process.

The auditor's on-site random review of one of four applicable (hired during 2018 or prior) files reveals a current five-year criminal background record check was completed. Accordingly, the auditor finds CCF non-compliant with 115.17(e) and he imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.17(e) requirements. The due date for corrective action completion is May, 27, 2024.

To demonstrate compliance with and institutionalization of 115.17(e) requirements, the PCM will provide training to HR staff regarding the conduct of annual criminal background record checks for security staff and five-year checks for all other staff and contractors. A copy of the training syllabus will be uploaded into OAS, as well as, documentation validating stakeholder completion of the training. Minimally, this documentation will reflect the name of the training, name of the instructor, date on which training was completed, and the stakeholder participant's printed name, signature, and date. All of these documents will be uploaded into OAS.

Additionally, the PCM will upload a roster of all staff dates of hire and the date of the last criminal background record check conducted and whether the same was an initial, annual, or five-year reinvestigation. The auditor will randomly select 10-15 names from that roster and the PCM will upload relevant documentation validating completion of the criminal background record check(s). Subsequently, the auditor will make a compliance determination.

June 25, 2024 Update:

During the corrective action period, the auditor learned that GDOC staff have terminated completion of five-year criminal background record check reinvestigations for staff and contractors. However, pursuant to an agreement between CC and Coffee County 9-1-1 Center, they (Coffee County 9-1-1 Center staff will complete five year criminal background record check NCICs for CCF staff and contractors. CCF HR staff will track due dates and advise Coffee County 9-1-1 Center staff whenever such investigations are due. Authorizations to disclose information will be provided by CCF HR staff.

A copy of the June 18, 2024 effective MOU between CC and the Coffee County 9-1-1 Center has been uploaded into OAS. This issue is now resolved however, additional corrective action evidence (five-year reinvestigation certifications) cannot be provided in view of the looming due date for completion of corrective action. The auditor is satisfied that CCF staff have demonstrated corrective action and accordingly, 115.17(e) is now substantially compliant.

115.17(f)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(5) addresses 115.17(f).

The auditor's on-site review of five random staff HR files (staff hired during the last 18 months) reveals staff completed the annual 14-2H during the last 12 months. Accordingly, the auditor finds CCF substantially compliant with 115.17(f).

Pursuant to the HR interviewee, the relevant questions are asked both in the on-line application and the 14-2H. Additionally, the 14-2H is administered during the applicant stage, subsequent to hire, and annually thereafter. The annual certification addresses promotion actions. The interviewee states CC does not utilize written self evaluations and the auditor finds no contradictory evidence.

The HR interviewee further relates the facility imposes a continuing affirmative duty to disclose any such previous misconduct as described at 115.17(a). This affirmative duty is addressed in staff PREA training, as well as, on the 14-2H form. As previously mentioned, the 14-2H form is signed and dated by the employee.

The auditor is familiar with the process utilized by CC and he finds the same to be commensurate with 115.17(f) expectations.

115.17(g)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(6) addresses 115.17(g).

The auditor notes there is a caveat on the 14-2H wherein substantiation of the 115.17(g) requirement is established. As previously noted, the employee signs and dates the document, signifying their understanding of the caveat.

Document review findings are reflected throughout the 115.17 narrative. In view of the above, the auditor finds CCF substantially compliant with 115.17(g).

	<p>115.17(h)</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(9) addresses 115.17(h).</p> <p>The HR interviewee asserts when a former employee applies for work at another institution and upon request from that institution, CCF provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law. She provides the same pursuant to the previous employee's written authorization on application documents.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.17(h).</p> <p>Accordingly, in view of the 115.17(e) corrective action completion and the compliance evidence articulated throughout this narrative, the auditor finds CCF substantially compliant with 115.17.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.18(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility has not made any substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section E(1) and (2) addresses 115.18(a) in totality.</p> <p>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 and collaboration with the CCPC provides a global picture of PREA concerns and needs.</p> <p>Lines of sight are assessed to enhance inmate sexual and personal safety and camera surveillance needs to address blind spots. Privacy concerns in areas such as showers, restrooms, and any areas where inmates may be in a state of undress are addressed with the field. 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.</p>

	<p>During acquisitions, the staff making the site visits develop a preliminary assessment and the CCPC is involved in the review of physical plant issues. A Form 7-1B (PREA Physical Plant Considerations) is used to ensure PREA is considered when initiating a renovation/new construction.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.18(a).</p> <p>According to the Warden, zero substantial expansions or modifications were added to the facility since the last PREA audit.</p> <p>115.18(b)</p> <p>Pursuant to the PAQ, the Warden self reports the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section E(3)addresses 115.18(b) in totality.</p> <p>The Agency Head asserts that cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration for optimal coverage is addressed at the time of these upgrades. Camera placement also takes into consideration the privacy needs relative to cross-gender viewing in areas like restrooms and shower areas. Technology is discussed with facility staff during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the CCPC.</p> <p>The auditor's review of a Form 7-1B dated October 2, 2023 reveals that cameras and cable work were added at the facility. While the same does not appear to be a substantial change since the last PREA audit, the same is representative of PREA compliance. The basis for the camera upgrades is clearly articulated in this document and blind spots, amongst other PREA considerations, were clearly reviewed.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.18(b).</p> <p>Accordingly, the auditor finds CCF substantially compliant with 115.18.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.21(a)

Pursuant to the PAQ, the Warden self reports the facility is responsible for conducting any administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct which has been released for administrative investigation). However, Georgia Department of Corrections Special Operations (GDOCSO) investigator(s) facilitate criminal investigations of sexual abuse at CCF. When conducting administrative investigations, CCF PREA investigator(s) follow a uniform evidence protocol.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 25 and 26, section (O)(4)(a-c) addresses 115.21(a). GDOC Standard Operating Procedure entitled PREA: Sexually Abusive Behavior Prevention and Intervention, pages 26-29, section G governs the investigative process as defined by GDOC.

All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Seven of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted all interviewees were in possession of a CC laminated card bearing the instructions as required by Standard 115.64(a).

Four of the 12 interviewees state the facility investigator facilitates administrative sexual abuse investigations and three interviewees state that GDOCSO investigator(s) facilitate criminal sexual abuse investigations at CCF.

In view of the above, the auditor finds CCF substantially compliant with 115.21(a).

115.21(b)

Pursuant to the PAQ, the Warden self reports that the protocol is not developmentally appropriate for youth as youthful inmates are not housed at CCF however, the following policy reflects the same is developmentally appropriate for youth. The Warden 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 13-79 entitled Sexual Assault Response, page 3, section (B)(7) addresses 115.21(b).

Of note, the auditor's review of the CC protocol for obtaining usable physical evidence by CCF staff and the CCF investigator reveals substantial compliance with 115.21(b). CCF staff preserve the crime scene and follow-up on physical evidence that may be on the victim/perpetrator pursuant to 115.64. GDOCSO investigators utilize their protocol in terms of evidence collection in criminal matters.

In view of the above, the auditor finds CCF substantially compliant with 115.21(b).

115.21(c)

Pursuant to the PAQ, the Warden self reports all inmates who experience sexual abuse are afforded access to forensic medical examinations at the facility and the same are conducted pursuant to an MOU with SART, LLC. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Nurse Examiners (SANEs). Efforts to provide SANEs are documented as reflected above. In the last 12 months, one forensic medical examination was conducted relative to a CCF inmate who alleged sexual abuse and the auditor notes that the investigation was determined to be unfounded.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, section 13 addresses 115.21(c). The auditor notes that the forensic examination is generally authorized by the contract monitor following action by GDOC investigators.

The SANE interviewee, part owner of SART, Inc. and a SANE nurse, asserts that two on-call SANES, inclusive of herself, and a SANE trained PRN are SANE-trained pursuant to completion of an International Association of Forensic Nurses (IAFN) 40-hour in person course, didactic training, as well as, supervised completion of clinical examinations and a testing component. They have completed the aforementioned course and in-person forensic examinations under supervision. If a SANE-trained nurse is not available for some reason, the patient is referred to a local Rape Crisis Center or hospital for the conduct of the forensic examination.

Infection prophylaxis is part of the interviewee's forensic planning recommendation. Additionally, any applicable testing, inclusive of HIV, etc., dependent upon medical judgment, is likewise recommended pursuant to the planning notes. The planning notes and recommendations are provided to the facility physician and he/she is responsible for prescription and follow-through.

The interviewee notes that prior to the conduct of a forensic examination at CCF, facility medical staff facilitate a physical examination to ensure there are no life threatening injuries or conditions. Once cleared by facility medical practitioners, the on-site forensic examination is completed.

The auditor's review of documentation related to the single forensic examination conducted during the last 12 months reveals substantial compliance with 115.21(c).

115.21(d)

Pursuant to the PAQ, the Warden self reports the facility attempts to make a trained staff victim advocate available to provide victim advocate services.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, sections 14 and 15 addresses 115.21(d) and (e).

The PCM asserts that if requested by the victim, two qualified agency staff members accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The interviewee asserts the two specially trained CCF victim advocates (VA) are trained by the Georgia Network to End Sexual Assault (GNESA). Additionally, evidence of completion of such training is evident.

The auditor notes that three inmates who reported a sexual abuse incident at CCF were housed at the facility during the on-site audit. One of the three inmate interviewees states that he was allowed contact with medical and mental health staff while the other two inmates were not allowed to contact other resources.

The auditor's review of the previously referenced six random inmate sexual abuse investigations facilitated during the last 12 months reveals the one inmate who was subjected to a forensic examination refused VA services during the same. The fact pattern did not warrant the conduct of a forensic examination in the other case.

In view of the above, the auditor finds CCF substantially compliant with 115.21(d), (e), and (h).

115.21(e)

Pursuant to the PAQ, the Warden asserts that if requested by the victim, a qualified agency staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

A discussion regarding the two CCF VAs who provide VA services at CCF appears in the narratives for 115.21(d) and (h). SANE examinations are facilitated on site at CCF and accordingly, the trained facility VAs provide such services on-site.

In view of the above, the auditor finds CCF substantially compliant with 115.21(e).

115.21(f)

Pursuant to the PAQ, the Warden self reports if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs 115.21 (a through e) of the PREA standards.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 25 and 26, section O(3)(a-c) addresses 115.21(f).

	<p>The auditor's review of the CC website reveals the aforementioned policy is posted on the same.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.21(f).</p> <p>115.21(h)</p> <p>Pursuant to the PAQ, the Warden self reports that a qualified agency staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.</p> <p>One of the two CCF staff who are trained to provide victim advocacy during forensic examinations and investigatory interviews states she has worked for CC for 22 years and she is currently a case manager. She completed VA training in La Grange, GA sponsored by Dottie Stanford, PREA Director of State Advocacy. The training was presented over a four day period of time.</p> <p>Both trained victim advocates received certificates from the Georgia Network to End Sexual Assault (GNESA) and the same are uploaded to OAS. In view of the above, the auditor finds CCF substantially compliant with 115.21(h).</p> <p>Accordingly, the auditor finds CCF substantially compliant with 115.21.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.22(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Warden further self reports all of the investigations were completed. Fourteen investigations were opened and 14 were completed during the last 12 months.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section</p>

(N)(1) addresses 115.22(a and b) in totality.

The auditor's on-site review of eight random sexual abuse/harassment investigations validates the above statement regarding investigation opening and completion.

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 specialty trained CC investigator and criminal investigations are completed by GDOCSO investigator(s).

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. All allegations are reported in the CC Incident Reporting Database. This system requires multiple levels of administrative oversight and review. Allegations that could result, if substantiated, in criminal violations are referred to the appropriate law enforcement officials. CC staff work with outside law enforcement, upon request.

The administrative investigation is generally completed by the facility investigator. He/she does interview witnesses and assesses victim, perpetrator, and witness credibility. Finally, the administrative investigative staff writes an investigative report.

In view of the above, the auditor finds CCF substantially compliant with 115.22(a).

115.22(b)

Pursuant to the PAQ, the Warden self reports the agency has a policy that requires allegations of sexual abuse and sexual harassment be 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 Warden 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 or made publicly available via other means. The agency documents all referrals of sexual abuse or sexual harassment allegations for criminal investigation. The auditor's review of the CC website validates that the policy is maintained on the same.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 25, section O(1) addresses 115.22(b) in totality.

The investigative staff interviewee states agency policy requires that allegations of sexual abuse or sexual harassment be referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Criminal matters are referred to GDOCSO investigator(s) for criminal investigation. Similarly, this investigative entity determines whether a forensic examination will be completed.

	<p>Of note, referrals for criminal investigations are documented in the CC Incident Reporting Database.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.22(b).</p> <p>115.22(c)</p> <p>The auditor's review of the aforementioned policy reveals that the same clearly articulates investigative responsibilities for both GDOCSO, as well as, the CCF investigator.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.22(c).</p> <p>Accordingly, the auditor finds CCF substantially compliant with 115.22.</p>
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115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.31(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency trains all employees who may have contact with inmates regarding the ten topics listed in 115.31(a).</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 5 and 6, section C(1 and 2)(a-j) addresses 115.31(a).</p> <p>The auditor's limited review of the CC Inservice PREA Overview Facilitator and Participant's Guides, as well as slides, reveals substantial compliance with 115.31(a) in terms of the 10 required topics. Slides reveal that all requisite training [as applied to 115.31(a)] is available at CCF. In addition to the above, the CC Facility Support Center (FSC) distributes PREA Refreshers and other PREA Resource Center (PRC) materials periodically. The auditor's review of in-service slides reveals substantial compliance with 115.31(a).</p> <p>The auditor's random review of two cumulative inservice training rosters reveals that 168 staff completed PREA ART and 98 staff completed PREA preservice training during 2023.</p> <p>The auditor's onsite review of fifteen 2023 random staff training records (CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms) reveals compliance</p>

with 115.31(a). Ten of these forms pertained to staff hired prior to October, 2022 while five forms pertain to staff hired within the last 12 months. The signed and dated CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms reflect receipt and understanding of training therefore, establishing compliance with 115.31(a) and (d). Attendees print and sign the document, signifying completion of the same and understanding of the subject-matter presented.

Eleven of 12 random staff interviewees state they have received PREA training regarding the topics articulated in 115.31(a) above. Minimally, all random staff interviewees hired since the last PREA audit received such training during the academy and prior to assumption of duties with inmates. Additionally, applicable random staff interviewees assert they completed either/or in-person or on-line PREA ART regarding the aforementioned topics.

With respect to the five files pertaining to staff hired during the last 12 months, PREA pre-service training was provided, minimally, prior to contact with inmates. In regard to the CC PREA ART training calendar, the same runs from January through December of each year.

Since the PREA basic or pre-service course is an online course, there is no 14-2A and the acknowledgment is signed and documented in a digital log with the training department. By virtue of electronic signature that each employee and/or contractor sees when he/she completes the on-line PREA training module, 115.31(d) is substantiated. If staff/contractors do not acknowledge on this form, they will not be credited as complete on the training print out. These documents are included in OAS pertaining to both staff and contractors.

In view of the above, the auditor finds CCF substantially compliant with 115.31(a).

115.31(b)

Pursuant to the PAQ, the Warden self reports training is tailored to the male gender of the inmates assigned to the facility. The Warden further self reports employees, who are reassigned from facilities housing the opposite gender, are given additional training.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section C(1) addresses 115.31(b).

As previously mentioned, the auditor's review of both curriculum and slides reveals substantial compliance with 115.31(b).

According to the CCF PCM, zero staff have transferred to CCF during the last 12 months from facilities wherein female inmates are exclusively housed.

In view of the above, the auditor finds CCF substantially compliant with 115.31(b).

115.31(c)

Pursuant to the PAQ, the Warden self reports that between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. Minimally, staff receive PREA ART on an annual basis. The training tools addressed in the narrative for 115.31(a) clearly substantiate compliance with this provision.

Additionally, according to the Warden, staff are notified of all policy changes pursuant to PREA signs and town hall participation.

The auditor's review of documents, as articulated in the narrative for 115.31(a) reveals substantial compliance with 115.31(c).

In view of the above, the auditor finds that CCF exceeds standard requirements with respect to 115.31(c) as PREA ART is provided on an annual basis, augmented by other PREA trainings and handout dissemination. 115.31(c) requires provision of refresher training on a bi-annual basis.

115.31(d)

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section C(3) addresses 115.31(d).

The auditor's review of Training Acknowledgment Forms located in randomly selected employee training files, as well as, the examples noted in the narrative for 115.31(a), confirm the "I understand" caveat is present on the forms and the employee signs and dates the same or provides an electronic signature.

In view of the above, the auditor finds that CCF exceeds standard expectations with respect to 115.31(d).

Accordingly, the auditor finds CCF substantially compliant with 115.31.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.32(a)

Pursuant to the PAQ, the Warden self reports all contractors and volunteers, who have contact with inmates, have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Warden further self reports that 55 contractors and 16 volunteers who have contact with inmates, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

Contractors [food service contractors (Trinity)] receive the same training as all other facility employees. Additionally, Trinity provides PREA training to food service staff at CCF.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section 8(a) addresses 115.32(a) in totality.

The two food service contractor interviewees state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participate (in person) in the CC PREA Orientation or ART training, whichever is applicable, with CC staff. Additionally, the food service director provides Trinity staff (food service contractor) PREA training on an annual basis. The auditor's review of eight CORECIVIC TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE documents reveals random contractors completed said training.

The two volunteer interviewees state that they received PREA training during 2023 and the same was presented in an in-person or on-line format in a GDOC location.

They signed and dated the GDOC SEXUAL ABUSE/SEXUAL HARASSMENT PREA EDUCATION ACKNOWLEDGMENT STATEMENT which bears an "I understand" caveat. Additionally, they signed and dated a SEXUAL HARASSMENT PREVENTION EMPLOYEE ATTESTATION VOLUNTEER SERVICE AGREEMENT. Completion of these documents pertains to one of the two volunteer interviewees.

The training encompasses, but is not limited to, the agency's zero tolerance policy against sexual abuse/harassment of inmates, reporting options, description(s) of what sexual abuse/harassment looks like in a confinement setting, the impact(s) of sexual abuse/harassment on the prison population, and first responder duties.

The auditor's review of individual Transcript Reports for three of four Trinity contract employees, inclusive of the two contractor interviewees, reflects completion of PREA ART training during 2022 and 2023. Documentation validating volunteer completion of requisite PREA training is mentioned in the preceding paragraph and the same is uploaded in OAS.

In view of the above, the auditor finds CCF substantially compliant with 115.32(a).

115.32(b)

Pursuant to the PAQ, the Warden 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 inmates. The Warden further self reports all volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section 8(b) addresses 115.32(b) in totality.

Trinity Food Service contractors participate in the same PREA ART as staff.

Accordingly, the auditor finds substantial compliance with 115.32(b). Volunteer training is addressed in the narrative for 115.32(a). The auditor notes that the 14-2K-CC form provides substantial information regarding the CC PREA program and accordingly, contractors and volunteers receive adequate training.

In view of the above, the auditor finds CCF substantially compliant with 115.32(b).

115.32(c)

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

Volunteer documentation and the "I understand" caveat are addressed in the narrative for 115.32(a).

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 7, section C(8)(d) addresses 115.32(c) in totality.

In view of the above, the auditor finds CCF substantially compliant with 115.32(c).

Accordingly, the auditor finds CCF substantially compliant with 115.32.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.33(a)

Pursuant to the PAQ, the Warden self reports inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Warden further self reports 1102 inmates admitted to CCF during the last 12 months were given this information at intake.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section H(1) addresses 115.33(b).

The intake staff interviewee states she provides inmates with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/harassment. Specifically, she issues the CC PREVENT. DETECT. RESPOND. pamphlet (presented in English and Spanish) and the CCF Inmate Handbook to all incoming inmates. She advises each inmate about reporting options, inclusive of information painted on walls. If the inmate is non-English speaking, LanguageLine is contacted to provide translation services. Mental health staff are utilized to translate for cognitively impaired inmates. Subsequently, additional information is conveyed during a case manager orientation.

Twenty-three of 24 random inmate interviewees report they received at least one or more of the CCF Inmate Handbook, the aforementioned CC tri-fold pamphlet, and the PREA video at intake (day of arrival) up to one week from the date of arrival. PREA education generally concludes with PREA orientation facilitated by the case manager, inclusive of showing the PREA video. Of note, three of the 24 interviewees state they either did not view the PREA video or they do not recall whether they viewed the PREA video. The auditor also notes that CCF inmates can access electronic tablets to order commissary, submit electronic emergency grievances, etc. Inmates must sign in on the tablets and before facilitating any other business, the PREA video is shown each time.

The auditor's on-site review of seven of 10 random inmate files pertaining to inmates received at CCF during 2022 and 2023 reveals that the aforementioned tri-fold pamphlet and CCF Inmate Handbook were received by arriving inmates on the date of arrival. Such materials were issued to the remaining three inmates on the following day. Of note, the auditor strongly recommends that the aforementioned materials are provided to incoming inmates on the date of arrival in all cases.

In view of the above, the auditor finds CCF substantially compliant with 115.33(a).

115.33(b)

Pursuant to the PAQ, the Warden self reports 1102 inmates were admitted to CCF during the last 12 months whose length of stay was 30 days or more. According to the Warden, all of those inmates received comprehensive PREA education within 30 days of intake.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section H(3) addresses 115.33(b).

According to the intake staff interviewee, much of the requisite information can be gleaned from the aforementioned packet of materials as described in the narrative for 115.33(a). Such education regarding the inmate's right to be free from sexual abuse and sexual harassment, the inmate's right to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents, is generally provided in the intake materials and CCF Inmate Handbook.

Additionally, case managers follow-up with each inmate within 30-days of arrival for additional PREA guidance however, this education is generally facilitated by the case manager on the date of arrival at CCF.

Twenty-three of 24 random inmate interviewees report they received at least one or more of the CCF Inmate Handbook, the aforementioned CC tri-fold pamphlet, and the PREA video at intake (day of arrival) up to one week from the date of arrival. PREA education generally concludes with PREA orientation facilitated by the case manager, inclusive of showing the PREA video. Of note, three of the 24 interviewees state they either did not view the PREA video or they do not recall whether they viewed the PREA video. The auditor also notes that CCF inmates can access electronic tablets to order commissary, submit electronic emergency grievances, etc. Inmates must sign in on the tablets and before facilitating any other business, the PREA video is shown each time.

The auditor's on-site review of eight of 10 random inmate files pertaining to inmates received at CCF during 2022 and 2023 reveals that the 115.33(b) training was completed within one day of arrival at CCF. In two cases, the 115.33(b) training was completed on the date of arrival at CCF. Specifically, initial provision of the CCF Inmate Handbook and the Prevent. Detect. Respond tri-fold pamphlet occurred on the date of arrival at CCF or the next day and the case manager orientation was facilitated separate from the intake in eight applicable cases.

While the auditor finds CCF substantially compliant with 115.33(b) based on the literal application of the provision, the auditor strongly recommends that the CCF case manager PREA orientation be conducted within at least seven to twenty-one days of arrival at the facility.

115.33(c)

Pursuant to the PAQ, the Warden self reports that all inmates received within the last 12 months who remained at the facility for 30 days or more have been educated within 30 days of intake.

The Warden further self reports agency policy requires that inmates who are transferred from one facility to another are educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that

the policies and procedures for the new facility differ from those of the previous facility. As reflected above, all incoming residents are provided PREA education as attested to by documentation referenced.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 12, section H(6) addresses 115.33(c).

In view of the above, the auditor finds CCF substantially compliant with 115.33(c).

115.33(d)

Pursuant to the PAQ, the Warden self reports education is available in accessible formats for all inmates, including those specific groups listed in the narrative for 115.16(a).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section H(2) addresses 115.33(d).

Within the PAQ information, a photograph of a TTY machine is present. This equipment is available for use by deaf inmates so they can converse with other individuals similarly situated. Additionally, the auditor's review of memorandums reveals that sign language is available pursuant to the contract with LanguageLine, the PREA video is available with subtitles for hearing impaired, and the PREA video transcript is likewise available for those inmates who are hearing impaired. The auditor notes that the CC PREA trifold pamphlet is presented in both English and Spanish.

The auditor's review of a LanguageLine Services instructional document reveals a procedure is in place to provide interpretative services for non-English speaking and deaf inmates. Generally, solicitation of interpretational assistance through LanguageLine Services is facilitated on staff telephones.

According to the Agency Head interviewee, the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient 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 limited English proficient (LEP) inmates. Generally speaking, staff translators can also be used. TTY units are available in every facility and arrangements are provided to assist those inmates who are blind.

Corporate office staff provide assistance to facility staff that enables them to locate potential vendors and/or agencies that provide support services for inmates with disabilities. The agency maintains a comprehensive contract with LanguageLine and some facilities have a Memorandum of Understanding (MOU) with organizations in the local community to provide translation services, when needed.

The secondary auditor interviewed 14 inmates who presented with disabilities (two

cognitively impaired, four vision impaired, four physically disabled, and four hearing impaired) who reported that the facility provides information about sexual abuse and sexual harassment they are able to understand. The auditor notes that educational posters were noted to be posted in areas easily accessible to and observable by the inmate population (e.g. pods, program areas, operational areas). Additionally, posters appear to be written in language understandable by the inmate population.

The intake staff interviewee states that the PREVENT. DETECT. RESPOND. tri-fold pamphlet is captured in both English and Spanish. With each new commitment, she advises of reporting options. In the event of a Limited English Proficient (LEP) inmate, she would access LanguageLine to translate for other than Spanish non-English speakers. She would use mental health staff resources to assist with cognitively impaired inmates.

The auditor reviewed the contract between CC and LanguageLine Interpreter Services for provision of services to LEP inmates. Services for 250-plus languages, plus sign language, are provided pursuant to this service. LanguageLine can be accessed from any staff telephone and is generally accessed by staff.

Of note, the auditor learned that shift commanders, unit management staff, intake staff, and above can access LanguageLine. The same can be accessed on any facility staff landline or the aforementioned staff cell phones.

The auditor did test the LanguageLine on October 19, 2023 pursuant to telephone call originated on a unit manager's institutional telephone in his office. The call was successfully made, the CC contract number was entered, and the auditor heard the type of translation required prompt. At this point, the call was terminated and considered to be successful. In addition to the above, bi-lingual staff interpreters are available to provide Spanish translation as experienced during an LEP inmate interview.

A staff interpreter translated for one LEP interviewee and he (the inmate) stated that he received initial PREA educational materials and he understands the same. Two additional LEP interviewees are bi-lingual and they stated they understand the PREA materials provided. Another LEP interviewee who speaks broken English states that he understands most of the materials, specifically zero tolerance and reporting options.

In view of the above, the auditor finds CCF substantially compliant with 115.33(d)

115.33(e)

The auditor's PAQ review of two each completed documents entitled CC/CCF Handbook Notice (signed and dated by the inmate at intake) and Acknowledgment of Receipt of the PREA Pamphlet/Video (signed and dated at orientation following provision of the CCF Inmate Handbook at intake) reveals substantial compliance with 115.33(e) in that documentation resources are available.

Additionally, the auditor's on-site review of the aforementioned ten 2022 and 2023 inmate files reveals completion of the documents scripted above. Six additional files pertained to inmates who arrived prior to 2022.

In view of the above, the auditor finds CCF substantially compliant with 115.33(e).

115.33(f)

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 11 and 12, section H(5) addresses 115.33(f).

The auditor's review of one photograph included with the PAQ reveals a four digit telephone number designated for reporting sexual abuse/harassment and the same constitutes the GDOC PREA Reporting Line. The same is painted on a wall in the front lobby and visitation room, as well as, throughout units, open bay dormitories, and secure pods. However, the same is not consistent with the requirement(s) of 115.51(b) and accordingly, the entire requirement(s) of 115.33(f) are non-compliant.

The auditor notes that this matter was addressed prior to the on-site visit as an amended CCF Inmate Handbook now reveals substantial compliance with 115.33(f). The amended CCF Inmate Handbook now reflects the appropriate 115.51(b) reporting source and a memorandum has been created to address the same, as well as, Satilla [the 115.53(a) community emotional support resource available to inmate victim(s)]. This memorandum poster was placed strategically throughout the facility however, some of these posters had either been removed from the housing areas or destroyed at the time of the facility tour.

Given the absence of the aforementioned poster in some housing pods throughout the facility, the auditor finds the need to ensure a more permanent solution to ensure the above information is available in all pods. Accordingly, the auditor finds CCF non-compliant with 115.33(f) and 115.51(b) and accordingly, a 180-day corrective action period is imposed wherein the PCM will ensure compliance with and institutionalization of these provision requirements. The corrective action due date is May 27, 2024.

To demonstrate compliance with and institutionalization of 115.33(f), 115.51(b), and 115.53(a) requirements, the PCM will develop a plan to ensure that the poster is hung in a more permanent manner. Specifically, laminating the memorandum and placing the same in a secure frame may be a way of guarding against destruction.

Subsequent to development of the plan to ensure this poster is consistently visible in all housing pods, etc., the PCM will upload photographs of the postings (various facility areas) in OAS for the auditor's review.

	<p>March 25, 2024 Update:</p> <p>The auditor notes that the Inmate Handbook was recently amended to reflect the correct telephone numbers and addresses for the 115.51(b) reporting source, as well as, Satilla Advocacy Services [the 115.53(a) victim advocacy resource]. Accordingly, corrective action has been implemented with respect to this information.</p> <p>April 23, 2024 Update:</p> <p>The auditor has learned that the aforementioned poster has been laminated and placed behind a plexiglass casing outside the control center in each housing unit. The paper memorandum posters are still posted on bulletin boards in each pod and the unit managers check to ensure the same are displayed on a daily basis as part of their rounds. The same follow-up is employed with respect to the bulletin board encased by plexiglass outside each unit control center.</p> <p>In view of the above strategy, the auditor finds reasonable assurance the relevant educational materials are posted for inmate consumption throughout the facility. Accordingly, the auditor now finds CCF substantially compliant with 115.33(f).</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.33.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.34(a)</p> <p>Pursuant to the PAQ, the Warden self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(5)</p>

addresses 115.34(a).

The administrative investigative staff interviewee states she has completed training specific to investigating sexual abuse in confinement settings. Specifically, she has completed both the web based National Institute of Corrections (NIC) training course entitled PREA: Conducting Investigations of Sexual Abuse in a Confinement Setting through CC and a two day investigative course provided by GDOC. The eight hour class included scenarios and the topics listed in the narrative for 115.34(b).

The criminal investigative interviewee states he has likewise completed specialty training regarding investigation of sexual abuse in a confinement setting. Specifically, he completed a seven day in-service training, inclusive of sexual abuse investigations in a confinement setting. Parts of the class were facilitated by GDOC PREA staff.

The auditor's review of the CC certificate provided to him reveals that the administrative investigator completed the requisite NIC web-based course on April 21, 2021. A CC Certificate for the NIC course reveals that an AW is also certified to facilitate such investigations and his certificate was issued on October 19, 2023.

The auditor's review of the lesson plan from the PREA: Conducting Investigations of Sexual Abuse in a Confinement Setting course reveals discussions regarding:

Techniques for interviewing sexual abuse victims;

Miranda and Garrity rights;

Sexual abuse evidence collection in confinement settings; and t

The criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

In view of the above, the auditor finds CCF substantially compliant with 115.34(a).

115.34(b)

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section C(5)(a) addresses 115.34(b).

Both the administrative and criminal investigative staff interviewees state that specialized training included:

Techniques for interviewing sexual abuse victims;

Proper use of Miranda and Garrity warnings;

Sexual abuse evidence collection in confinement settings; and

The criteria and evidence required to substantiate a case for administrative action or prosecution referral.

In view of the above, the auditor finds CCF substantially compliant with 115.34(b).

	<p>115.34(c)</p> <p>Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing investigator(s) have completed the required training.</p> <p>The Warden further self reports CCF currently employs one administrative PREA investigator and she completed the requisite training. As mentioned in the narrative for 115.34(a), a second administrative investigator has completed requisite training, as validated by his certificate.</p> <p>The primary and secondary sexual abuse/harassment administrative investigators' completion certificates are addressed in the narrative for 115.34(a).</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.34(c).</p> <p>Accordingly, the auditor finds CCF substantially compliant with 115.34.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.35(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. According to the Warden, all 40 medical and mental health care practitioners who work regularly at the facility, have received the requisite training.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(6) addresses 115.35(a).</p> <p>The auditor's cursory review of the National Institute of Corrections (NIC) PREA Medical Standards random slides reveals substantial compliance with 115.35(a). The four requisite topics are addressed.</p> <p>According to the medical/mental health interviewees, the medical practitioner completed specialized training regarding sexual abuse and sexual harassment by virtue of an on-line class that addressed the following:</p> <p>How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and</p>

How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The mental health interviewee states she completed an in-person specialized PREA mental health in a confinement setting course at TIFT College in Forsythe, GA. The interviewee states she was awarded a certificate for the same. Similarly, the training she attended addressed the above topics.

A copy of the interviewee's certificate and training syllabus has not been uploaded into OAS and accordingly, the auditor includes the same as a basis for non-compliance with 115.35(a).

The auditor's review of a training roster capturing medical and mental health staff who have completed specialty PREA medical and mental health training during 2023 reveals 17 of 40 medical staff have completed the same. Additionally, they completed requisite PREA training pursuant to 115.31.

Review of two random PAQ individual medical staff training records reveals both completed requisite specialized training during 2023, one as part of an annual training practice.

Pursuant to the auditor's review of the medical/mental health staffing roster vs. the roster of medical/mental health staff who completed the requisite specialty training reveals that nine medical/mental health staff hired during 2022 and early 2023 have not completed the requisite specialty training. Accordingly, the auditor has determined that these staff have provided services to the inmate population in the absence of the requisite specialized training for a significant period of time. The auditor finds CCF non-compliant with 115.35(a) and a 180-day corrective action period is imposed wherein the PCM will demonstrate compliance with and institutionalization of 115.35(a). The due date for the corrective action period is May 27, 2024.

To demonstrate compliance with 115.35(a), all required staff, who have not completed the requisite training, will complete the same. The PCM will upload evidence substantiating their completion of the course. An updated roster of PREA medical/mental health specialty training will be uploaded into OAS and subsequent to the auditor's review of the same, the auditor will assess standard provision compliance.

January 26, 2024 Update:

The auditor's review of the aforementioned mental health interviewee's certificate for an Evaluation and Treatment of Sexual Assault course completed on February 9, 2023 reveals substantial compliance with 115.35(a) and (c). The course was provided by instructors from Centurion and the same is uploaded into OAS.

April 24, 2024 Update:

The auditor has learned that the mental health interviewee, in question, is no longer employed with CC and CCF. Accordingly, retrieval of the training syllabus regarding the MH interviewee's specialty sexual abuse training at TIFT College in Forsythe, GA cannot be accomplished. As the ex-employee no longer provides services at CCF, the auditor finds sufficient corrective action has been accomplished with respect to the mental health finding.

June 8, 2024 Update:

Pursuant to the auditor's review of a document generated at CCF, one of the nine medical/mental health staff who had not yet been trained, completed requisite specialty training on June 5, 2024 as validated by her CC training transcript (uploaded into OAS). Based on notations reflected on the auditor's research document, one of the remaining eight individuals' employment was terminated, three individuals resigned, contracts for three individuals ended, and one individual transferred to another CC facility.

In view of the above, the auditor is satisfied that remaining staff have completed the requisite specialty training. Accordingly, the auditor is satisfied that corrective action has been completed and CCF is now substantially compliant with 115.35(a).

115.35(b)

Pursuant to the PAQ, the Warden self reports forensic examinations are not facilitated by CCF SANEs. Assessment of SANE service practice and procedure is clearly articulated in the narrative for 115.21(c).

Accordingly, the auditor finds 115.35(b) not-applicable to CCF.

115.35(c)

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing that medical and mental health practitioners have completed the required training.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(7) addresses 115.35(c).

Evidence substantiating completion of the medical/mental health specialty training is addressed in the narrative for 115.35(a). On-site review of random medical staff training files is also addressed in the narrative for 115.35(a).

Given the finding of non-compliance with respect to 115.35(a), the auditor likewise

finds CCF non-compliant with 115.35(c). Corrective action and the corrective action due date is the same for 115.35(c), as compared to, 115.35(a).

June 8, 2024 Update:

Pursuant to the auditor's review of a document generated at CCF, one of the nine medical/mental health staff who had not yet been trained, completed requisite specialty training on June 5, 2024 as validated by her CC training transcript (uploaded into OAS). Based on notations reflected on the auditor's research document, one of the remaining eight individuals' employment was terminated, three individuals resigned, contracts for three individuals ended, and one individual transferred to another CC facility.

In view of the above, the auditor is satisfied that remaining staff have completed the requisite specialty training. Accordingly, the auditor is satisfied that corrective action has been completed and CCF is now substantially compliant with 115.35(c).

115.35(d)

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section C(6) addresses 115.35(d).

The auditor's review of 12 CORECIVIC PREA TRAINING ACKNOWLEDGMENT PRESERVICE AND INSERVICE forms reveals seven medical/mental health staff completed PREA in-service and five staff completed PREA pre-service training. Staff sign and date these forms, signifying completion of the courses.

The auditor's review of 2023 pre-service and in-service rosters reveals that 25 of 40 medical/mental health staff completed either pre-service or in-service PREA training during 2023. Given the above, the auditor finds CCF substantially compliant with 115.35(d).

Accordingly, in view of the aforementioned completion of corrective action for provisions 115.35(a) and 115.35(c) and the evidence cited throughout this narrative, the auditor finds CCF substantially compliant with 115.35.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.41(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness towards other inmates.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section G(1) addresses 115.41(a).</p> <p>According to the staff who performs initial screening for risk of victimization and abusiveness interviewee, she does screen inmates upon admission to CCF or upon return from court for risk of sexual abuse victimization or sexual abusiveness (victimization/abusiveness screening) towards other inmates. The interviewee states that screenings are facilitated one-on-one and away from other inmates. Initial screenings are conducted in a large room (the auditor did observe the same) with approximately 15 feet between inmates. She discreetly asks the questions articulated in the screening tool and subsequently records the inmate's response. She does review classification material prior to the inmate's arrival, time permitting.</p> <p>While the auditor did observe the area in which victimization/aggressor screenings are conducted, he did not observe an actual assessment. As reflected above, the auditor asked specific questions of the interviewee from which to determine protocol and effectiveness in the screening process. He also reviewed completed initial assessments and reassessments to determine comprehensiveness.</p> <p>Ten of 12 applicable random inmate interviewees who arrived at CCF during the last 12 months state they did receive an initial PREA assessment screening at intake. During the facility tour, the auditor did randomly question two inmates as to whether they were asked these questions during intake and both responded in the affirmative.</p> <p>The auditor's review of the initial screening for one applicable inmate interviewee who reported that he was not initially screened reveals that he was initially screened upon the date of arrival at CCF. Additionally, the auditor's review of the initial screening for one of the inmate interviewees who reported their screening was facilitated during orientation reveals the same was facilitated within 24 hours of arrival at CCF.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.41(a).</p> <p>115.41(b)</p> <p>Pursuant to the PAQ, the Warden self reports policy requires inmates to be screened</p>

for risk of sexual victimization or risk of abusing other inmates within 72 hours of their intake. In the last 12 months, the Warden self reports 1122 inmates entered the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates, within 72 hours of entry into the facility. The auditor notes that pursuant to the facility information section reflected in this report, 1102 inmates were received at the facility during the last 12 months (either through intake or transfer) whose length of stay in the facility was 72 hours or more. Accordingly, based on the Warden's assertion, all applicable inmate commitments were initially screened within 72 hours of arrival at CCF. This equates to 100% of those screened pursuant to the criteria specified in the preceding sentence.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section G(2) addresses 115.41(b). This policy requires initial screening within 24 hours of arrival at the facility.

The auditor's on-site random review of six of 10 applicable random files (inmate arrival dates during 2022 and 2023) reveals initial sexual victimization/aggressor assessments were conducted on the date of arrival at CCF while one was conducted within 24 hours of arrival. As previously referenced in the narrative for 115.41(a), an initial assessment was not completed in one case. In two cases, a date was not entered on the documentation reviewed and accordingly, timeliness could not be assessed. The auditor strongly admonishes the PCM to employ close oversight to those initial assessments and/or reassessments wherein the date of completion is not documented.

According to the staff who performs screening for risk of sexual victimization and abusiveness interviewee, she screens inmates for risk of sexual victimization or risk of sexually abusing others on the day of arrival following the security intake process. Inmates are subsequently moved to the orientation unit.

While an orientation unit concept is used at CCF, the auditor observed the same as an open-bay dormitory. Given the same, the auditor strongly recommends that all incoming residents be screened on the date of arrival and prior to placement in the orientation unit. This could minimize mistakes in terms of placement.

In view of the above, the auditor finds CCF substantially compliant with 115.41(b).

115.41(c)

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 9, section G(3) addresses 115.41(c).

Pursuant to the auditor's review of four initial screening documents, included in the PAQ, and accompanying printouts facilitated during the last 12 months, the same do

reflect the questions articulated in 115.41(d) and (e). The weighting system is clearly articulated on page 2 of the sample screening document uploaded into OAS.

Pursuant to the same, inmates are classified as either Potential Victims (PVs)/Known Victims (KVs) or Potential Aggressors (PAs)/Known Aggressors (KAs). Of note, the weighting system is contingent upon the responses to specific question(s). An Unrestricted classification is assigned to those inmates who do not score as either victims or aggressors.

The CCF investigator (provided information and responses to questions posed by the auditor) asserts that the GDOC PREA SEXUAL VICTIM/SEXUAL AGGRESSOR CLASSIFICATION SCREENING INSTRUMENT is first completed manually and subsequently in electronic mode in the SCRIBE system.

The questions are weighted, however, the weight is not assigned by the individual completing the form. The computer system assesses the response and assigns the weight according to programming. For example a "yes" response to the question regarding prior victimization would be weighted higher than a "yes" response regarding holding for civil immigration.

In view of the above, the auditor finds CCF substantially compliant with 115.41(c).

115.41(d)

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 9, section G(4) reveals the intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

- Whether the inmate has a mental, physical, or developmental disability;
- The age of the inmate;
- The physical build of the inmate;
- Whether the inmate has previously been incarcerated;
- Whether the inmate's criminal history is exclusively nonviolent;
- Whether the inmate has prior convictions for sex offenses against an adult or child;
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming (question is asked by the screener, as well as, assessed pursuant to observation);
- Whether the inmate has previously experienced sexual victimization;
- The inmate's own perception of vulnerability; and
- Whether the inmate is detained solely for civil immigration purposes.

The staff member who performs initial screening for risk of victimization and abusiveness interviewee states that screening questions, minimally, encompass:

- Sexual victimization history (both institution and community);
- Sexual abuse history and sexual abuse behavior;
- Sexual abuse vulnerability at CCF;
- Physical stature;

LGBTI status;
Is this the first offense?; and
History of predatory sexual behavior or identification.

The interviewee states incoming inmates are screened on the day of arrival. The screening is conducted in a one-on-one setting away from other inmates. A minimum of 15 feet between inmates results in confidentiality. She reads the screening questions to the incoming inmate and she also reviews classification material prior to arrival, if time permits. During the facility tour, the auditor did observe the large room in which 115.41(a) victimization/aggressor screenings are conducted and finds the same to be conducive to confidential sharing of information.

In view of the above, the auditor finds CCF substantially compliant with 115.41(d).

115.41(e)

As previously indicated, the statement of the staff responsible for risk screening interviewee, CC policy, and the auditor's review of the GDOC PREA VICTIM/SEXUAL AGGRESSOR CLASSIFICATION SCREENING INSTRUMENT reveal that 115.41(e) questions are addressed in the screening instrument.

In view of the above, the auditor finds CCF substantially compliant with 115.41(e).

115.41(f)

Pursuant to the PAQ, the Warden self reports policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. In the last 12 months, the Warden self reports 1122 inmates entered the facility (either through intake or transfer) whose length of stay in the facility was 30 days or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates, within 30 days of entry into the facility. The auditor again notes that pursuant to the facility information section reflected in this report, 1102 inmates were received at the facility during the last 12 months (either through intake or transfer) whose length of stay in the facility was 30 days or more.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section G(13) addresses 115.41(f).

The auditor's review of two of four reassessment information screens uploaded into OAS as part of the PAQ, reveals that timely reassessments were completed. As the actual reassessments have not been uploaded into OAS, the auditor cannot make a determination regarding whether the same is substantive. The CCF investigator states that reassessments were not completed with respect to the other two inmates.

The staff responsible for risk screening interviewee states within 30 days of arrival at CCF, the case manager facilitates a reassessment.

Seven of the 11 applicable random inmate interviewees who arrived at CCF during the last 12 months, state they were asked screening questions again since their date of arrival at CCF. Reassessments for inmates who have not been at CCF for 30-days were not considered in this group of random inmate interviewees. Two of these interviewees state they were reassessed at orientation. Four inmate interviewees state re-screening was completed within one to three weeks of arrival at CCF and one interviewee stated that he did not recall when the reassessment was conducted.

The auditor's review of the files pertaining to two of four random inmate interviewees who state they were not re-screened reveals that reassessment information was not available and accordingly, the inmates' statements are corroborated.

The auditor's further review of 10 applicable randomly selected inmate files (accompanying files for the aforementioned inmates received at CCF during the last 12 months) reveals no evidence of a reassessment within 30 days of arrival at CCF.

As reflected above and pursuant to the auditor's review of all corresponding 30-day reassessments, as validated by the documents provided in the PAQ and included in OAS plus the on-site findings, the auditor finds CCF non-compliant with 115.41(f).

Given the above, the auditor has determined that a corrective action period is necessary to ensure compliance with and institutionalization of 115.41(f) requirements. Accordingly, the auditor imposes a 180 day corrective action period that will end on May 27, 2024.

To demonstrate compliance with 115.41(f), the PCM will provide training to all stakeholders who facilitate 30-day reassessments, accentuating the need to complete reassessments within 30-days of arrival. A copy of the training plan, as well as, written evidence that all stakeholders received the requisite training, will be uploaded into OAS. This document will bear the name of the training, the instructor's name, the date of training, and the participant's printed name/signature/date.

In addition to the above, the PCM will upload a roster reflecting the arrival dates of all inmates received between the date of this interim report and May 27, 2024 or sooner. The auditor will randomly select 15-30 inmates and the PCM will upload both the initial and 30-day reassessments for each randomly selected inmate. Subsequently, the auditor will analyze the documents, rendering a finding regarding compliance.

April 7, 2024 Update:

The auditor's review of a Training/Activity Attendance Roster dated March 22, 2024 reveals that 20 case managers participated in and completed corrective action training surrounding the nuances of 115.41(f). Each participant printed their name, documented their signature, and the date was pre-printed on the aforementioned document. The training syllabus included a policy review of CC Policy 14-2

(mentioned throughout this narrative) and a guideline sheet prepared by the CCPC. Accordingly, the auditor finds CCF substantially compliant with the training requirements of this corrective action as noted in this narrative.

Of note, the CCF investigator states that the same was again provided during May, 2024 as facility administrators did not find sufficient progress as they audited files pursuant to the corrective action process.

June 24, 2024 Update:

The auditor's review of 25 random inmate files (uploaded into OAS) regarding inmates who arrived at CCF following the March 22, 2024 training through May, 2024 reveals that reassessments were completed within 30 days of arrival at CCF in 23 cases. Accordingly, timely and comprehensive reassessments were completed pursuant to both standard and policy. Ninety-two percent of the corrective action cases were accurate.

In view of the completed corrective action, the auditor now finds CCF substantially compliant with 115.41(f).

115.41(g)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section G(15) and (16) addresses 115.41(g).

The CCF investigator states that during the last 12 months, zero reassessments were facilitated when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The auditor notes that he has not become aware of any information contrary to that provided by the CCF investigator.

The staff who performs screening for risk of victimization and abusiveness interviewee states that case managers reassess inmate risk levels, as needed, due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The PCM or investigator may alert the case manager(s) to the need for such reassessment.

In view of the above, the auditor finds CCF substantially compliant with 115.41(g).

115.41(h)

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

Whether or not the inmate has a mental, physical, or developmental disability;
Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;

Whether or not the inmate has previously experienced sexual victimization; and
The inmate's own perception of vulnerability.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section G(7) addresses 115.41(h).

The staff who performs screening for risk of sexual victimization and sexual abusiveness interviewee states inmates are not disciplined for any of the reasons articulated in the preceding two paragraphs. The auditor found no evidence of deviation from either policy or provision.

The CCF investigator states that zero inmates have been disciplined for refusing to answer or failing to disclose information regarding the above four questions.

In view of the above, the auditor finds CCF substantially compliant with 115.41(h).

115.41(i)

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 10, section G(12)(a-d) addresses 115.41(i).

According to the CCPC, CCF PCM, and the staff who performs screening for risk of victimization and abusiveness interviewees, the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. According to the CCF PCM, such information consumption is generally limited to the Warden, PCM, AWOs, ADO staff, investigator, and mental health staff. The CCPC asserts that access is generally limited to case managers and treatment staff. Assessments and reassessments generated in SCRIBE are password protected. The staff responsible for risk screening interviewee states access to assessments/reassessments is limited to the PCM, mental health staff, and investigator.

The auditor notes that victimization/aggressor assessments are maintained in inmate files in locked file cabinets in the Records Area. During the facility tour and review of random inmate files, the auditor did observe the same. Access to electronic documentation can be accessed only by those staff who have been granted system privileges.

In view of the above, the auditor finds CCF substantially compliant with 115.41(i).

	<p>Accordingly, in view of the successfully completed corrective action and evidence reflected throughout this narrative, the auditor finds CCF substantially compliant with 115.41 based on the findings articulated in the narrative for 115.41(f) and throughout this standard narrative.</p>
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115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.42(a)</p> <p>Pursuant to the PAQ, the Warden 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 inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9 section (G)(1) and page 12, section I(1) address 115.42(a).</p> <p>The PCM and the staff responsible for risk screening interviewee assert that the SCRIBE system assigns PV, KV, PA, and KA status to each initial and reassessment screening. All of the above classifications can be housed with those inmates classified as Unrestricted. Victims and aggressors are not housed in the same cell. In open dorms, Vs are housed in a separate area in comparison to Ps. Housing notes and flags are reviewed during the housing assignment process to address any sexual safety concerns. Victims are not housed with Aggressors.</p> <p>The auditor's review of an Alert email from the staff responsible for risk screening (uploaded to OAS) reveals close communication to ensure decision makers are in the loop regarding screening assignments and findings. These emails create a traceable chain of evidence to minimize assignment errors.</p> <p>The classification supervisor facilitates housing assignments based on the aforementioned risk assessment. She states that when late buses are received, the intake officer reviews SCRIBE for any historical sexual abuse/victimization information to assist with temporary bed assignments until reviewed by the classification supervisor.</p> <p>Pursuant to the auditor's observations during the facility tour, program and work assignments are supervised by staff. Accordingly, the auditor finds CCF substantially compliant with 115.42(a).</p>

115.42(b)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(4) addresses 115.42(b).

The PCM and the staff responsible for risk screening interviewee assert that the SCRIBE system assigns PV, KV, PA, KA, and those with none of these statuses to each initial and reassessment screening. Victims and aggressors are not housed in the same cell. In open dorms, Vs are housed in a separate area in comparison to Ps. Housing notes and flags are reviewed during the housing assignment process to address any sexual safety concerns. Victims are not housed with Aggressors.

The auditor's review of an Alert email from the staff responsible for risk screening (uploaded to OAS) reveals close communication to ensure decision makers are in the loop regarding screening assignments and findings. These emails create a traceable chain of evidence to minimize assignment errors.

The classification supervisor facilitates housing assignments based on the aforementioned risk assessment. She stated that when late buses are received, the intake officer reviews SCRIBE for any historical sexual abuse/victimization information to assist with temporary bed assignments until reviewed by the classification supervisor.

In view of the above, the auditor finds CCF substantially compliant with 115.42(b).

115.42(c)

Pursuant to the PAQ, the Warden self reports the facility makes housing and program assignments for transgender and intersex inmates in the facility on a case-by-case basis however, designation to CCF is accomplished by GDOC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13 section (I)(7)(b) addresses 115.42(c). Additionally, CC Policy 14-9 entitled Management of Transgender and Intersex Inmates in Prison and Jail Facilities, pages 6-8, sections F(1-17) and G(1-5) address 115.42(b) and (c) minimally. These policies reflect the following:

The decision whether to assign a transgender or intersex inmate to a male or female facility will generally be made by the contracting agency prior to arrival at a CC facility. The Warden shall consult with his/her approving contracting agency representative, CC Managing Director, Operations CC FSC PREA Coordinator in the event there are concerns with a placement.

In deciding whether to house a transgender/intersex inmate in a male or female pod

or dormitory within the facility subsequent to arrival, or, when making other housing and programming assignments for such inmates, the facility will consider whether placement would ensure the inmate's health and safety and whether the placement would present management or security problems.

As reflected in the document entitled Transgender/Intersex Assessment and Treatment Plan, the same is utilized subsequent to referral from intake, referral post intake, and any reassessments. Various sexual safety assessment/reassessment factors are addressed in that document to assist staff with sexual safety decision-making within the facility, inclusive of placement in a male or female cell or dormitory. Of note, the inmates, as well as, members of the SART sign and date this document.

The PCM asserts housing assignments for transgender/intersex inmates are determined pursuant to review of the screening results. Transgender/intersex inmates are dispersed throughout the facility, dependent upon security and safety concerns. Transgender/intersex inmates are not placed in specific pods or areas but rather, the safest environment based on historical and current information. All programming areas are supervised by staff.

Members of the Sexual Abuse Response Team (SART) meet with the transgender/intersex inmate to address management preferences and needs. The agency considers whether the placement will ensure the inmate's health and safety. Additionally, the agency considers whether the placement would present management or security problems.

When questioned, the PCM stated that inmates are designated to CCF by the Georgia Diagnostic Facility. Officials from that facility identify the sex of the inmate.

One of the two transgender inmate interviewees states staff have asked her questions about her safety approximately every two weeks. The other interviewee states that staff have not asked her about her personal safety. Pursuant to the auditor's review of relevant documentation, he finds that a Transgender/Intersex Assessment and Treatment Plan Meeting was conducted on September, 22, 2023 with respect to this inmate.

Clearly, initial victimization/aggressor screening is conducted with respect to new arrivals. Staff do assess the safest situation in which to place the inmate.

In view of the above, the auditor finds CCF substantially compliant with 115.42(c).

115.42(d)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13 section (I)(7)(d) addresses 115.42(d).

The PCM asserts placement and programming assignments for each transgender/intersex inmate are reassessed a minimum of two times per year for any threats to

safety experienced by the inmate. This assessment is managed by the SART team.

As mentioned in the narrative for 115.42(c), the auditor's review of the Transgender/ Intersex Assessment and Treatment Plan Meeting conducted on September, 22, 2023 with respect to a transgender inmate serves as evidence of the requisite 115.42(d) meeting. However, the inmate, in question, arrived at CCF on June 2, 2022. Evidence of at least one additional meeting was not provided to the auditor for review and accordingly, he finds CCF non-compliant with 115.42(d).

In view of the above, the auditor places CCF in a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.42(d) requirements. The corrective action due date is May 27, 2024.

To demonstrate compliance with and institutionalization of 115.42(d) requirements, the PCM will upload a roster of all transgender/intersex inmates received at CCF between the date of this interim report and May 27, 2024. The auditor will select three to 10 random names and the PCM will upload the twice annual Transgender/ Intersex Assessment and Treatment Plan Meeting reports related to each respective inmate. At that point, the auditor will make a determination regarding compliance.

In view of the above, the auditor finds CCF non-compliant with 115.42(d).

May 29, 2024 Update:

The auditor's review of three additional Transgender/Intersex Assessment and Treatment Plan Meeting Forms reveals that at least one requisite 115.42(d) meeting was conducted within two to five months of arrival at CCF. The following represents a timeline with respect to each individual:

Inmate #1 arrived at CCF on July 13, 2023 and was screened pursuant to the Transgender/Intersex Assessment and Treatment Plan Meeting Form on September 22, 2023. She was transferred from CCF on December 6, 2023.

Inmate #2 arrived at CCF on May 4, 2023 and was screened pursuant to the Transgender/Intersex Assessment and Treatment Plan Meeting Form on September 22, 2023. She was transferred from CCF on January 4, 2024.

Inmate #3 arrived at CCF on July 6, 2023 and was screened pursuant to the Transgender/Intersex Assessment and Treatment Plan Meeting Form on September 22, 2023. She was transferred from CCF on October 11, 2023.

In view of the above, the auditor finds sufficient evidence reflecting completion of corrective action and accordingly, he now finds CCF substantially compliant with 115.42(d).

115.42(e)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(7)(c) addresses 115.42(e).

The PCM asserts transgender/intersex inmate's own views with respect to his/her safety are given serious consideration in placement and programming assignments. The staff responsible for risk screening interviewee validates the statement of the PCM.

One of the two transgender inmate interviewees states staff have asked her questions about her safety approximately every two weeks. The other interviewee states that staff have not asked her about her personal safety. Pursuant to the auditor's review of relevant documentation, he finds that a Transgender/Intersex Assessment and Treatment Plan Meeting was conducted on September, 22, 2023 with respect to this inmate.

In view of the above, the auditor finds CCF substantially compliant with 115.42(e).

115.42(f)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 16, section I(11)(g) addresses 115.42(f).

The PCM and staff responsible for risk screening assert transgender/intersex inmates are given the opportunity to shower separately from other inmates. Such requests may be accommodated by showering in the medical department during count time. Separate showers are initiated by the inmate and routed through the SART team with the Warden having final approval authority.

Both transgender inmate interviewees state they can shower separate from the inmate population (in Medical). One interviewee states she showers in the unit and the other interviewee showers in Medical.

In view of the above, the auditor finds CCF substantially compliant with 115.42(f).

115.42(g)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(7)(e) addresses 115.42(g).

According to the CCPC, facility staff in all CC facilities are keenly aware that designated facilities, wings, etc. are unacceptable for the housing of lesbian, gay, bisexual, transgender, or intersex inmates unless the agency or facility is subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. Housing assignments are made at the local level, utilizing the risk assessment screening tool. Such assignments are subject to review during internal audits, mock PREA audits, and partner agency audits. Of note, transgender/intersex inmates are reviewed individually with consideration made for their own safety

concerns.

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 lesbian, gay, bisexual, transgender, or intersex inmates.

The auditor notes that the two transgender inmate interviewees are assigned to separate housing units. Accordingly, the auditor finds no evidence of transgender/intersex inmate placement in designated housing units.

In view of the above, the auditor finds CCF substantially compliant with 115.42(g).

Accordingly, in view of the completed 115.42(d) corrective action and evidence cited throughout the 115.42 narrative, the auditor finds CCF substantially compliant with 115.42.

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.43(a)

Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Warden further self reports zero inmates at risk of sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of assessment.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(8)(a) addresses 115.43(a).

The Warden asserts agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no alternative means of separation from potential abusers. The Warden further asserts an inmate can be placed in such status temporarily for up to 24 hours while alternative placement(s) are researched. If an inmate requests protective custody, he may be placed in segregated housing, subject to Restricted Housing Unit (RHU) policies and procedures.

In view of the above, the auditor finds CCF substantially compliant with 115.43(a).

115.43(b)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 13 and 14, section I(8)(b) addresses 115.43(b).

According to the PCM, zero inmates have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted.

The staff who supervises inmates in segregated housing interviewee states that inmates would only be placed in RHU pending investigation for other matters or at their request. If inmates are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to the following:

Programs (Inmates can request library services pursuant to a Library Request Form);
Privileges (Telephone, recreation, and commissary are available to inmates);
Education (inmates can request access to educational materials); and

Work opportunities (two porter work assignments are available to inmates on day shift and two positions are available on night shift).

If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented on the Confinement Activity Record (CAR). The opportunities that have been limited, the duration of the limitations, and the reasons for such limitations are documented on the CAR. Of note, during the facility tour, the auditor observed the CAR process and information provided on the same.

Additionally, the same is documented on the hard drive log.

In view of the above, the auditor finds CCF substantially compliant with 115.43(b).

115.43(c)

Pursuant to the PAQ, the Warden self reports in the last 12 months, zero inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section I(8)(d) addresses 115.43(c).

The Warden asserts inmates at high risk for sexual victimization or who have alleged sexual abuse may be placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. If the same were to occur, the longest placement under such circumstances would generally be 24 hours.

The staff member who supervises inmates in RHU interviewee states that sexual abuse victims are not placed in RHU unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody. He further states that the longest placement is generally 72 hours.

In view of the above, the auditor finds CCF substantially compliant with 115.43(c).

115.43(d)

As previously indicated in the narrative for 115.43(a), the Warden self reports zero inmates at risk for sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of assessment.

Pursuant to random review of sexual abuse/harassment investigations, the auditor has not discovered any 115.43 violations and accordingly, requisite 115.43(d) documentation is not available.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section I(8)(e) addresses 115.43(d).

The auditor finds that the 115.43(d) process is in place should the need arise.

	<p>In view of the above, the auditor finds CCF substantially compliant with 115.43(d).</p> <p>115.43(e)</p> <p>Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section I(8)(f) addresses 115.43(e).</p> <p>The staff member who supervises inmates in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed every seven days to determine whether general population return is feasible.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.43(e).</p> <p>Accordingly, the auditor finds CCF substantially compliant with 115.43.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.51(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about:</p> <p>Sexual abuse or sexual harassment; Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment of inmates; and Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Reporting options, as articulated in the CCF Inmate Handbook during pre-audit review</p>

of materials uploaded into OAS include the following:

Contact the National Sexual Assault Hotline at 1-800-656-4673;

Send a letter to the Warden at P.O. Box 650, Nicholls, GA 31554;

Send a letter to the Managing Director, Facility Operations at 5501 Virginia Way, Suite 110, Brentwood, TN 37027;

Call Georgia Department of Corrections Inmate Affairs (Ombudsman) at (478)992-5358;

Inmates may notify any staff member either verbally or in writing or they may call the GDOC PREA Mail Box number at 7732;

Contact the Victim Advocate- Satilla Advocacy Services at P.O. Box 259, Waycross, GA 31502 or (912)283-0987; or

Electronically report allegations using the GOAL Device to PREA Report @ GDOC. GOV in lieu of the C-ORES SYSTEM.

As reflected above, CCF inmates can access electronic tablets to order commissary, submit electronic emergency grievances, etc. Inmates must sign in on the tablets and accordingly, for purposes of reporting a sexual abuse allegation, the same may be unacceptable. The inmate handbook reflects that telephone calls and emails are monitored and accordingly, inmates are properly advised regarding inmate use of tablets to report sexual abuse/harassment. Specifically, the address to which a report of sexual abuse/harassment is made on the tablet is an email.

Given the plethora of other reporting options, inmates are clearly alerted to the limits of confidentiality and they can select an appropriate method of reporting.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 16 and 17, section K(1)(a and b)(i-vii) addresses 115.51(a).

The auditor's review of a memorandum poster generated following the pre-audit review reflects that reports of sexual abuse or sexual harassment to an agency that is not part of CoreCivic or GDOC can be written to the following address:

Office of Victim Services
State Board of Pardons and Paroles
2 Martin Luther King Drive SE
Suite 458, Balcony Level, East Tower
Atlanta, GA 30334

Of note, this memorandum poster was not present in every pod throughout the facility as noted during the facility tour. The auditor notes that the same information was updated in the CCF Inmate Handbook during the post-audit phase.

The auditor did discuss mailing procedures at CCF with mail room staff. The interviewee stated that mail to this address, as well as, GDOC is not opened unless something suspicious is observed (e. g. an item secreted therein, odd writing on envelope suggesting a code). The same would be cleared with supervisory staff. The auditor did observe locked inmate outgoing mail boxes located within each pod and outside the dining room(s). Mail Room staff retrieve outgoing mail Monday through Friday.

Throughout the facility tour, the auditor observed that the GDOC PREA Mail Box telephone number (7732) was painted on walls, pipe chases, etc. As noted in this narrative, a test call to this telephone number was successful, resulting in notification within one hour.

The auditor did test the "7732" number and the test call went to the GDOC PREA Mail Box. A pin number or inmate number was not required to place the call. Within one hour, GDOC staff contacted the medical department and advised of the test call.

All 12 random staff interviewees were able to cite at least two methods for inmates to report sexual abuse/harassment, retaliation, and staff neglect or violation of responsibilities at CCF. Specifically, inmates can report via verbal report(s) to staff, submission of a written report, reporting via the GDOC PREA Mail Box (7732), third party report, and submission of a grievance.

Nineteen of 24 random inmate interviewees were able to cite at least two methods of reporting sexual abuse/harassment at CCF, while one inmate cited one method of reporting. Methods of reporting cited are as follows:

Telephone (7732- painted on the walls, etc.);

Verbal report to staff;

Third party;

Written;

Anonymous report.

In view of the fact that the CCF Inmate Handbook has been updated and amended to include the address for the 115.51(b) reporting source (Office of Victim Services State Board of Pardons and Paroles) and the function of Satilla Advocacy Services is clarified as an emotional support services provider, as opposed to a 115.51(b) reporting source, the auditor now finds CCF substantially compliant with 115.51(a) and 115.51(b).

115.51(b)

Pursuant to the PAQ, the Warden self reports the agency provides at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency.

The Warden further self reports the agency does not have a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. However, the CCPC and PCM assert that zero ICE inmates, housed solely for civil immigration purposes, are confined at CCF.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(1)(c and d) addresses 115.51(b). Pursuant to controlling policy, contact can be made with Nicholls Police Department (NPD) pursuant to written report. The same does not coincide with existing practice and accordingly, the auditor strongly

recommends amendment of the aforementioned policy to reflect accurate information.

Eight of 24 random inmate interviewees assert they are allowed to make a report without giving their name.

According to the CCF PCM, inmates can submit a written report to the Office of Victim Services State Board of Pardons and Paroles to report a sexual abuse/harassment incident pursuant to 115.51(b). Previously, contacting "7732" placed the victim in contact with the GDOC PREA Hotline however, the same is not considered separate from CCF and the GDOC.

According to the Mail Room interviewee, outgoing mail to GDOC or the Office of Victim Services State Board of Pardons and Paroles is not opened and inspected unless contents of the envelope feel or the envelope looks suspicious with potential code, etc. Supervisory approval is necessary to open such mail.

While the GDOC Hotline (7732) can be accessed as evidenced by the numerous instances of that number painted on housing unit, etc., walls and referenced as the reporting source in at least two of the eight randomly reviewed sexual abuse/harassment investigations, the same has been changed to mailing the report to the Office of Victim Services State Board of Pardons and Paroles. The GDOC Hotline is a viable 115.51(a) reporting source and the Office of Victim Services State Board of Pardons and Paroles is a viable 115.51(b) reporting source.

Notification to the inmate population has been accomplished pursuant to memorandum posters although the memorandum was missing in some housing pods throughout the facility. The inmate handbook updates identified in the narrative for 115.51(a) further solidify inmate education for incoming inmates.

Given the absence of the aforementioned poster in some housing pods throughout the facility, the auditor finds the need to ensure a more permanent solution regarding dissemination of the above information in all pods. Accordingly, the auditor finds CCF non-compliant with 115.51(b) and a 180-day corrective action period is imposed wherein the PCM will ensure compliance with and institutionalization of these provision requirements. The corrective action due date is May 27, 2024.

To demonstrate compliance with and institutionalization of 115.51(b) requirements, the PCM will develop a plan to ensure that the memorandum poster is hung in a more permanent manner. Specifically, laminating the memorandum and placing the same in a secure frame may be a way of guarding against destruction. Subsequent to development of the plan to ensure this poster is consistently visible in all housing pods, etc., the PCM will upload photographs of the postings (various facility areas) in OAS for the auditor's review.

April 23, 2024 Update:

The auditor has learned that the aforementioned poster has been laminated and

placed behind a plexiglass casing outside the control center in each housing unit. The paper memorandum posters are still posted on bulletin boards in each pod and the unit managers check to ensure the same are displayed on a daily basis as part of their rounds. The same follow-up is employed with respect to the bulletin board encased by plexiglass outside each unit control center.

In view of the above corrective action completion, the auditor now finds CCF substantially compliant with 115.51(b).

115.51(c)

Pursuant to the PAQ, the Warden 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 Warden further self reports staff are required to immediately document verbal reports of sexual abuse/harassment received from inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(b) addresses 115.51(c) in totality.

Nine of 12 random staff interviewees state when an inmate alleges sexual abuse or sexual harassment, he/she can do so verbally, in writing, anonymously, and from third parties. Eight of the nine random staff interviewees state they immediately document verbal reports of sexual abuse and sexual harassment.

Fourteen of 24 random inmate interviewees state they can make reports of sexual abuse or sexual harassment both in person or in writing. Four of 24 random inmate interviewees state they can make reports of sexual abuse or sexual harassment verbally, only.

In view of the above, the auditor finds CCF substantially compliant with 115.51(c).

115.51(d)

Pursuant to the PAQ, the Warden self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The Warden further asserts that staff private reporting methods include, but are not limited to, the following:

In-person reports to their supervisor, via email;

Ethics Line reports; and

Note(s) to their supervisor.

Staff are informed of these procedures by virtue of Ethics Line poster(s), in service training, and town hall meetings.

	<p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section K(2)(h) addresses 115.51(d).</p> <p>All 12 random staff interviewees assert staff can privately report sexual abuse and sexual harassment by any of the following methods:</p> <p>Submission of a written report to the Warden/PCM/ADO/supervisory staff; Closed door verbal report(s) to the same staff; Call Ethics Hotline; Call "7732" Hotline; Email; and Contact supervisor via telephone.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.51(d).</p> <p>With corrective action complete regarding the 115.51(b) finding and the evidence cited throughout the 115.51 narrative, the auditor now finds CCF substantially compliant with 115.51.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.52(a-g)</p> <p>Pursuant to the PAQ, the Warden self reports the agency does have an administrative procedure for dealing with inmate grievances regarding sexual abuse. However, as reflected in the following policy citation, there is no policy but rather, a practice in terms of processing sexual abuse reports.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(1)(e)(i and ii) addresses 115.52. All sexual abuse/harassment issues submitted as a grievance are immediately forwarded to the facility investigator or ado for investigation pursuant to this policy. GDOC Standard Operating Procedure (SOP) 227.02 entitled Statewide Grievance Procedure, page 5, section i indicates that sexual abuse and sexual harassment shall be forwarded to the institutional SART and processed according to GDOC SOP 208.06 entitled Prison Rape Elimination Act:</p>

	<p>Sexually Abusive Behavior Prevention and Intervention Program.</p> <p>Clearly, sexual abuse/harassment matters are managed pursuant to the facilitation of an investigation as defined throughout these standards. Accordingly, the auditor finds that CCF is exempt from 115.52(a-g). The aforementioned GDOC SOPs validate this process.</p> <p>In view of the above, the auditor finds CCF substantially compliant with the intent of 115.52.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.53(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by:</p> <ul style="list-style-type: none"> Giving inmates mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for local, state, or national advocacy or rape crisis organizations; Giving inmates mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; and Enabling reasonable communication between inmates and these organizations in as confidential manner as possible. <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 8 and 9, sections F(3, 4, and 6) addresses 115.53(a). Pursuant to controlling policy, 115.53(a) services are available through SART, LLC.</p> <p>SART, LLC provides SAFE/SANE Services on-site at CCF. Satilla Advocacy Services provides confidential emotional support through a hotline as required by 115.53 (a). It is recognized that Satilla Advocacy Services is not a reporting source and accordingly, as articulated in the narrative for 115.33(a), the inmate handbook has been amended to remove such verbiage. The amendment was effected during the post-audit phase.</p>

December 15, 2023 Update:

The auditor's review of the amended CCF Inmate Handbook reveals that the address and telephone number for Satilla Advocacy Services is now reflected in the handbook under the heading of emotional support services. There is no mention of the same being a sexual abuse/harassment reporting source. To ensure confidentiality, the inmate accesses the Satilla Hotline pursuant to use of staff telephones.

The auditor's review of the memorandum poster mentioned in the narrative for 115.53(a) clearly reflects the name, address, and telephone number for Satilla Advocacy Services. The same clearly reflects that Satilla Advocacy Services is an emotional support victim advocacy service. Direction is also provided as to how to facilitate a call to Satilla and the same is not monitored or recorded as the call is placed on staff telephones. Generally, 115.53 contacts with Satilla Advocacy Services are accomplished post incident.

On October 19, 2023, the auditor tested the telephone number reflected within the aforementioned poster to test the Satilla Advocacy Services line. The test was considered successful as the auditor conversed with a Satilla employee. The auditor was advised that they would contact the Warden regarding the contact if the inmate desired. The telephone call was made from a staff telephone.

Given completion of the inmate handbook amendment as mentioned above, the auditor now finds CCF somewhat compliant with 115.53(a) requirements and corrective action. However, the auditor notes that given the absence of the aforementioned Satilla informational poster in some housing pods throughout the facility, the auditor finds the need to ensure a more permanent solution to ensure information is available in all pods. Accordingly, the auditor finds CCF non-compliant with 115.53(a) and accordingly, a 180-day corrective action period is imposed wherein the PCM will ensure compliance with and institutionalization of 115.53 (a) requirements. The corrective action due date is May 27, 2024.

To demonstrate compliance with and institutionalization of 115.53(a) requirements, the PCM will develop a plan to ensure that the poster is hung in a more permanent manner. Specifically, laminating the memorandum and placing the same in a secure frame (as recommended in the narrative for 115.51) may be a way of guarding against destruction. Subsequent to development of the plan to ensure this poster is consistently visible in all housing pods, etc., the PCM will upload photographs of the postings (in various facility areas) in OAS for the auditor's review.

April 23, 2024 Update:

The auditor has learned that the aforementioned poster has been laminated and placed behind a plexiglass casing outside the control center in each housing unit.

The paper memorandum posters are still posted on bulletin boards in each pod and the unit managers check to ensure the same are displayed on a daily basis as part of their rounds. The same follow-up is employed with respect to the bulletin board

encased by plexiglass outside each unit control center.

In view of the above corrective action completion, the auditor now finds CCF substantially compliant with 115.53(a).

The three inmates who reported sexual abuse incidents at CCF state the facility does not provide information (addresses and telephone numbers) regarding community provider(s) who provide victim advocacy services to assist victims with sexual abuse trauma. Therefore, they could not address the name(s) of such services, when they can call them or contact them, and whether telephone calls are free of charge.

With the CCF Inmate Handbook amendment and successful posting of Satilla Advocacy Services telephone number(s) and address(es), all inmates will have sufficient access to relevant information.

In view of completion of the above 115.53(a) corrective action, the auditor now finds CCF substantially compliant with 115.53(a).

115.53(b)

Pursuant to the PAQ, the Warden self reports the facility informs inmates, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The Warden further self reports the facility informs inmates, 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 entitled Sexual Abuse Prevention and Response, page 9, section F(5)(a and b) addresses 115.53(b).

The auditor's review of the CC tri-fold brochure entitled Prevent. Detect. Respond., section entitled Confidentiality, addresses 115.53(b). Each offender receives a copy of the same at intake.

The auditor notes that all offenders have the opportunity to be aware of 115.53(b) entitlements, as reflected above.

In view of the above, the auditor finds CCF substantially compliant with 115.53(b).

115.53(c)

Pursuant to the PAQ, the Warden self reports the facility maintains a Memorandum of Understanding (MOU) or other agreement with community service providers that are able to provide inmates with emotional support services related to sexual abuse. The

	<p>Warden further self reports the facility maintains a copy of the agreement.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section F(1 and 2) addresses 115.53(c).</p> <p>Pursuant to interview with the Director of Satilla Advocacy Services, the auditor finds that very few telephone calls are received from inmates confined at CCF. When calls are received, some do not pertain to a sexual abuse matter but rather, other conditions of confinement issues.</p> <p>The auditor's review of an MOU between CC and Satilla Advocacy Services reveals the same does address provision of emotional support services related to post sexual abuse incidents. Accordingly, the auditor finds CCF compliant with 115.53(c).</p> <p>In view of the completion of 115.53(a) corrective action and the evidence cited throughout the 115.53 narrative, the auditor now finds CCF substantially compliant with 115.53.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.54(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. The Warden further self reports the same can be accomplished through submission of a letter to the facility or Facility Support Center (FSC), Ethics Line advertised on the public website, and telephone calls to staff/Warden/FSC.</p> <p>Pursuant to the auditor's review of the CC website, any inmate or third-party reporter of sexual abuse/sexual harassment may report anonymously to the Warden (via letter or telephone). The facility address, telephone number, and name of the Warden are clearly documented on the website. Reports can also be reported on-line to the CC Ethics Division. The Warden further self reports the agency or facility distributes information to inmates regarding methods to report inmate sexual abuse or sexual harassment.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 18, section 2(h) addresses 115.54(a). This policy stipulates CC employees, contractors, volunteers, and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CC 24-hour Ethics Line at 1-800-461-9330 or through www.CoreCivic.ethicspoint.com.</p>

	<p>The auditor's review of the CC website reveals option(s) for third-party reporting. Additionally, an Ethics Line poster is hung in the visiting room (on the podium) for public consumption regarding incident reporting. The poster is written in concise, understandable terms and the same is not obscured.</p> <p>On January 9, 2024 at 9:34AM, the auditor did test the CC Ethics Line by telephonic report. The auditor received email verification that the test report was forwarded to CCF staff at 9:48AM on the same date. The auditor finds that the process is "user-friendly."</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.54(a).</p> <p>Accordingly, the auditor finds CCF substantially compliant with 115.54.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.61(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency requires all staff to report immediately and according to agency policy:</p> <p>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;</p> <p>Any retaliation against inmates or staff who reported such an incident;</p> <p>Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(a) addresses 115.61(a). CC PCN 14-2(03) entitled Sexual Abuse Prevention and Response, page 2, section Change To: K(2)(a) expounds upon CC Policy 14-2.</p> <p>The auditor's review of eight alleged sexual abuse/harassment investigations that occurred during the last 12 months reveals substantial compliance with 115.61(a). Investigations commenced in close proximity following report of the alleged sexual abuse or sexual harassment incident.</p> <p>All 12 random staff interviewees assert agency policy requires:</p> <p>All staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility;</p> <p>Retaliation against inmates or staff who reported such an incident; and</p>

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Minimally, eight interviewees state these issues must be reported immediately to their supervisor, shift commander, the PCM, or an AW while one additional interviewee states such reporting must be accomplished within 24 hours to his/her supervisor. These nine interviewees were aware that such reports also include supervisors and executive staff.

Three interviewees were not questioned as to how soon they report and to whom, however, they were aware of the need to report the above issues. The auditor did admonish the one interviewee who stated that reporting must be accomplished within 24 hours that such reports must be accomplished immediately.

In view of the above, the auditor finds CCF substantially compliant with 115.61(a).

115.61(b)

Pursuant to the PAQ, the Warden self reports that apart from reporting to designated supervisors or officials and designated 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 entitled Sexual Abuse Prevention and Response, page 18, section K(2)(e) addresses 115.61(b).

Staff reporting obligations are addressed in the narrative for 115.61(a).

In view of the above, the auditor finds CCF substantially compliant with 115.61(b).

115.61(c)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section K(2)(f) addresses 115.61(c).

According to the medical (Med) and mental health (MH) interviewees, disclosure of confidentiality limitations and duty to report is provided to inmates prior to initiation of services. The Med interviewee states that Informed Consent is addressed with the inmate prior to administration of treatment and the same is documented in the notes. The MH interviewee states that the same is provided every time she provides services and the inmate signs for the Informed Consent on each occasion.

Pursuant to review of the sexual abuse investigation (2023-2501-266) packet, the auditor finds that an executed document entitled GDOC Mental Health Services Consent to Mental Health Evaluation Following Allegation of Suspected Sexual Abuse, Contact, or Harassment dated July 7, 2023 addresses the parameters of 115.61(c). Clearly, the parameters of confidentiality are addressed in this document.

Reporting any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the same, is policy driven. The Med and MH interviewees report such incidents to the health services administrator (HSA) or AW.

Both interviewees state they have not become aware of an incident during the last 12 months at CCF.

In view of the above, the auditor finds CCF substantially compliant with 115.61(c).

115.61(d)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, section M(11)(f) addresses 115.61(d).

The Warden asserts no inmates under the age of 18 are currently housed at CCF. GDOC officials would make appropriate contact(s) with local or state service agencies with respect to sexual abuse of any vulnerable adult(s).

According to the CCPC, state law dictates reporting requirements and as such, in most states, notification to law enforcement and the partner agency triggers notification to other affected agencies.

Absent any evidence to the contrary, the auditor finds CCF substantially compliant with 115.61(d).

115.61(e)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section M(11)(a-c) addresses 115.61(e).

The Warden asserts that he alerts the investigator or alternate regarding all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. Either the Warden or the ADO receives the initial report.

The auditor's review of investigations reveals that the investigator is immediately included in the loop whenever sexual abuse/harassment allegations are reported.

In view of the above, the auditor finds CCF substantially compliant with 115.61(e).

Accordingly, the auditor finds CCF substantially compliant with 115.61.

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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.62(a)</p> <p>Pursuant to the PAQ, the Warden self reports when the agency or facility learns an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Warden further self reports in the last 12 months, zero instances occurred wherein the facility determined an inmate was at substantial risk of imminent sexual abuse.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section M(1) addresses 115.62(a).</p> <p>The Agency Head interviewee asserts immediate removal of the potential victim from the area 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 would be placed in segregated housing status. The contractual requirements of the partner will dictate the ability to transfer the potential perpetrator. Minimally, we would work with on-site contract monitor(s) to make the best decision under the circumstances.</p> <p>The Warden asserts the potential victim is removed from the danger zone and moved to a safe location until alternative housing can be arranged. SART assesses the threat level and the matter is simultaneously investigated. The potential victim may be placed in another housing area within the facility or he could work with the respective customer jurisdiction to relocate the potential victim if circumstances dictated the same. If movement of the perpetrator is warranted, coordination with the customer, based on the contract, would be an option.</p> <p>All 12 random staff interviewees assert the potential victim would be immediately removed from the danger zone when it is learned he is in imminent danger of sexual abuse.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.62.</p>

115.63	Reporting to other confinement facilities
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Auditor Overall Determination: Meets Standard

Auditor Discussion

115.63(a)

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that, upon receiving an allegation an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Warden further self reports in the last 12 months, zero allegations of sexual abuse were received at CCF where an inmate was abused while confined at another facility. However, the auditor's review of sexual victimization/aggressor screening forms reveals that during the last 12 months, two inmates reported sexual abuse while confined at other institutions.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 23, section 17(a)(i) addresses 115.63(a).

The auditor's review of sexual abuse/harassment screening forms uploaded into OAS reveals that two inmates reported sexual abuse at previous facilities. The auditor has not been provided any evidence substantiating 115.63(a-c) compliance with respect to these two inmates. Specifically, timely letters from the CCF Warden to the Warden, Superintendent, or CEO of the facility at which the alleged incident occurred have not been provided. Accordingly, the auditor finds CCF non-compliant with 115.63(a-c) and he imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.63 requirements. The corrective action due date is May 27, 2024.

To demonstrate compliance with and institutionalization of 115.63(a-c) requirements, the PCM will provide training to stakeholders who facilitate victimization/abusiveness screenings regarding the nuances of 115.63. Specifically, all screeners must identify any instances in which the inmate interviewee states he was sexually abused while housed at another facility (e.g. county, state, federal, juvenile), ensuring that specifics of the alleged abuse include the name of the facility and abusers, if known. The PCM will develop a protocol as to how the information is funneled to him and who is responsible for preparation of the letter from the Warden to the Warden/Director, etc. at the facility wherein the alleged sexual abuse occurred.

The PCM will upload a copy of the training plan, inclusive of the protocol, into OAS. Additionally, the PCM will upload a copy of documentation validating stakeholder attendance at and completion of the training.

The PCM will ensure that all future such written notifications are signed, dated, and mailed by the Warden within 72 hours of notification by the inmate. Between the date of the interim PREA report and May 27, 2024, the PCM will upload any 115.63 allegations received, the sexual victimization/aggressor screening reflective of the report and/or other documentation regarding the allegation, and notification letters generated under the Warden's signature. The auditor will subsequently review the

same and make a determination regarding compliance and institutionalization.

In view of the above, the auditor finds CCF non-compliant with 115.63(a).

June 25, 2024 Update:

The auditor's review of a training syllabus regarding the nuances of 115.63(a-c) and a Form 14-2A training roster bearing the Warden's printed name, date of training (May 31, 2024), signature, name of the training, and name of the trainer reveals substantial compliance with the corrective action identified above. The training syllabus is comprehensive inclusive of the standard in focus (115.63) and specific CC expectations.

In addition to the above, the auditor's review of one timely referral email from the CCF Warden to a Warden at a GDOC facility regarding incident that reportedly occurred in that facility reveals substantial compliance with 115.63(a-c). The email includes an investigative email generated by the CCF investigator, addressing the specifics of the allegation. Reportedly, this is the only example of such a report between May, 2024 and the date of this entry.

The aforementioned documents are uploaded into OAS.

Accordingly, the auditor finds that CCF is now substantially compliant with 115.63(a-c).

115.63(b)

Pursuant to the PAQ, the Warden 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 entitled Sexual Abuse Prevention and Response, pages 23, section 17(a)(i) addresses 115.63(b).

Based on the narrative articulated in 115.63(a), the auditor finds CCF non-compliant with 115.63(b) and corrective action/corrective action due date is likewise applicable to 115.63(b).

June 25, 2024 Update:

The auditor's review of a training syllabus regarding the nuances of 115.63(a-c) and a Form 14-2A training roster bearing the Warden's printed name, date of training (May 31, 2024), signature, name of the training, and name of the trainer reveals substantial compliance with the corrective action identified above. The training syllabus is comprehensive inclusive of the standard in focus (115.63) and specific CC

expectations.

In addition to the above, the auditor's review of one timely referral email from the CCF Warden to a Warden at a GDOC facility regarding incident that reportedly occurred in that facility reveals substantial compliance with 115.63(a-c). The email includes an investigative email generated by the CCF investigator, addressing the specifics of the allegation. Reportedly, this is the only example of such a report between May, 2024 and the date of this entry.

The aforementioned documents are uploaded into OAS.

Accordingly, the auditor finds that CCF is now substantially compliant with 115.63(a-c).

115.63(c)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 23, section 17(a)(iii) addresses 115.63(c).

Based on the narrative articulated in 115.63(a), the auditor finds CCF non-compliant with 115.63(c) and corrective action/corrective action due date is likewise applicable to 115.63(c).

June 25, 2024 Update:

The auditor's review of a training syllabus regarding the nuances of 115.63(a-c) and a Form 14-2A training roster bearing the Warden's printed name, date of training (May 31, 2024), signature, name of the training, and name of the trainer reveals substantial compliance with the corrective action identified above. The training syllabus is comprehensive inclusive of the standard in focus (115.63) and specific CC expectations.

In addition to the above, the auditor's review of one timely referral email from the CCF Warden to a Warden at a GDOC facility regarding incident that reportedly occurred in that facility reveals substantial compliance with 115.63(a-c). The email includes an investigative email generated by the CCF investigator, addressing the specifics of the allegation. Reportedly, this is the only example of such a report between May, 2024 and the date of this entry.

The aforementioned documents are uploaded into OAS.

Accordingly, the auditor finds that CCF is now substantially compliant with 115.63(a-c).

	<p>115.63(d)</p> <p>Pursuant to the PAQ, the Warden self reports CCF requires that allegations received from other facilities/agencies regarding sexual abuse incidents which originated at CCF are investigated in accordance with PREA standards. The Warden further self reports in the last 12 months, zero allegations of sexual abuse were received from other facilities regarding incidents alleged to have originated at CCF.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 23, section 17(b)(i-iii) addresses 115.63(d).</p> <p>The Agency Head interviewee asserts that if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within a CC facility, the Warden is generally the administrator who receives the call or notification letter. Any other staff who might receive such a report are well aware that the information must then be forwarded to the Warden for appropriate action. The report is then added into the incident reporting system and PREA protocols are initiated.</p> <p>The Warden asserts a full investigation is initiated by the facility investigator in such scenarios. The Warden further asserts that zero such reports were received at CCF during the last 12 months. Accordingly, the auditor finds CCF substantially compliant with 115.63(d).</p> <p>In view of the corrective action findings articulated above regarding 115.63(a-c) and the evidence cited in the 115.63(d) narrative, the auditor now finds CCF substantially compliant with 115.63.</p>
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.64(a)</p> <p>Pursuant to the PAQ, the Warden self reports that the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report:</p> <p>Separates the alleged victim and abuser; Preserves and protects any crime scene until appropriate steps can be taken to collect any physical evidence;</p>

If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report requests 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, the first security staff member to respond to the report will 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.

The Warden further self reports that in the last 12 months, nine allegations of inmate sexual abuse have been reported. Of these allegations of sexual abuse reported during the last 12 months, the first security staff member to respond to the report separated the alleged victim and abuser on each occasion. The first security staff member to respond to the report secured the crime scene on two occasions. Staff were notified within a time period that still allowed for the collection of physical evidence on two occasions and accordingly, staff requested that the victim not destroy physical evidence and ensured that the perpetrator did not destroy physical evidence.

The auditor's review of six of the aforementioned sexual abuse investigations completed during the last 12 months reveals that the victim and perpetrator were separated in all six cases. The same is validated pursuant to review of ancillary documentation, as well as, the corresponding Sexual Abuse Incident Reviews (SAIRs).

With respect to the auditor's review of the 2023-2501-266 investigative packet, the auditor notes that the CC Sexual Abuse Check Sheet dated July 7, 2023 (captures various events and elements associated with the sexual abuse resolution protocol) clearly reflects completion of the 115.64(a) action steps. Completion dates and times are noted on the form.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 19 and 20, sections M(2)(a-d), (5), and (6) address 115.64(a).

The non-security first responder interviewee properly cited all four 115.64(a) requirements and responsibilities however, the security first responder interviewee cited only separation of the victim and perpetrator and securing the crime scene as first responder duties. All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable evidence (first responder duties). Eight of 12 random staff interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted all interviewees were in possession of a CC card bearing the instructions as required by Standard 115.64(a).

One inmate who reported a sexual abuse incident at CCF interviewee states that he was not interviewed regarding his sexual abuse allegation until one month following

his report of the same. The auditor's review of the relevant investigation reveals the the victim was interviewed within a few weeks of the actual incident while other leads were reviewed.

With respect to the other two interviewees, neither expresses any abnormalities in terms of the investigative process. Both victims were interviewed by the investigator.

In view of the above, the auditor finds CCF substantially compliant with 115.64(a).

115.64(b)

Pursuant to the PAQ, the Warden self reports agency policy requires that if the first responder is not a security staff member, the first responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The Warden further self reports that, of the allegations made that an inmate was sexually abused within the last 12 months, three non-security staff members were the first responders. In all three incidents, the responding staff member requested that the victim not destroy physical evidence and subsequently notified security staff of the same.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section M(3) addresses 115.64(b).

Of note, all CCF staff receive the same 1st responder training and accordingly, all staff are trained as security staff 1st responders.

In view of the above, the auditor finds CCF substantially compliant with 115.64(b).

Accordingly, the auditor finds CCF substantially compliant with 115.64.

115.65 Coordinated response	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.65(a) Pursuant to the PAQ, the Warden self reports the facility has developed a written

	<p>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.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 18-27, sections L through S addresses 115.65(a).</p> <p>The auditor's review of the CCF PREA Coordinated Response Plan, as scripted in the above policy and unique to CCF, reveals a detailed and understandable document available to all staff. Additionally, the auditor's review of the accompanying Sexual Abuse Incident Check Sheet reveals a chronological aid the designated stakeholder completes to memorialize events and actions that were taken in response to the allegation(s)/incident(s).</p> <p>The Warden asserts the facility has 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 Warden further asserts CC Policy 14-2 captures specific coordinated response procedures unique to CCF.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.65.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.66(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>The Agency Head interviewee advises that CC, as an agency, has entered into and/or renewed collective bargaining agreements since August 20, 2012. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any inmate pending an investigation or disciplinary action.</p> <p>As the auditor finds no deviation from standard, he finds CCF substantially compliant with 115.66.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.67(a)

Pursuant to the PAQ, the Warden self reports the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. It appears that the mental health coordinator (MH Coord.) monitors both inmates and staff victims or potential victims of sexual abuse, retaliation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section M(16)(b)(ii) addresses 115.67(a).

In view of the above, the auditor finds CCF substantially compliant with 115.67(a).

115.67(b)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section M(16)(b)(ii) addresses 115.67(b).

According to the Agency Head interviewee, for both inmates and staff who have reported allegations of sexual abuse, monitoring is provided for a 30/60/90 day period (longer, if needed) to protect against retaliation by inmates or staff. These reviews are documented on a policy attachment. The review takes into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with inmates and shift changes, etc. for staff. These reviews also occur for victims of sexual harassment/sexual abuse. Policies and practices prohibit retaliation for any reason and this premise is included in staff training. Any violations are acted upon accordingly.

The retaliation monitoring interviewee states that she is aware, by virtue of her role in sexual abuse incidents, of the victims of sexual abuse and accordingly, she reaches out to them, advising of the retaliation monitoring process. She closely monitors staff and inmate actions to determine the likelihood of retaliation. She is assigned to monitor both staff and inmate victims of sexual abuse and retaliation.

The retaliation monitor interviewee states that she ensures the perpetrator, if known, is housed in RHU. If prudent, she facilitates movement of the victim to another housing situation. She recommends that staff and/or inmates are offered emotional support via the Employee Assistance Program (EAP-staff) or increased mental health services for inmates. Dependent upon the circumstances in terms of safety, she may request transfer of the victim.

The PCM or medical staff generally alert her to incidents and the need to commence retaliation monitoring. As previously mentioned, she reaches out to the victim and facilitates numerous follow-up contacts to ensure the well being of the victim.

With respect to staff, shift/assignment changes, as well as, transfer to another CC facility may be acceptable strategies to circumvent retaliation. The auditor notes that the Warden concurs with the above strategies and he did not wish to add any additional strategies.

Retaliation monitoring meetings are facilitated at least for 30 days. She may meet with victims of sexual abuse or retaliation weekly if need be. The interviewee was not aware of documentation requirements on the 14-2D form however, she did state that she would document the substance of such meetings in the inmate's notes.

As previously mentioned in the narrative for 115.43, zero inmates were housed in segregated housing for risk of sexual victimization or who allege to have suffered sexual abuse. Two of the three inmate interviewees who reported a sexual abuse incident at CCF state that they did not participate in any retaliation monitoring meetings.

In one case, the investigation was determined to be unfounded while the other case was determined to be unsubstantiated. Pursuant to the auditor's review of the investigative file regarding the unsubstantiated matter, there is no documentary evidence of retaliation monitoring. The same coincides with the statement of the retaliation monitor interviewee.

In view of the above, the auditor finds CCF non-compliant with 115.67(b) and (c) and accordingly, he imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.67(b) and (c) requirements. The corrective action due date is May 27, 2024.

To demonstrate compliance with and institutionalization of 115.67(b) and (c) requirements, the PCM will provide training to the retaliation monitor regarding the nuances of these provisions. Specifically, documentation of the 30/60/90 day formal retaliation monitoring meetings and periodic status checks on the 14-2D form will be addressed, as well as, descriptive assessment of warning signs/behavioral changes indicative of retaliation will be included in this training. A copy of the lesson plan, as well as, evidence that the stakeholder completed the training will be uploaded into OAS.

In addition to the above, the PCM will upload any sexual abuse investigations completed between the dates of this interim audit report and May 27, 2024, inclusive of retaliation monitoring reports (Form 14-2D) and any ancillary documentation. The auditor will review the same and make a determination regarding compliance and institutionalization subsequent to the above.

May 3, 2024 Update:

The auditor has been advised that the previous CCF retaliation monitor is no longer employed at CCF and accordingly, a new inmate and staff retaliation monitor have been selected. Specifically, a case manager has been selected as the inmate

retaliation monitor and an assistant warden has been selected as the staff retaliation monitor.

Pursuant to a Form 4-2A dated May 2, 2024 bearing the name of a specialized training course entitled Retaliation Monitoring, these individuals printed and signed their name, attesting to completion of the training. The assistant chief of security provided the training to these staff.

The auditor's review of the lesson plan (uploaded into OAS) reveals affected staff received sufficient training and accordingly, CCF is substantially compliant with this portion of the prescribed corrective action. The same pertains to 115.67(b) and (c).

July 4, 2024 Update:

The auditor's review of six sexual abuse investigations conducted between the date of the interim report and this date reveals three cases were determined to be unfounded and two cases are currently being investigated by GDOC investigators. An email dated July 3, 2024 reveals that the Sexual Assault Kits in both cases are pending resolution by the GDI Division of Forensic Services prior to conclusion of the investigation.

With respect to the latter two cases, the incidents occurred on February 20, 2024 and May 30, 2024 respectively. While the retaliation monitor at the time did not transpose her findings onto the Form 14-2D, she did summarize her February 20, 2024, March 6, 2024, and March 12, 2024 findings in Comprehensive and Incident Mental Health Evaluations. The same pertain to the February 20, 2024 incident. With respect to the second matter wherein the incident occurred on May 30, 2024, the victim was transferred to another facility on June 4, 2024. One Retaliation Monitoring Meeting was recorded on the 14-2D dated May 31, 2024.

The auditor notes that the retaliation monitor at the time of the February 20, 2024 incident had not been trained regarding her retaliation monitoring duties when the incident occurred. The auditor also notes that no further entries have been provided in follow-up to that incident, irrespective of the same being investigated by GDOC.

With respect to the last case wherein the incident occurred on June 13, 2024, a 14-2D entry dated June 14, 2024 reveals that retaliation monitoring commenced on the same date. The retaliation monitor received requisite corrective action training on May 2, 2024 and accordingly, the auditor finds substantial compliance with 115.67(b, c, and d).

Given the appropriate retaliation monitoring evidence in two of three applicable cases since the date of the interim report and the circumstances noted above, the auditor finds CCF substantially compliant with 115.67 corrective action. Accordingly, the auditor now finds CCF substantially compliant with 115.67(b, c, and d).

115.67(c)

Pursuant to the PAQ, the Warden self reports the facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The Warden further self reports the facility monitors the conduct or treatment for 90 days or more, if necessary.

As reflected above, the facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Reportedly, there were zero times an incident of retaliation occurred in the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 22 and 23, section M(16)(b)(i, ii, iv, v, vi, and vii) addresses 115.67(c).

The auditor notes that he has been provided no evidence substantiating documentation of retaliation monitoring meetings or periodic status checks with respect to the three applicable sexual abuse investigations (not unfounded) he reviewed pursuant to evidentiary review. Accordingly, he finds CCF non-compliant with 115.67(c) and imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.67(c) requirements.

Specific corrective action and the corrective action due date are clearly articulated in the narrative for 115.67(b).

In regard to inmate victims of retaliation, sharing of the actual retaliation threat with the retaliation monitor, changes in interactions with staff and other inmates, isolation, insomnia, increased accrual of disciplinary charges, decompensated hygiene, increased sick calls, failure or refusal to program or work, and decreased appetite may be key indicators of retaliation. Additionally, an increase in call-offs, tardiness, decreased productivity, increase in shift and post reassignment requests, increased accrual of misconduct reports, and lack of interaction with other or specific staff/inmates may be key indicators to monitor with staff. The Warden essentially corroborates the statement of the retaliation monitor interviewee with respect to the above.

The interviewee also asserts retaliation monitoring is facilitated for a minimum of 30 days with check-ins. Retaliation monitoring may continue until the inmate departs the facility, if necessary. The auditor did advise that retaliation monitoring must continue for a minimum of 90 days.

May 3, 2024 Update:

The auditor has been advised that the previous CCF retaliation monitor is no longer employed at CCF and accordingly, a new inmate and staff retaliation monitor have been selected. Specifically, a case manager has been selected as the inmate retaliation monitor and an assistant warden has been selected as the staff retaliation monitor.

Pursuant to a Form 4-2A dated May 2, 2024 bearing the name of a specialized training course entitled Retaliation Monitoring, these individuals printed and signed their name, attesting to completion of the training. The assistant chief of security provided the training to these staff.

The auditor's review of the lesson plan (uploaded into OAS) reveals affected staff received sufficient training and accordingly, CCF is substantially compliant with this portion of the prescribed corrective action. The same pertains to 115.67(b) and (c).

July 4, 2024 Update:

The auditor's review of six sexual abuse investigations conducted between the date of the interim report and this date reveals three cases were determined to be unfounded and two cases are currently being investigated by GDOC investigators. An email dated July 3, 2024 reveals that the Sexual Assault Kits in both cases are pending resolution by the GDI Division of Forensic Services prior to conclusion of the criminal investigation.

With respect to the latter two cases, the incidents occurred on February 20, 2024 and May 30, 2024 respectively. While the retaliation monitor at the time did not transpose her findings onto the Form 14-2D, she did summarize her February 20, 2024, March 6, 2024, and March 12, 2024 findings in Comprehensive and Incident Mental Health Evaluations. The same pertain to the February 20, 2024 incident. With respect to the second matter wherein the incident occurred on May 30, 2024, the victim was transferred to another facility on June 4, 2024. One Retaliation Monitoring Meeting was recorded on the 14-2D dated May 31, 2024.

The auditor notes that the retaliation monitor at the time of the February 20, 2024 incident had not been trained regarding her retaliation monitoring duties when the incident occurred. The auditor also notes that no further entries have been provided in follow-up to that incident irrespective of the same being investigated by GDOC.

With respect to the last case wherein the incident occurred on June 13, 2024, a 14-2D entry dated June 14, 2024 reveals that retaliation monitoring commenced on the same date. The retaliation monitor received requisite correct action training on May 2, 2024 and accordingly, the auditor now finds substantial compliance with 115.67(b, c, and d).

Given the appropriate retaliation monitoring evidence in two of three applicable cases since the date of the interim report and the circumstances noted above, the auditor finds CCF substantially compliant with 115.67 corrective action. Accordingly, the auditor finds CCF substantially compliant with 115.67(b, c, and d).

115.67(d)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section

M(16)(b)(ii and iv) addresses 115.67(d).

As previously mentioned, the PCM will address completion of and documentation of periodic status checks during corrective action training with the retaliation monitor. At this point, CCF is non-compliant with 115.67(d) and corrective action/the corrective action due date are clearly noted in the narrative for 115.67(b).

May 3, 2024 Update:

The auditor has been advised that the previous CCF retaliation monitor is no longer employed at CCF and accordingly, a new inmate and staff retaliation monitor have been selected. Specifically, a case manager has been selected as the inmate retaliation monitor and an assistant warden has been selected as the staff retaliation monitor.

Pursuant to a Form 4-2A dated May 2, 2024 bearing the name of a specialized training course entitled Retaliation Monitoring, these individuals printed and signed their name, attesting to completion of the training. The assistant chief of security provided the training to these staff.

The auditor's review of the lesson plan (uploaded into OAS) reveals affected staff received sufficient training and accordingly, CCF is substantially compliant with this portion of the prescribed corrective action. The same pertains to 115.67(b) and (c).

July 4, 2024 Update:

The auditor's review of six sexual abuse investigations conducted between the date of the interim report and this date reveals three cases were determined to be unfounded and two cases are currently being investigated by GDOC investigators. An email dated July 3, 2024 reveals that the Sexual Assault Kits in both cases are pending resolution by the GDI Division of Forensic Services prior to conclusion of the criminal investigation.

With respect to the latter two cases, the incidents occurred on February 20, 2024 and May 30, 2024 respectively. While the retaliation monitor at the time did not transpose her findings onto the Form 14-2D, she did summarize her February 20, 2024, March 6, 2024, and March 12, 2024 findings in Comprehensive and Incident Mental Health Evaluations. The same pertain to the February 20, 2024 incident. With respect to the second matter wherein the incident occurred on May 30, 2024, the victim was transferred to another facility on June 4, 2024. One Retaliation Monitoring Meeting was recorded on the 14-2D dated May 31, 2024.

The auditor notes that the retaliation monitor at the time of the February 20, 2024 incident had not been trained regarding her retaliation monitoring duties when the incident occurred. The auditor also notes that no further entries have been provided in follow-up to that incident irrespective of the same being investigated by GDOC.

	<p>With respect to the last case wherein the incident occurred on June 13, 2024, a 14-2D entry dated June 14, 2024 reveals that retaliation monitoring commenced on the same date. The retaliation monitor received requisite correct action training on May 2, 2024 and accordingly, the auditor now finds substantial compliance with 115.67(b, c, and d).</p> <p>Given the appropriate retaliation monitoring evidence in two of three applicable cases since the date of the interim report and the circumstances noted above, the auditor finds CCF substantially compliant with 115.67 corrective action. Accordingly, the auditor now finds CCF substantially compliant with 115.67(b, c, and d).</p> <p>115.67(e)</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 23, section M(16)(b)(x) addresses 115.67(e).</p> <p>When a staff or inmate who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he or she receives the same benefits and treatment as articulated in the narratives for 115.67(b), (c), and (d) above.</p> <p>The auditor has found no evidence reflecting that another staff member or inmate, who was involved in a sexual abuse or harassment investigation, has requested or been placed under retaliation monitoring within the last 12 months.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.67(e).</p> <p>Accordingly, in view of completed corrective action noted in the narratives for 115.67(b), (c), and (d) and the evidence articulated throughout this narrative, the auditor now finds CCF substantially compliant with 115.67.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.68(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary</p>

segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Warden further self reports zero inmates alleged to have suffered sexual abuse, were held in involuntary segregated housing during the last 12 months for one to 24 hours awaiting completion of assessment. If an involuntarily segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 13 and 14, section I(8) addresses 115.68(a).

The Warden asserts that agency policy prohibits placing inmates at a high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas unless an assessment has determined there are no alternative means of separation from potential abusers. Generally, such temporary placements [following an initial finding regarding alternative placement(s)] would be limited to up to 24 hours. The Warden further asserts an inmate may request protective custody placement in segregated housing.

The staff who supervises inmates in segregated housing interviewee states that inmates would only be placed in RHU pending investigation for other matters or at their request. If inmates are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to the following:

Programs (Inmates can request library services pursuant to a Library Request Form); Privileges (Telephone, recreation, and commissary are available to inmates); Education (inmates can request access to educational materials); and Work opportunities (two porter work assignments are available to inmates on day shift and two positions are available on night shift).

If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented on the Confinement Activity Record (CAR). The opportunities that have been limited, the duration of the limitations, and the reasons for such limitations are documented on the CAR. Of note, during the facility tour, the auditor observed the CAR process and information provided on the same.

Additionally, the same is documented on the hard drive log.

The staff member who supervises inmates in RHU interviewee states that sexual abuse victims are not placed in RHU unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody. He further states that the longest placement is generally 72 hours.

Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

	<p>The staff member who supervises inmates in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed every seven days to determine whether general population return is feasible.</p> <p>The auditor finds that the 115.68(a) process is in place should the need arise and accordingly, CCF is substantially compliant with 115.68.</p>
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115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.71(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility has a policy related to criminal and administrative agency sexual abuse investigations. Specifically, criminal investigations are facilitated by GDOC Office of Professional Standards (OPS) or Georgia Department of Investigations investigators. Administrative Investigations are conducted by facility investigator(s).</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 24 and 25, section N(2) and (4) addresses 115.71(a).</p> <p>The administrative investigative staff interviewee asserts if she is on site, the sexual abuse investigation commences immediately. If a report of sexual abuse is received during non-regular business hours, she reports to the facility for all sexual abuse cases. In the event of a sexual harassment case, the shift commander assumes initial investigative and notification duties and the interviewee provides guidance regarding first responder duties. She may report to the facility contingent upon the circumstances.</p> <p>Both the administrative and criminal investigative interviewees state there is no difference in investigative protocols between an anonymously reported or third-party report of sexual abuse vs. a regular report. Every allegation is treated as a serious allegation.</p> <p>The auditor's review of eight sexual abuse/harassment investigations reveals substantial compliance with 115.71.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.71(a).</p> <p>115.71(b)</p>

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section N(5) addresses 115.71(b) with respect to the conduct of administrative investigations.

The auditor's review of the CCF PREA investigator's training records is addressed in the narrative for 115.34. The auditor's review of the lesson plan for the course(s) reveals discussions regarding techniques for interviewing sexual abuse victims, implementation of Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

According to the administrative investigative staff interviewee, she did receive training specific to conducting sexual abuse investigations in confinement settings.

Specifically, she completed a two day GDOC training and a one day CC training patterned after the on-line NIC PREA: Conducting Sexual Abuse Investigations in a Confinement Setting course. The training included scenarios, as well as, a testing component. Of note, the training did address the following:

Techniques for interviewing sexual abuse victims;

Implementation of Miranda and Garrity rights;

Sexual abuse evidence collection in confinement settings; and

The criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

The criminal investigative interviewee states he has likewise completed specialty training regarding investigation of sexual abuse in a confinement setting.

Specifically, he completed a seven day in-service training, inclusive of sexual abuse investigations in a confinement setting. Parts of the class were facilitated by GDOC PREA staff. He states that the specialty training he completed also encompassed the topics articulated in the preceding paragraph.

In view of the above, the auditor finds CCF substantially compliant with 115.71(b).

115.71(c)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(6)(a) addresses 115.71(c) in terms of gathering and preservation of evidence.

GDOC Policy 208.06 entitled PREA Sexually Abusive Behavior Prevention and Intervention Program, Page 31, section G(8)(b) also addresses 115.71(c).

The administrative investigative staff interviewee states that her investigative protocol includes the following:

Ensure first responder duties are completed (10-30 minutes);

Check the crime scene, ensuring the same is secure and commence crime log (15 minutes);

Contact GDOC staff regarding the incident and facts known at the time, requesting any direction they may have (five minutes);

Report to Medical, review allegations, and conduct a threshold interview with the

victim (30-45 minutes);
Ensure that any identified witnesses or perpetrators are secured (10-15 minutes);
Interview witnesses (15-20 minutes per witness);
Review video and logs [30 minutes to day(s)];
Review inmate files for key information related to predatory sexual behavior, history of sexual victimization, history of reporting (10 minutes per file);
Interview perpetrator if released for administrative investigation (zero to two hours);
Facilitate re-interviews, if necessary (10 minutes per interviewee); and
Write report (up to two hours).

The administrative investigative interviewee states she is responsible for review and processing of video, logs, statements, reports, and any linking facility documentation.

The criminal investigative interviewee states that the following chronology occurs with respect to the criminal investigation:

Subsequent to facility notification to GDOC regarding the alleged sexual abuse incident, an on-call special agent (SA) is assigned;

Within two to two and one-half hours, the SA responds to the facility to commence the investigation;

Either facility or GDOC staff make the call regarding the conduct of a forensic examination;

Upon arrival at the facility, first responder duties are checked and photographs are taken, where necessary;

Interview victim to identify potential witnesses and develop an investigation plan;

Review video, telephone monitoring when applicable, and staff and inmate files;

Interview witnesses;

Interview the perpetrator;

Facilitate re-interviews, if necessary;

Write the report.

The criminal investigative interviewee states that he is responsible for the collection of clothing, bedding, mail, weapons, tooth brush, , etc., as well as, any sworn statements.

In view of the above, the auditor finds CCF substantially compliant with 115.71(c).

115.71(d)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(6)(b) addresses 115.71(d) with respect to the use of compelled interviews.

According to the administrative and criminal investigative staff interviewees, GDOC Office of Professional Standards (OPS) or Georgia Department of Investigations investigators handle all prosecution liaison and compelled interviews.

In view of the above, the auditor finds CCF substantially compliant with 115.71(d).

115.71(e)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(6)(c) addresses 115.71(e) with respect to victim and witness credibility and the use of polygraph examinations or other truth telling devices. GDOC Policy 208.06 entitled PREA Sexually Abusive Behavior Prevention and Intervention Program, Page 31, section G(8)(c) addresses 115.71(e).

Both the administrative and criminal investigative staff interviewees state they assess credibility of an alleged victim, suspect, or witness by the consistency in their narrative vs. the evidence as it unfolds. Is there more evidence validating their statement(s) than not? Are there factors which make the victim more believable than not? Witnesses, victim, and perpetrators are considered believable until evidence dictates otherwise.

Both the administrative and criminal investigative staff interviewees further state they would not require an inmate who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

None of the three inmates who reported a sexual abuse at CCF interviewees state they were required to submit to a polygraph examination or truth-telling device(s) as a condition for proceeding with an investigation.

In view of the above, the auditor finds CCF substantially compliant with 115.71(e).

115.71(f)

GDOC Policy 208.06 entitled PREA Sexually Abusive Behavior Prevention and Intervention Program, Page 32, section G(12) addresses 115.71(f).

The administrative investigative staff interviewee states she checks the fact pattern, timeline, and evidence against the Code of Conduct and policy to determine if any Code of Ethics issues are existent.

In regard to report preparation, the administrative investigative staff interviewee states she does document administrative investigations in written reports. The following topics are included in the report:

Synopsis of allegations, time line, and a thumb nail sketch of fact pattern findings in chronological sequence;

Interview(s);
Indirect evidence credibility analysis; and
Conclusion(s).

The auditor notes that during the facility tour and interviews, he observed locked file cabinets in the administrative investigative staff interviewee's locked office wherein all hard copy investigations are housed. Electronic copies are retained on a server wherein only those staff with privileges can access documents. The auditor found no concerns.

The auditor's review of the aforementioned eight administrative investigations validates compliance with 115.71(f).

115.71(g)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(6)(f) addresses 115.71(g) with respect to the contents of the criminal report.

It is noted criminal investigations are facilitated by GDOC Office of Professional Standards (OPS) or Georgia Department of Investigations investigators. According to the administrative investigative interviewee, criminal investigations are documented, generally in the same manner as an administrative investigation with the exception of inclusion of a physical evidence analysis. However, she has not received copy(ies) of any criminal investigation(s).

The criminal investigative interviewee states that he uses the initial incident report from which to develop the criminal report. He writes the narrative regarding every component of the investigation and enters the same into the system. The system automatically populates all information and collates the same into a system generated report format. The information entered into the system is similar to the information used in the administrative report with the addition of a credibility assessment of physical evidence.

In view of the above, the auditor finds CCF substantially compliant with 115.71(g).

115.71(h)

Pursuant to the PAQ, the Warden self reports substantiated allegations of conduct that appear to be criminal shall be referred for prosecution by GDOC Office of Professional Standards (OPS) or Georgia Department of Investigations investigators. The Warden further self reports zero substantiated allegations of conduct that appeared to be criminal were referred for prosecution since the last PREA audit. The auditor does note that GDOC Office of Professional Standards (OPS) or Georgia Department of Investigations investigators are working a case for referral wherein the alleged inmate victim provided a false statement regarding the alleged sexual abuse incident.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(6)(e) addresses 115.71(h) with respect to referral of investigation(s) for criminal prosecution. GDOC Policy 208.06 entitled PREA Sexually Abusive Behavior Prevention and Intervention Program, Page 32, section G(10) addresses 115.71(h).

The administrative investigative interviewee states she does not refer cases for prosecution as the same falls under the purview of GDOC Office of Professional Standards (OPS) or Georgia Department of Investigations investigators. The criminal investigative interviewee validates the statement of the administrative interviewee.

In view of the above, the auditor finds CCF substantially compliant with 115.71(h).

115.71(i)

Pursuant to the PAQ, the Warden self reports the agency retains all written reports pertaining to the administrative or criminal investigation (if the criminal investigation is provided to CCF staff) of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(6)(g) addresses 115.71(i) with respect to retention of investigatory records. GDOC Policy 208.06 entitled PREA Sexually Abusive Behavior Prevention and Intervention Program, Page 32, section G(13) addresses 115.71(i).

Throughout the on-site visit, the auditor found no evidence of deviation from 115.71(i). Storage and retention of sexual abuse/harassment investigations is addressed throughout the aforementioned narratives.

In view of the above, the auditor finds CCF substantially compliant with 115.71(i).

115.71(j)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(6)(d) addresses 115.71(j). GDOC Policy 208.06 entitled PREA Sexually Abusive Behavior Prevention and Intervention Program, Page 32, section G(14) addresses 115.71(j).

Both the administrative and criminal investigative interviewee assert that when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct, the investigation continues. This is also the case when an inmate victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

The auditor has not discovered any evidence contrary to the meaning and intent of 115.71(j).

In view of the above, the auditor finds CCF substantially compliant with 115.71(j).

115.71(l)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(5) addresses 115.71(l). GDOC Policy 208.06 entitled PREA Sexually Abusive Behavior Prevention and Intervention Program, Pages 32 and 33, sections G(15) and G(16) also addresses 115.71(l).

The Warden and PCM assert that the Warden and/or administrative facility investigator remain(s) in routine contact with GDOC Office of Professional Standards (OPS) or Georgia Department of Investigations investigator(s) to obtain case updates. Such communication is accomplished by email, telephone calls, and texts. The CCPC relates that, on a global basis, it depends on the customer as to how the agency remains abreast of the progress of an investigation facilitated by an outside agency. However, generally, designated facility staff follow-up with the outside agency on a schedule determined at the local level.

The administrative investigative staff interviewee states GDOC Office of Professional Standards (OPS) or Georgia Department of Investigations investigator(s) facilitate(s) criminal investigation(s) in entirety and she provides support as a liaison/facilitator and assists with investigative organization, interviews, etc.

In view of the above, the auditor finds CCF substantially compliant with 115.71(l).

Accordingly, based on the totality of the above, the auditor finds CCF substantially compliant with 115.71.

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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.72(a)</p> <p>Pursuant to the PAQ, the Warden 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.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section N(8) addresses 115.72.</p> <p>The administrative investigative staff interviewee states the standard of proof in an administrative matter is "preponderance". Preponderance can be described as more evidence is present that the incident occurred than not. The criminal investigative interviewee states that a preponderance plus additional evidence is required for prosecution referral. He maintains close contact with the District Attorney (DA) to determine the sufficiency and applicability of the evidence for a criminal charge.</p> <p>The auditor's on-site review of eight sexual abuse/harassment investigations reveals substantial compliance with 115.72(a).</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.72.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.73(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that any inmate who makes an allegation he 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 Warden further self reports eight criminal and/or administrative</p>

investigations of alleged sexual abuse were completed by the facility during the last 12 months and eight alleged inmate victims were notified in writing upon completion of the sexual abuse investigation regarding 115.73(a) findings. The auditor's review of six sexual abuse investigations completed during the last 12 months reveals that the standard for sexual abuse was met in each case.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section R(1) addresses 115.73(a). GDOC Policy 208.06 entitled PREA Sexually Abusive Behavior Prevention and Intervention Program, Page 33, section G(17) addresses 115.73(a).

The Warden asserts the CCF investigator notifies an inmate who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. A written Notification Form is completed and issued to the affected inmate.

The administrative investigative staff interviewee states that agency procedures require that an inmate who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. She further states that she generally makes such written notification(s).

One inmate who reported a sexual abuse interviewee states that he received written notification regarding the status of his sexual abuse report while two additional interviewees state they did not receive such notification. Of note, two of these interviewees were the subject victims in two of the six sexual abuse investigations reviewed by the auditor. Evidence clearly reflects that both inmate victims received requisite written notices.

The auditor's review of the aforementioned six alleged sexual abuse investigations reveals that the requisite notification was provided to the victim in each case. The CCF administrative investigative staff issued a properly executed Offender PREA Allegation Status Notification to the alleged victims in each case.

In view of the above, the auditor finds that CCF is substantially compliant with 115.73(a).

115.73(b)

Pursuant to the PAQ, the Warden self reports that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation.

The Warden further self reports one alleged inmate sexual abuse investigation, during the last 12 months, is being completed by an outside agency. During the initial sexual abuse investigation conducted by GDOC, the inmate admitted to making a false allegation. The Warden self reports that the alleged victim was notified of the administrative investigative outcome.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section R(1) addresses 115.73(b). GDOC Policy 208.06 entitled PREA Sexually Abusive Behavior Prevention and Intervention Program, Page 33, section G(17) addresses 115.73(b).

Pursuant to the auditor's review of the aforementioned investigations, it is readily apparent that the CCF administrative investigator maintains close contact with GDOC Special Operations investigators throughout the investigative process. Within the relevant investigative materials, there is evidence of referral for prosecution in regard to the aforementioned matter, as well as, criminal investigation.

In view of the above, the auditor finds CCF substantially compliant with 115.73(b).

115.73(c)

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

The staff member is no longer posted within the inmate's unit;

The staff member is no longer employed at the facility;

The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

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

The auditor's review of two reports of sexual abuse allegedly perpetrated by staff members against inmates at CCF during the last 12 months were determined to be unfounded. Accordingly, 115.73(c) notifications were not necessary in accordance with this provision. In one of the two cases [referenced in the narrative for 115.73(b) above], the inmate victim admitted that he was not subjected to the alleged abuse he reported and the matter is pending prosecution for providing a false report.

The auditor notes that one of the aforementioned three inmates who reported a sexual abuse interviewees was the subject of the false reporting case. During his interview, he stated that he was not notified of 115.73(c) information. As previously noted, notification is not necessary given the circumstances.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section R(2) addresses 115.73(c).

In view of the above and the lack of evidence substantiating non-compliance, the auditor finds CCF substantially compliant with 115.73(c).

115.73(d)

Pursuant to the PAQ, the Warden self reports following an inmate's allegation that he or she has been sexually abused by another inmate at CCF, 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 the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section R(3) addresses 115.73(d).

With respect to the four inmate-on-inmate sexual abuse allegations, three cases were determined to be unsubstantiated while one was determined to be unfounded. The auditor notes that the facility investigator clearly exhausted investigative tools to compile her findings, inclusive of Milestone video surveillance review, interviews with identified victim(s)/perpetrator(s)/ and witness(es), review of logs, statements, etc.

The auditor has not been provided any evidence of indictment or conviction of any perpetrators associated with these incidents, nor has he discovered any evidence of the same.

In view of the above, the auditor finds CCF substantially compliant with 115.73(d).

115.73(e)

Pursuant to the PAQ, the Warden self reports that all notifications to inmates described in this standard are documented. The Warden further self reports that 14 documented notices were provided to victims of sexual abuse as described in 115.73(a-d). However, the auditor finds that eight notifications are applicable as sexual abuse investigations were completed in eight cases.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section R(4) addresses 115.73(e) in totality.

Given the findings articulated in the narrative for 115.73(a) and throughout this standard narrative, the auditor finds CCF substantially compliant with 115.73(e).

Accordingly, the auditor finds CCF substantially compliant with 115.73.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.76(a)</p> <p>Pursuant to the PAQ, the Warden self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section S(2)(a) addresses 115.76(a).</p> <p>The auditor's review of 12 signed Code of Conduct forms (2023 across several facility disciplines, as well as, food service contractors) reveals substantial compliance with 115.76. The same describes employee obligations in terms of reporting incidents, minimally.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.76(a).</p> <p>115.76(b)</p> <p>Pursuant to the PAQ, the Warden self reports zero active facility staff members have violated agency sexual abuse or sexual harassment policies during the last 12 months.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section S(2)(b) addresses 115.76(b).</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.76(b).</p> <p>115.76(c)</p> <p>Pursuant to the PAQ, the Warden 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. Reportedly, during the last 12 months, zero facility staff were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).</p> <p>Of note, the auditor validated the same pursuant to review of the aforementioned eight sexual abuse/harassment investigations completed during the last 12 months.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section</p>

	<p>S(2)(c) addresses 115.76(c).</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.76(c).</p> <p>115.76(d)</p> <p>Pursuant to the PAQ, the Warden self reports all terminations for violations of 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 Warden further self reports in the last 12 months, zero staff members from the facility were reported to criminal investigators or licensing agencies following the administrative investigation.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section S(2)(d) addresses 115.76(d).</p> <p>Based on the above, the auditor finds CCF substantially compliant with 115.76(d).</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.76.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.77(a)</p> <p>Pursuant to the PAQ, the Warden self reports any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the last 12 months, zero contractors or</p>

	<p>volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section S(2)(e) addresses 115.77(a).</p> <p>Pursuant to memorandum, the Warden asserts zero incidents involving contractors or volunteer perpetuation of sexual abuse/harassment occurred at CCF during the last 12 months. The same is validated pursuant to the auditor's review of the eight random sexual abuse/harassment investigations facilitated during the last 12 months.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.77(a).</p> <p>115.77(b)</p> <p>Pursuant to the PAQ, the Warden self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section S(2)(f) addresses 115.77(b).</p> <p>The Warden asserts a contractor or volunteer's access privileges would be suspended pending investigation in the case of any alleged violation of agency sexual abuse or sexual harassment policies. The contractor/volunteer would have no access to the facility and consequently, inmates. If the investigation is substantiated, privileges would be rescinded on a permanent basis.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.77(b).</p> <p>Accordingly, the auditor finds CCF substantially compliant with 115.77.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.78(a)

Pursuant to the PAQ, the Warden self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. The Warden further self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse.

The Warden further self reports that during the last 12 months, zero administrative findings of inmate-on-inmate sexual abuse occurred at the facility. Pursuant to the auditor's review of the aforementioned eight random sexual abuse/harassment investigations, he finds the same to be validated.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section S(1)(a) addresses 115.78(a). GDOC Policy 209.01 entitled Offender Discipline also addresses 115.78(a).

According to PAQ documentation, there has been zero incidents of disciplinary sanctions imposed on inmates during the last 12 months for:

Administratively substantiated inmate-on-inmate sexual abuse; or
A criminal finding of guilt for inmate-on-inmate sexual abuse, nor for inmate-on-staff sexual contact/abuse.

In view of the above, the auditor finds CCF substantially compliant with 115.78(a).

115.78(b)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section S(1)(c) addresses 115.78(b).

The Warden asserts varying degrees of sanctions are available pursuant to the GDOC disciplinary process. Specifically, a tier program is utilized for imposition of major sanctions. CCF staff write the misconduct report, a designated sergeant investigates the report, and a trained discipline hearing officer (DHO) conducts the administrative hearing. The CCF DHO recommends certain sanctions and the DHO can impose RHU placement, as well as, privilege sanctions.

The Warden further asserts sanctions are proportionate to the nature and circumstances of the abuses committed, the inmate's disciplinary history, and the sanction(s) imposed for similar offenses by other inmates with similar histories. Additionally, assessment of mental disability or mental illness is built into the policy. Specifically, the DHO can refer the inmate to mental health staff whenever potential competency questions arise.

In view of the above, the auditor finds CCF substantially compliant with 115.78(b).

115.78(c)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section S(1)(d) addresses 115.78(c).

A discussion regarding referral of inmates for mental health evaluation is addressed in the narrative for 115.78(b). The auditor has found no evidence pursuant to random review of eight sexual abuse/harassment investigations facilitated during the last 12 months wherein a mental health evaluation was warranted or conducted. Likewise, the auditor has not been provided any such evidence with respect to any of the remaining six sexual abuse/sexual harassment investigations facilitated during the last 12 months.

In view of the above, the auditor finds CCF substantially compliant with 115.78(c).

115.78(d)

Pursuant to the PAQ, the Warden self reports the facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The Warden further self reports that the facility does not consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits as such services are voluntary.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section (S)(1)(i) addresses 115.78(d).

According to the mental health interviewee, therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse are offered to both victims and perpetrators. Even if offered, inmate access to programming or other benefits would not be contingent upon participation in such services as the same would be voluntary.

In view of the above, the auditor finds CCF substantially compliant with 115.78(d).

115.78(e)

Pursuant to the PAQ, the Warden self reports the agency disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section (S)(1)(e) addresses 115.78(e).

During the last 12 months, zero inmates were disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

In view of the above, the auditor finds CCF substantially compliant with 115.78(e).

115.78(f)

Pursuant to the PAQ, the Warden 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(s).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section (S)(1)(g) addresses 115.78(f).

During the last 12 months, zero disciplinary actions occurred for a report of sexual abuse made in bad faith. A memorandum included with OAS materials supports the same. Of note, the auditor has not located any contradictory evidence.

The auditor does note that one criminal matter is pending consideration for prosecution regarding provision of a false report.

In view of the above, the auditor finds CCF substantially compliant with 115.78(f).

115.78(g)

Pursuant to the PAQ, the Warden self reports the agency prohibits all sexual activity between inmates. The Warden further self reports the agency disciplines inmates for such activity only if it is determined the sexual abuse activity is coerced.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section (S)(1)(f) addresses 115.78(g).

The auditor has not discovered nor has he been provided any evidence validating that inmates have been found guilty or convicted of non-coerced sexually abusive activity during the last 12 months.

In view of the above, the auditor finds CCF substantially compliant with 115.78(g).

Accordingly, absent any findings to the contrary, the auditor finds CCF substantially compliant with 115.78.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.81(a)

Pursuant to the PAQ, the Warden self reports all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41, are offered a follow-up meeting with a medical or mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. In the last 12 months, two inmates who disclosed both prior victimization and sexually aggressive behavior during the screening process were offered a follow-up meeting with a medical and/or mental health practitioner. Reportedly, medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 9 addresses 115.81(a and c).

The auditor's review of one email referral and one initial victimization/aggressor screening and corresponding Comprehensive Mental Health Evaluation forms reveals that timely 115.81 follow-up occurred in both cases. The email referrals included a screen shot of the responses to the victimization/aggressor screening (115.41) reflecting victimization in a confinement setting.

The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee asserts she offers a follow-up meeting with a medical and/or mental health practitioner (to occur within 14 days of intake screening) whenever the screening indicates an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community. She accomplishes the same by forwarding a Referral Form to MH or medical staff. Generally, follow-up meetings occur within one week of screening.

In view of the above, the auditor finds CCF substantially compliant with 115.81(a).

115.81(b)

Pursuant to the PAQ, the Warden self reports if inmates previously perpetrated sexual abuse either in a confinement or community setting, they are offered a follow-up meeting with a mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. In the last 12 months, two inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, were offered a follow-up meeting with a mental health practitioner within 14 days of the screening. Mental health staff reportedly maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 8

addresses 115.81(b).

The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee states she offers a follow-up meeting with a medical and/or mental health practitioner (to occur within 14 days of intake screening) whenever the screening indicates an inmate is an aggressor, whether in an institutional setting or in the community. She accomplishes the same by forwarding a Referral Form to MH staff. Generally, MH staff meet with the inmate within one day of referral.

A discussion regarding corroborating documentation in response to 115.81(b) requirements appears in the narrative for 115.81(a). The auditor notes that at least 10 initial assessments/30-day reassessments and follow-up meeting notes are included in OAS, thereby providing a good snapshot of staff efficiency and compliance with 115.81(a) and (b).

In view of the above, the auditor finds CCF substantially compliant with 115.81(b).

115.81(d)

Pursuant to the PAQ, the Warden self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The same is available to other staff to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. According to the staff responsible for risk screening interviewee, the PCM, investigative staff, and MH staff have access to institutional sexual abuse history (PREA victimization at other facilities, etc.).

As mentioned throughout this report, hard copies of investigative materials, inclusive of forensic medical documentation associated with the respective investigation, as well as, digital information are securely maintained by the investigator and PCM.

Medical/MH information is likewise stored in password protected systems and hard copies of referral documentation are stored in secure file cabinet(s) in MH staff secured offices and medical files in the Medical Department.

In view of the above, the auditor finds CCF substantially compliant with 115.81(d).

115.81(e)

Pursuant to the PAQ, the Warden self reports medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section K(2)(g) addresses 115.81(e).

	<p>The MH and medical staff interviewees state, as a matter of routine, they do ensure that they advise inmates regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The verbal informed consent is documented in the notes or the equivalent of an informed consent, completed at intake, is maintained in the inmate's file.</p> <p>In view of the above, the auditor finds CCF is substantially compliant with 115.81(e).</p> <p>Accordingly, in view of the above, the auditor finds CCF substantially compliant with 115.81.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.82(a)</p> <p>Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Warden further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g. form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>The auditor's review of six sexual abuse investigations reveals that the inmates were examined by medical and mental health staff at the facility following report of the alleged incident. Review of the Sexual Abuse Incident Check Sheet and the investigation reports validate the same. Additionally, review of the corresponding GDOC Mental Health Sexual Allegation Follow-up Report packet (includes GDOC Mental Health Services Consent to Mental Health Evaluation Following Allegation of Suspected Sexual Abuse, Contact, or Harassment and GDOC Mental Health Initial Sexual Allegation Evaluation) reveals substantial compliance with 115.82(a).</p>

The medical and mental health interviewees state victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. This occurs almost immediately following decision-making and a brief life-saving medical examination at CCF. The nature and scope of these services are determined according to the professional judgment of the provider, in addition to the physician, if available.

Two of the three inmates who reported a sexual abuse allegation interviewees stated they met with Medical/MH staff shortly after reporting the alleged sexual abuse. The auditor's review of the sexual abuse investigation pertaining to these inmates clearly reveals they were examined by Medical/MH professionals in close proximity to the date and time of the report.

The non-security first responder interviewee properly cited all four 115.64(a) requirements and responsibilities however, the security first responder interviewee cited only separation of the victim and perpetrator and securing the crime scene as first responder duties. All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable evidence (first responder duties). Seven of 12 random staff interviewees state that Medical and MH staff would be contacted as part of their first responder duties. It is noted all interviewees were in possession of a CC card bearing the instructions as required by Standard 115.64(a).

In view of the above, the auditor finds CCF substantially compliant with 115.82(a).

115.82(b)

Pursuant to the PAQ, the Warden asserts that if no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

A discussion regarding the nuances of 115.82(b) is addressed in the narrative for 115.82(a) above. In view of the above, the auditor finds CCF substantially compliant with 115.82(b).

115.82(c)

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are

not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(10) addresses 115.82(c).

The medical staff interviewee was not sure if victims of sexual abuse are offered timely information about access to emergency transmitted infection prophylaxis during the forensic examination process.

As reflected in the narrative for 115.21(c), the SANE interviewee states that emergency transmitted infection prophylaxis is recommended during the forensic examination process. The facility physician is then responsible for prescribing the same and following through on administration.

The three inmates who reported a sexual abuse interviewees state they were not offered information about and access to emergency contraception and sexually transmitted infections prophylaxis in follow-up to their sexual abuse report. The auditor's review of one investigation relevant to one of the three interviewees reveals that a forensic examination was not facilitated nor warranted based on the fact pattern and allegation(s).

In view of the above, the auditor finds CCF substantially compliant with 115.82(c).

115.82(d)

Pursuant to the PAQ, the Warden self reports treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CC Policy 13-79 entitled Sexual Assault Response, page 6, section B(16) addresses 115.82(d).

The auditor has not found any evidence suggesting that charges were assessed to victims of sexual abuse at CCF during the last 12 months. Additionally, none of the three inmates who reported a sexual abuse incident at CCF interviewees report payment of any medical fees associated with their allegations.

In view of the above, the auditor finds CCF substantially compliant with 115.82(d).

Accordingly, in view of the above, the auditor finds CCF substantially compliant with 115.82.

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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.83(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>CC Policy 13-79 entitled Sexual Assault Response, page 5, section B(11) addresses 115.83(a).</p> <p>Pursuant to the auditor's review of six random sexual abuse investigations facilitated within the last 12 months, he finds that medical/mental health assessments and treatment were offered and completed, when appropriate, in each scenario. Medical and mental health assessment of sexual abuse reports originating in other facilities is addressed in the narrative for 115.81(a).</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.83(a).</p> <p>115.83(b)</p> <p>Pursuant to the PAQ, the Warden self reports that the evaluation and treatment of such victims shall 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.</p> <p>CC Policy 13-79 entitled Sexual Assault Response, page 5, section B(12) addresses 115.83(b).</p> <p>In regard to medical care provided at the facility following a sexual abuse event, the medical staff interviewee states she facilitates a threshold interview with the victim to determine basic medical information and she takes vitals and facilitates an unclothed body inspection, if necessary, looking for cuts, bruising, tearing, etc. If the same is discovered, basic or advanced first-aid is administered.</p> <p>The mental health staff interviewee states she reaches out to the victim and offers a voluntary assessment. She facilitates threshold questioning of the victim and</p>

attempts to calm him. Once the victim returns from the hospital, she educates him regarding available services.

None of the three inmates who reported a sexual abuse interviewees stated they required medical procedures or mental health intervention following their report of a sexual abuse incident.

Based on the auditor's review of six random sexual abuse investigations facilitated during the last 12 months, there is no evidence of failure to comply with the requirements of 115.83(b).

In view of the above, the auditor finds CCF substantially compliant with 115.83(b).

115.83(c)

Pursuant to the PAQ, the Warden self reports that the facility provides such victims with medical and mental health services consistent with the community level of care.

CC Policy 13-79 entitled Sexual Assault Response, page 5, section B(13) addresses 115.83(c).

Both the medical and mental health staff interviewees state that services offered at the facility are consistent with the community level of care. The medical staff interviewee states that forensic examinations are completed at the facility by SANEs and the community standard of medical care is established accordingly.

In view of the above, the auditor finds CCF substantially compliant with 115.83(c).

115.83(d)

Pursuant to the PAQ, the Warden self reports that female inmates are not housed at CCF. The auditor's observations during the facility tour validate the Warden's assertion.

In view of the above, the auditor finds that 115.83(d) is not applicable to CCF.

115.83(e)

Pursuant to the PAQ, the Warden self reports that female inmates are not housed at CCF. The auditor's observations during the facility tour validate the Warden's assertion.

In view of the above, the auditor finds that 115.83(e) is not applicable to CCF.

115.83(f)

Pursuant to the PAQ, the Warden self reports that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(10) addresses 115.83(f).

The SANE interviewee, part owner of SART, Inc. and a SANE nurse, states that infection prophylaxis is part of the interviewee's forensic planning recommendation. Additionally, any applicable testing, inclusive of HIV, etc., dependent upon medical judgment, is likewise recommended pursuant to the planning notes. The planning notes and recommendations are provided to the facility physician and he/she is responsible for prescription and follow-through.

The auditor's review of clinical observations regarding oral inspection of the mouth in conjunction with an alleged sexual assault reveals substantial compliance with 115.83(f).

In view of the above, the auditor finds CCF substantially compliant with 115.83(f).

115.83(g)

Pursuant to the PAQ, the Warden self reports that 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 13-79 entitled Sexual Assault Response, page 6, section B(16) addresses 115.82(g).

The auditor has not found any evidence suggesting that charges were assessed to victims of sexual abuse at CCF during the last 12 months. Additionally, none of the three inmates who reported a sexual abuse incident at CCF interviewees report payment of any medical fees associated with their allegations.

In view of the above, the auditor finds CCF substantially compliant with 115.83(g).

115.83(h)

Pursuant to the PAQ, the Warden self reports that If the facility is a prison, appropriate staff attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section G(17) addresses 115.83(h).

	<p>The mental health staff interviewee states she does conduct a mental health evaluation of all known inmate-on-inmate sexual abusers and offers treatment, if appropriate. A full mental health evaluation is completed regarding each inmate within one week of arrival at CCF.</p> <p>Based on documentation included in OAS, timely and relevant 115.83(h) mental health evaluations were completed in two of two cases referred for such evaluations.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.83(h).</p> <p>Accordingly, in view of the above, the auditor finds CCF substantially compliant with 115.83.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.86(a)</p> <p>Pursuant to the PAQ, the Warden 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 Warden further self reports that in the last 12 months, 10 criminal and/or administrative investigations of alleged sexual abuse were completed at the facility.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section P(1) addresses 115.86(a).</p> <p>As previously indicated throughout this audit narrative, the auditor's review of six random sexual abuse investigations completed during the last 12 months reveals that three investigations were unsubstantiated and three were unfounded. Sexual Abuse Incident Reviews (SAIRs) have been completed in all six cases.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.86(a).</p> <p>115.86(b)</p> <p>Pursuant to the PAQ, the Warden self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Warden further self reports that in the</p>

last 12 months, 10 criminal and/or administrative investigations of alleged sexual abuse completed at the facility were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section P(3) addresses 115.86(b).

Pursuant to the auditor's review of the SAIRs conducted in the aforementioned six cases, all were facilitated within 30 days of the closure of the administrative investigation.

In view of the above, the auditor finds CCF substantially compliant with 115.86(b).

115.86(c)

Pursuant to the PAQ, the Warden 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.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section P(2) addresses 115.86(c).

The Warden asserts that a SAIR team is utilized and available at CCF. The team does include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Pursuant to the auditor's review of the aforementioned SAIR reports, it is clear that the review team is comprised of staff from diverse disciplines. Specifically, the PCM, the COS, the investigator, the SART advocate, and the compliance specialist generally comprise the review team.

In view of the above, the auditor finds CCF substantially compliant with 115.86(c).

115.86(d)

Pursuant to the PAQ, the Warden self reports that the review team shall:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts;

Assess whether monitoring technology should be deployed or augmented to

supplement supervision by staff; and
 Prepare a report of its findings, including but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The Warden asserts that the SAIR team assesses issues noted above to make necessary changes, if required, and/or highlight positive performance. The mission of the SAIR team is to "enhance all things PREA" at CCF.

The PCM asserts that the SAIR team does prepare a report of the review proceedings encompassing the issues articulated above. He generates the report and serves as a member of the SAIR. If there are recommendations, he follows through with the same or documents the basis for non-compliance.

The SAIR team interviewee validated the issues addressed above as requisite review items.

The auditor's review of six SAIRs facilitated during the last 12 months reveals that three investigations were determined to be unfounded and accordingly, the conduct of a SAIR was not necessary. Nonetheless, all six reports reflect substantial compliance with 115.86(a-e).

In view of the above, the auditor finds CCF substantially compliant with 115.86(d).

115.86(e)

Pursuant to the PAQ, the Warden self reports that the facility implements the recommendations for improvement or documents its reasons for not doing so.

The auditor notes that zero recommendations were reflected in the six SAIRs mentioned throughout this narrative.

In view of the above, the auditor finds CCF substantially compliant with 115.86(e).

Accordingly, the auditor finds CCF substantially compliant with 115.86(e).

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.87(a)

Pursuant to the PAQ, the Warden 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.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(1) addresses 115.87(a).

The PCM asserts that an SSV was required for CCF during the last 12 months.

Pursuant to the auditor's review of SSVs, he has determined that the incident-based data collected is commensurate with the CC standardized set of definitions.

In view of the above, the auditor finds CCF substantially compliant with 115.87(a).

115.87(b)

Pursuant to the PAQ, the Warden self reports the agency aggregates the incident-based sexual abuse data at least annually.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(3) addresses 115.87(b).

The auditor's cursory review of PREA Annual Reports on the CC website for 2021 and 2022 reveals annual aggregation of incident-based sexual abuse data for CCF.

In view of the above, the auditor finds CCF substantially compliant with 115.87(b).

115.87(c)

Pursuant to the PAQ, the Warden 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 conducted by the Department of Justice.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(3) addresses 115.87(c).

In view of the above, the auditor finds CCF substantially compliant with 115.87(c).

115.87(d)

Pursuant to the PAQ, the Warden 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.

	<p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(2) addresses 115.87(d).</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.87(d).</p> <p>115.87(e)</p> <p>The auditor has learned CCF does not contract with any other private facilities for the confinement of any inmates designated to their care, custody, and control. Accordingly, the auditor finds 115.87(e) not applicable to CCF.</p> <p>115.87(f)</p> <p>Pursuant to the PAQ, the Warden self reports that CCF was selected by BJS to submit the SSV in 2022.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.87(f).</p> <p>Accordingly, the auditor finds CCF substantially compliant with 115.87.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.88(a)</p> <p>Pursuant to the PAQ, the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p> <p>Identifying problem areas; Taking corrective action on an ongoing basis; and</p>

Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(4 and 5) addresses 115.88(a).

The Agency Head interviewee asserts that CC accesses data from various sources on a daily, monthly, and annual basis. Incident data is provided daily to select Facility Support Center (FSC) staff in a Daily PREA Report. Monthly and annually, the data is reported as metrics in a format that can determine if there are trends at individual facilities or with inmate populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either the physical plant, presence of staff/video coverage, or procedures would minimize the risks of incidents in those areas.

The CCPC interviewee 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. Files and information relative to investigations of PREA allegations are retained in the CC 5-1 Incident Report Database. This database is retained on a secure server and hard copies of investigative files are secured at the facility. All annual reports are maintained on the CC website and all information is subject to CC Record Retention Schedules.

Of note, PREA investigation reports and ancillary documentation are electronically generated and maintained in a privileges operated system however, a safely secured filing cabinet is located in the CCF Investigator's Office. The auditor validated these processes throughout the on-site audit.

The CCPC further asserts that the agency takes corrective action on an ongoing basis based on this data. For example, anything identified pursuant to a mock audit or SART review is considered for implementation.

The PCM asserts agency reviews of data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, are handled at the corporate office. Investigations and SAIRs are electronically transmitted to corporate and maintained in the 5-1 system. The CCPC also has access to computerized daily population reports, etc. The CCF investigator and PCM maintain hard copies of investigations in a locked cabinet in their locked offices. Access to electronic copies of investigative materials is limited to those staff with privileges. Data is published by corporate office staff.

Of note, the auditor observed the locked cabinets in the investigator's office throughout the on-site visit.

In view of the above, the auditor finds CCF substantially compliant with 115.88(a).

115.88(b)

Pursuant to the PAQ, the Warden self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Warden further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor's review of data collected pursuant to 115.87 and the 2021 and 2022 corporate cumulative annual reports reflects substantial compliance with 115.88(b).

The cumulative annual reports, in question, clearly address a comparison of data for the years 2021 and 2022. The data collected pursuant to 115.87 is included within the annual report. Enhancements enacted as the result of pre-audits completed by CC staff, information gleaned from reviews conducted pursuant to 115.86, and PREA audits conducted during the audit year(s), are discussed in the annual report(s).

Finally, a synopsis is included in the annual report, addressing the "State of PREA" within CC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(5) addresses 115.88(b).

In view of the above, the auditor finds CCF substantially compliant with 115.88(b).

115.88(c)

Pursuant to the PAQ, the Warden self reports the agency makes its annual report readily available to the public at least annually through its website. The Warden further self reports the annual reports are approved by the Agency Head.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, sections T(8 and 9) addresses 115.88(c).

The auditor's review of the aforementioned 2021 and 2022 annual reports clearly reflects the CC Executive Vice President and Chief Operating Officer (COO) approves the report as the cover page bears his signature. The auditor verified the report(s), in question, are posted on the CC website.

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 Executive Vice President and COO for final review and signature.

In view of the above, the auditor finds CCF substantially compliant with 115.88(c).

115.88(d)

Pursuant to the PAQ, the Warden 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. The Warden further self reports the agency indicates the nature of material

	<p>redacted.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, sections T(6 and 7) addresses 115.88(d).</p> <p>The auditor did not find any redacted material in the aforementioned annual reports.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.88(d).</p> <p>Accordingly, the auditor finds CCF substantially compliant with 115.88.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.89(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency ensures incident-based and aggregate data are securely retained.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section T(12) addresses 115.89(a).</p> <p>The CCPC interviewee 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. Files and information relative to investigations of PREA allegations are retained in the CC 5-1 Incident Report Database. This database is retained on a secure server and hard copies of investigative files are secured at the facility.</p> <p>The PCM states that hard copies of sexual abuse investigations and associated documents are maintained in his office in a secure file cabinet and electronic copies of the same documents are stored on a server accessible only to those individuals with privileges. The auditor did observe the same during the on-site visit. The investigator also states that copies of investigations are maintained in her office in a locked file cabinet.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.89(a).</p> <p>115.89(b)</p>

Pursuant to the PAQ, the Warden 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.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section T(9) addresses 115.89(b).

As previously indicated, the auditor verified compliance with this provision pursuant to review of the CC website.

In view of the above, the auditor finds CCF substantially compliant with 115.89(b).

115.89(c)

Pursuant to the PAQ, the Warden self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section T(8) addresses 115.89(c).

The auditor has found no instances wherein personal identifiers have been necessarily excised from subject reports. In view of the above, the auditor finds CCF substantially compliant with 115.89(c).

115.89(d)

Pursuant to the PAQ, the Warden self reports the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section T(11) addresses 115.89(d) in entirety. Additionally, the Core Civic Record Retention Schedule and appendix 1-15B clearly stipulates retention guidelines.

The auditor has found no evidence of deviation from the requirements of 115.89(d) during the facility tour or on-site visit.

The auditor finds CCF substantially compliant with 115.89(d).

In view of the above, the auditor finds CCF substantially compliant with 115.89.

115.401	Frequency and scope of audits
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 440 376">115.401(a)</p> <p data-bbox="280 416 1445 488">The auditor's cursory review of the CC website reveals that each facility is audited at least once during a three-year period.</p> <p data-bbox="280 528 1445 564">In view of the above, the auditor finds CC substantially compliant with 115.401(a).</p> <p data-bbox="280 667 440 703">115.401(b)</p> <p data-bbox="280 743 1477 900">Pursuant to the auditor's knowledge of CC PREA audits and cursory review of the CC website, he finds that one-third of CC institutions appear to be audited each year. The instant audit was completed within a three-year period in comparison to the last audit.</p> <p data-bbox="280 940 1461 976">In view of the above, the auditor finds CCF substantially compliant with 115.401(b).</p> <p data-bbox="280 1079 440 1115">115.401(h)</p> <p data-bbox="280 1155 1445 1312">During the on-site visit, the auditor completed a seven hour tour of the facility, observing all units/pods/open bay dormitories and offices, day rooms, mechanical/chemical closets, classrooms, programming area(s), chapel, and bathrooms. The auditor was not denied access to any facility area.</p> <p data-bbox="280 1352 1461 1388">In view of the above, the auditor finds CCF substantially compliant with 115.401(h).</p> <p data-bbox="280 1491 440 1527">115.401(i)</p> <p data-bbox="280 1568 1430 1724">Throughout the pre-audit, on-site visit, and post-audit phases of this audit, CCF officials have provided any available documentary evidence requested by the auditor. The auditor has been able to carefully dissect and receive documentary items, inclusive of specific documents associated with individual inmates.</p> <p data-bbox="280 1765 1461 1800">In view of the above, the auditor finds CCF substantially compliant with 115.401(i).</p> <p data-bbox="280 1904 456 1939">115.401(m)</p> <p data-bbox="280 1980 1430 2051">Throughout the on-site visit evidence gathering phase, CCF officials provided the auditor private space in which to facilitate private staff interviews. The second</p>

	<p>auditor was likewise provided private space in which to interview inmates.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.401(m).</p> <p>115.401(n)</p> <p>Throughout the on-site visit, the auditor noted generous posting of audit notifications throughout the facility. The audit notifications clearly reflect the auditor's P.O. Box, as well as, cell phone number. The auditor did receive one letter from an inmate and he interviewed the individual.</p> <p>In view of the above, the auditor finds CCF substantially compliant with 115.401(n).</p> <p>Accordingly, the auditor finds CCF substantially compliant with 115.401.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403(f)</p> <p>The auditor's review of the CC website reveals that the last CCF Final PREA Audit report is posted on the same. A cursory check of other recent CC facility Final PREA Audit Reports reveals the same are posted on the CC website under the particular facility tab.</p> <p>In view of the above, the auditor finds CCF and CC substantially compliant with 115.403.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious 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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	na

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes