

PREA Facility Audit Report: Final

Name of Facility: Citrus County Detention Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 08/06/2023

Date Final Report Submitted: 02/01/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 02/01/ 2024

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	06/27/2023
End Date of On-Site Audit:	06/29/2023

FACILITY INFORMATION	
Facility name:	Citrus County Detention Facility
Facility physical address:	2604 West Woodland Ridge Drive, Lecanto, Florida - 34461
Facility mailing address:	2604 W. Woodland Ridge Drive, Lecanto, Florida - 34461

Primary Contact	
Name:	John Rychen
Email Address:	John.Rychen@corecivic.com
Telephone Number:	352-527-3332

Warden/Jail Administrator/Sheriff/Director	
Name:	Orlando Rodriguez
Email Address:	orlando.rodriguez@corecivic.com
Telephone Number:	352-249-1301

Facility PREA Compliance Manager	
Name:	John Rychen
Email Address:	john.rychen@corecivic.com
Telephone Number:	O: 352-527-3332

Facility Health Service Administrator On-site	
Name:	Jennifer Swiger
Email Address:	Jennifer.swiger2@corecivic.com
Telephone Number:	352-2491369

Facility Characteristics	
Designed facility capacity:	791
Current population of facility:	553
Average daily population for the past 12 months:	675
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Both females and males
Age range of population:	15-89
Facility security levels/inmate custody levels:	Low, Medium, High
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	143
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	14
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	35

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:	6152633000

Agency Chief Executive Officer Information:

Name:	Damon T. Hininger
Email Address:	
Telephone Number:	6152633000

Agency-Wide PREA Coordinator Information

Name:	Eric Pierson	Email Address:	Eric.Pierson@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:

0

Number of standards met:

45

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:	2023-06-27
2. End date of the onsite portion of the audit:	2023-06-29

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:	JDI and Haven of Lake and Sumter Counties

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	791
15. Average daily population for the past 12 months:	675
16. Number of inmate/resident/detainee housing units:	48
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input 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:	588
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	7
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:	2
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:	30
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:	0
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:	2
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:	14

<p>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:</p>	<p>12</p>
<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>1</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>2</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>69</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>No text provided.</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>143</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:	67
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:	13
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<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 checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The following inmates were selected from the housing units: one from C1, one from C2, three from C3, two from C4, one from C6, one from D1, two from D3, one from D4, one from D6, one from E1, one from E4, one from E5, one from E6, one from F1, one from F3, two from F5, one from F6, one from G0, one from HA, three from HB, one from HC, one from HD, one from HE and one from HF.</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>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>26 of the inmates were male, four were female and one inmate was transgender female. Eight inmates interviewed were black, fourteen were white, four were Hispanic and five were another race/ethnicity. With regard to age, four were under eighteen, seven were between eighteen and 25, seven were 26-35, eight were 36-45, three were 46-55 and two were 56 or older. 24 of the inmates interviewed had been at the facility a year or less and seven had been at the facility between one and five years.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>15</p>
<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>	

<p>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>4</p>
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor handbook requires one inmate from the disabled category including hearing, vision and physical. The auditor selected a hearing impaired inmate rather than an inmate with a physical disability.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed documentation and spoke with medical staff.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>2</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed housing assignments for high risk inmates and inmates who reported sexual abuse.</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>No text provided.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:

13

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

If "Other," describe:

Race, gender and ethnicity

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- Yes
- No

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):

Seven staff were interviewed from day shift and six were interviewed from night shift. With regard to the demographics of the random staff interviewed; seven were male and six were female. Ten were white and three were black. Ten were Correctional Officers, one was a Sergeant, and two were Captains.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

26

76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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:	Mailroom
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:	1
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 checked="" 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.	No text provided.
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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)?

Yes

No

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

The on-site portion of the audit was conducted on June 27-29, 2023. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documents to review. The auditor conducted a tour of the facility on June 27, 2022. The tour included all areas associated with the facility including; housing units, laundry, warehouse, intake, visitation, chapel, maintenance, education, food service, health services, recreation and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed bulletin boards in each housing unit with posted PREA information. Bulletin boards included the Ways to Report Poster, the I Have a Right Poster, the PREA Reporting Information Poster and the 14-2AA (PREA Pamphlet). The auditor observed that not all bulletin boards included each of the posters, a few were in different housing units and as such the posted information was not consistent. The postings were observed in both English and Spanish, however most were on the same letter size paper and as such font was extremely small and difficult to read. Further the auditor observed that while the facility had numbers posted, to include speed dial numbers, the information did not indicate where the numbers went (i.e. internal reporting mechanism, external reporting mechanism, victim advocate). The PREA Reporting Information Poster included information on the victim advocate (phone number and mailing address), however it was in English only and the font again was observed to be very small and difficult to read. The I Have a Right Poster was also observed in English and Spanish on most housing unit entrance doors. The auditor observed the I Have a Right Poster in intake.

The poster was on legal size paper and was in English and Spanish. Informal conversation with staff and inmate confirmed that the PREA information had been posted for a while. Inmates also stated they play the PREA video in booking.

During the tour the auditor viewed the visitation and front entrance area related to third party reporting information. The auditor did not observe any posted information at the front entrance and the only information in visitation was the CrimeStoppers Hotline, which is an external reporting entity for inmates but is not the third party reporting entity for the agency.

During the tour the auditor confirmed the facility follows the staffing plan. There were at least two security staff assigned for two pods. Program, work and education areas included non-security staff and a roving security staff member. A few of the program, work and common areas had a security staff member assigned in addition to the roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor did not observe any apparent blind spots. The auditor confirmed during the tour that the physical plant of the housing units provided an adequate line of sight. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds typically every few minutes and supervisors make rounds all throughout the day. Informal conversation with inmates also confirmed that security staff make rounds four or five times a day and then also during count. Most inmates stated the staff are making rounds too often. The inmates further stated that they see a supervisor a few times a day. A review of the video monitoring technology confirmed that cameras were in housing units, work areas, program areas and other common areas. Video monitoring was

observed to be utilized to supplement security staff and to assist with supervision and monitoring. Video monitoring technology was utilized to eliminate blind spots and provide supplemental supervision in high traffic areas. Central Control staff monitor the video cameras 24 hours a day, seven days a week. Correctional Counselors, Case Managers, Unit Managers, administrative level staff and security supervisors are able to remotely access cameras.

With regard to cross gender viewing, the auditor confirmed that housing units provided privacy through shower curtains, doors with security windows and lattice doors with additional metal barriers. Informal conversation with staff and inmates confirmed that inmates have privacy when showering, using the restroom and changing clothes. During the tour the auditor viewed the strip search areas in intake and the segregated housing unit (visitation is no contact so searches are not conducted). The intake area provided privacy through a solid door. Strip searches in the segregated housing units are completed in the showers that are equipped with curtains. A review of video monitoring technology confirmed that a few cameras showed the bathroom/toilet areas, however they had a gray or blurred box that obstructed the viewing. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into each housing unit. The announcement was verbal and in English only. Informal conversation with staff and inmates indicated that the opposite gender announcement is made.

Inmate medical records are electronic and paper. Paper records are scanned into the electronic system and then shredded. Electronic medical records are only accessible to medical and mental health care staff. Risk assessment information is electronic and paper. Paper records are maintained in the

inmate file which is stored in records. Records is staffed 8am-5pm and after hours only the booking officer and security supervisors have access. Records staff stated only security staff with a need to know have access to the inmate's file. During the on-site portion of the audit, the auditor had a security staff member pull up the electronic risk screening system to show what information could be viewed. The auditor observed that the security staff member received a pop-up window that said they had insufficient rights to access the information. Investigative files are electronic and paper. Paper investigations are maintained in the investigators locked office. Electronic investigative records are only accessible to investigative staff via the investigative database.

During the tour the auditor observed that inmates are able to place outgoing mail in the drop box outside the housing unit when they go to recreation. They also can provide mail to the staff. None of the drop boxes were specific to sexual abuse or sexual harassment allegations. Inmates have the ability to purchase writing materials through commissary and the facility has a policy for indigent inmates. Request forms and grievances are available by request through staff. Incoming mail is picked up and then sorted by regular and legal. Regular mail is opened, read/scanned and a copy of the mail is made. Inmates are provided the copy of the mail. Legal mail is logged and is then taken to the housing unit and given to the inmate to open in front of the staff. Outgoing mail is collected from each of the mailboxes by the mailroom staff. Regular mail is unsealed. Staff go through the letter, document it and seal it prior to sending out. Legal mail comes sealed and is not opened or scanned. The interview with the mailroom staff indicated correspondence with the rape crisis center is treated like regular mail. The staff further stated if by chance there is any correspondence to CrimeStoppers, that is also

treated like regular mail.

The auditor observed the intake process through a demonstration. Inmates are provided a copy of the Inmate Handbook (available in English and Spanish). Pages 9-11 of the Inmate Handbook has PREA information. Inmates sign that they received the Inmate Handbook. During the intake process the PREA What You Need to Know Video is placed on the televisions in front of the holding cells. The video is played on a loop. Inmates are required to sign that they viewed the video. The auditor observed that the video is played on 36 inch televisions. The video does not have audio, but rather subtitles. Subtitles are in English and Spanish and while subtitles were in adequate font, the position of the television did not provide appropriate viewing of the subtitles for some inmates.

The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed at the booking counter. The auditor observed that this area did not provide adequate privacy as the inmate was seated out in the open with other staff and inmates moving around and completing other tasks/duties. The booking staff pull up the risk screening questions in the online system. The risk form has fifteen questions for victimization and six questions for perpetration. Booking staff ask each question on the form and utilize the inmate's self-disclosure to complete the risk screening form. Booking staff stated that before housing the inmate they will go into and look at information such as criminal history. The staff stated if there is discrepancies between the self-disclosure and file review, they go in and update the risk screening information with the correct information from the file review. Staff stated they have a hotline and bilingual staff to assist with LEP inmates, however they have not had any LEP inmates. Staff stated if the inmate was disabled they would obtain

assistance from medical and/or mental health.

The auditor had staff provide a demonstration of the 30 day reassessment. Reassessments are either done in staff offices or in the hallway outside the unit. Staff stated they ensure the hallway area is private prior to completing the reassessment. Staff ask the inmate, at minimum, if anything has changed from the initial assessment. Staff attempt to ask the risk screening questions a second time (fifteen victimization and six perpetration) but some of the inmates do not want to go through the questions again. Staff print a copy of the initial risk screening responses and take the copy with them when completing the reassessment. The reassessment information is documented on the initial form and then entered into the electronic system. Staff stated when information is entered, staff review the inmate file, including criminal history, disciplinary history, etc. Staff confirmed that they utilize information from the file if there are any discrepancies from the questions being asked and the information obtained from the file review.

During the tour the auditor tested the internal reporting mechanism. The auditor submitted a written informal grievance via a locked mailbox in the housing unit sally port. The auditor had an inmate assist with completing the form on June 27, 2023. The auditor received confirmation via email on June 28, 2023 that the informal grievance was received. During the tour the auditor had an inmate illustrate any methods for reporting on the kiosk or tablet. The inmate advised that the only way to report through the two mechanism is by contacting family or friends and have them report.

The auditor tested the external reporting entity (CrimeStoppers) by calling the hotline. An inmate assisted with placing the call and

the auditor left a message on the crime tip hotline on June 27, 2023. At the issuance of the interim report the auditor had not received confirmation that the call was received or the functionality of the external reporting entity. Additionally, the auditor attempted to utilize the speed dial number "7" for CrimeStoppers and "8" for Citrus County Sheriff's Office, however neither of the speed dial numbers worked. The facility also had information for a number to the Office of the Inspector General, but this number also was not functional.

Additionally during the tour, the auditor had staff demonstrate how they document verbal reports. Staff illustrated that they document verbal reports via a written report (5-1C Form). Staff indicated they fill out the necessary information on the form and they print it and sign it. The form is then provided to the Shift Supervisor.

The auditor attempted to test the victim advocacy hotline during the tour. The auditor had an inmate assist with calling the hotline number. The inmate was required to call the hotline through a collect call. The inmate was provided a recorded message advising that the number was restricted. The auditor was unable to reach the victim advocacy organization through the inmate phone system.

On November 3, 2022 the auditor completed a report through the ethics line website. The auditor immediately received an email from the Director of Ethics and Compliance indicating that the report was received. The auditor was copied on an email to the facility leadership related to the test. The facility leadership responded indicating they received the test report. The Director of PREA Compliance and Investigations also responded and indicated that she would track the case and schedule a call to discuss the investigation.

The auditor observed the comprehensive PREA education process is the process completed during intake. Inmates are provided a copy of the Inmate Handbook (available in English and Spanish). Pages 9-11 of the Inmate Handbook has PREA information. Inmates sign that they received the Inmate Handbook. During the intake process the PREA What You Need to Know Video is placed on the televisions in front of the holding cells. The video is played on a loop. Inmates are required to sign that they viewed the video. The auditor observed that the video is played on 36 inch televisions. The video does not have audio, but rather subtitles. Subtitles are in English and Spanish and while subtitles were in adequate font, the position of the television did not provide appropriate viewing of the subtitles for some inmates.

During inmate interviews the auditor utilized LanguageLine for two LEP inmate interviews. The auditor was provided the call in number as well as the client ID. LanguageLine is accessible through staff only. The facility also has video translation services, however the staff at the facility were unaware of this resource and did not offer it to the auditor during interviews.

Documentation Sampling

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

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

Yes

No

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

During the audit the auditor requested personnel and training files of staff, detainee files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The auditor reviewed a random sample of 39 personnel and/or training files that included six individuals hired within the past twelve months, two contractors hired in the previous twelve months, three staff employed longer than five years, two contractors employed longer than five years and three staff recently promoted. The sample reviewed included four contractors, six volunteers and six medical and mental health care staff.

Inmate Files. A total of 67 inmate files were reviewed. 61 inmate files were of those that arrived within the previous twelve months, four were LEP inmates, six were disabled inmates, one was a transgender inmate, thirteen were identified with prior sexual victimization and six had a history of prior abusiveness.

Medical and Mental Health Records. The auditor reviewed medical and mental health records for ten inmate victims of sexual abuse and/or sexual harassment as well as mental health documents for the thirteen inmates who disclosed victimization during the risk screening and six inmates identified with prior sexual abusiveness during the risk screening.

Grievances. The agency does not have a grievance process for sexual abuse allegations. The auditor reviewed the grievance log and sample grievances to ensure any information obtained via grievance was forwarded for investigation.

Incident Reports. The auditor reviewed incident reports for the ten investigations reviewed. The auditor also reviewed the

serious incident log and a sample additional incident reports.

Investigation Files. During the previous twelve months, there were eleven allegations reported at the facility. All eleven had an administrative investigation completed at the time of the on-site portion of the audit. None of the allegations involved a criminal investigation or were referred for prosecution. The auditor reviewed ten of the investigations to ensure all required components were included.

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	6	0	6	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	8	0	8	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	3	0	3	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	1	5	0
Staff-on-inmate sexual abuse	0	1	0	1
Total	0	2	5	1

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	1
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	1	2	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:	7
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<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 checked="" type="radio"/> Yes</p> <p><input 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>6</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>3</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 checked="" type="radio"/> Yes</p> <p><input 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>2</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.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

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>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Human Rights Policy Statement 4. 14-2AA PREA Pamphlet 5. PREA Zero Tolerance Policy Acknowledgement 6. PREA Coordinator Position Description 7. CoreCivic Organizational Chart 8. Facility Organizational Chart

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The PAQ stated that 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 and the facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The PAQ further indicated that the policy includes definitions of prohibited behaviors, sanction for those found to have participated in prohibited behavior and a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of inmates. The agency has a comprehensive PREA Policy: 14-2 Sexual Abuse Prevention and Response as well other documents to supplement the policy. These include the Human Rights Policy Statement, the PREA Zero Tolerance Policy Acknowledgement and the PREA pamphlet. 14-2 Sexual Abuse Prevention and Response, page 4 states that CoreCivic has mandated zero tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines the strategies on preventing, detecting and responding to such conduct and includes definitions of prohibited behavior. The policy specifically outlines the approach for Citrus Correctional Facility and includes facility specific language. The policy addresses "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policy addresses "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policy addresses "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. The policy and supporting documentation are consistent with the PREA standards and outline the agency's approach to sexual safety. All CoreCivic staff are required to sign a PREA zero tolerance policy acknowledgment which states the zero tolerance policy, directs staff on their requirements in reporting and methods of reporting, states that all allegations will be aggressively investigated and lists the definitions of sexual abuse and sexual harassment. In addition to policies and procedure, the PREA Coordinator and staff have designated November as PREA month for the agency. During the month of November the PC and staff conducted a webinar related to staff on inmate relationships and the impact on facilities. Staff were also provided links to videos to share with facility staff related to this topic. Additionally,

during the month of November the PC and staff sent out messaging, PREA Refreshers from the PRC and virtual training opportunities for everyone in the company. A few of the resources sent out included a safety PREA refresher on the effects of sexual abuse and a training on responding to incarcerated victim of sexual abuse and sexual harassment. The designation of a "PREA Month" and ongoing trainings, seminars and refresher documents illustrate the agency's commitment for PREA compliance.

115.11 (b): The PAQ stated that the agency employs or designates an upper-level, agency wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PAQ had incorrect information however the PC indicated the PREA Coordinator is the Senior Director and reports to the agency Vice President. The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide. The PC is the Senior Director of PREA Programs and Compliance. The PC reports to the Vice President of Operations Administration. The PC's position description states that the Senior Director develops, implements and oversees company policies and procedures in complying with the standards of the Prison Rape Elimination Act (PREA). Additionally, it states that the Senior Director manages the company's compliance efforts, reporting requirements and audit processes related to PREA. The interview with the PC indicated that he has enough time to manage all of his PREA related responsibilities. He stated that at any given time there are approximately 57 PCM including those from Community Corrections. He stated that the PREA Office consists of two individuals, himself and a Director that coordinates PREA investigations. The PC indicated that they have quarterly training sessions with the PCMs via skype and that he travels to facilities for audits and training sessions. He further stated that the PREA staff are in contact with facilities daily on investigations and audit issues. The PC indicated that he assists the facility with corrective action plans as a result of audits and that if they identify an issue with policy, he will look at necessary policy revisions. He stated that he is able to provide technical on-site assistance for training that can correct incorrect practices that may have developed due to a misunderstanding of a PREA standards. He further stated he is able to involve CoreCivic Managing Directors and Vice Presidents and elevate concerns that need addressed. During the month of November the PC and staff conducted a webinar related to staff on inmate relationships and the impact on facilities. Staff were also provided links to videos to share with facility staff related to this topic. Additionally, during the month of November the PC and staff sent out messaging, PREA Refreshers from the PRC and virtual training opportunities for everyone in the company. A few of the resources sent out included a safety PREA refresher on the effects of sexual abuse and a training on responding to incarcerated victim of sexual abuse and sexual harassment. The designation of a "PREA Month" and ongoing trainings, seminars and refresher documents provided by the PC and staff illustrate the PC's commitment to sexual safety and the ability to oversee PREA compliance at all levels.

115.11 (c): The PAQ indicated that the facility has designated a PREA Compliance

Manager that has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PAQ stated that the PCM's position at the facility is the Assistant Warden and the PREA Compliance Manager reports to the Warden. The facility's organizational chart confirms that the Assistant Warden is responsible for PREA compliance and that the position reports to the Warden. The interview with the PREA Compliance Manager indicated that he has enough time to manage all of his PREA related responsibilities. He stated he coordinates PREA compliance through meetings and making sure staff are aware of the PREA information. He stated he makes sure information is posted for the inmates and that he walks around and talks to staff and inmates. The interview with the PCM indicated if he identifies an issue complying with a PREA standard he would figure out what to do to alleviate the issue and delegate it to a department level staff member and follow-up to make sure the corrective action was completed.

Based on a review of the PAQ, CoreCivic Policy 14-2, the agency's organization chart, the facility's organizational chart, the PREA pamphlet, the PC position description, the Human Rights Policy Statement and information from the interviews with the PC and PCM, this standard appears to be compliant. It should be noted that in addition to a comprehensive PREA policy, the agency has designated the month of November as "PREA Month". The PC and staff conducted a webinar related to staff on inmate relationships and the impact on facilities during PREA Month. Staff were also provided links to videos to share with facility staff related to this topic. Additionally, during the month of November the PC and staff sent out messaging, PREA Refreshers from the PRC and virtual training opportunities for everyone in the company. A few of the resources sent out included a safety PREA refresher on the effects of sexual abuse and a training on responding to incarcerated victim of sexual abuse and sexual harassment. The designation of a "PREA Month" and ongoing trainings, seminars and refresher documents provided by the PC and staff illustrate the agency and PC's commitment to sexual safety. Additionally, the PCM and staff that assist the PCM at the facility have sufficient time and authority to coordinate the facility's effort to comply with PREA. They all illustrated a commitment to compliance and ensuring any issues are quickly resolved through training, modifications and/or procedure updates.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire

	<p>Findings (By Provision):</p> <p>115.12 (a): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency’s inmates and does not contract with other entities for the confinement of inmates in their care. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its inmates. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its inmates and as such an interview was not conducted.</p> <p>115.12 (b): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency’s inmates and does not contract with other entities for the confinement of inmates in their care. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its inmates. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its inmates and as such an interview was not conducted.</p> <p>Based on a review of the PAQ, this standard appears to not be applicable and as such compliant.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. The Staffing Plan 4. Deviations from Staffing Plan (5-1B) 5. Memorandum Related to Deviations 6. Annual PREA Staffing Plan Assessment (14-21) 7. Documentation of Unannounced Rounds

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): 14-2 Sexual Abuse Prevention and Response, page 8 addresses the agency's staffing plan development. Specifically, it states that the facility, in coordination with CoreCivic Facility Support Center (FSC), shall develop an annual staffing plan that provides for adequate levels of staffing to protect inmates/detainees against sexual abuse. The location of video monitoring systems will be considered when determining adequate levels of staffing. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration: generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate/detainee population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the current staffing is based on 700 inmates. The facility employs 143 staff. Security staff mainly make up two shifts, day shift works from 6:00am-6:00pm and evening shift works from 6:00pm-6:00am. A review of the 2022 staffing plan indicates that each shift has a Shift Supervisor and at least one Correctional Officer on each shift in each of the housing units. Additional Correctional Officers are assigned to other areas to include recreation, booking, medical, kitchen, escort and control. During the tour the auditor confirmed the facility follows the staffing plan. There were at least two security staff assigned for two pods. Program, work and education areas included non-security staff and a roving security staff member. A few of the program, work and common areas had a security staff member assigned in addition to the roving security staff member. In areas where security staff were not

directly assigned, routine security checks were required. The auditor did not observe any apparent blind spots. The auditor confirmed during the tour that the physical plant of the housing units provided an adequate line of sight. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds typically every few minutes and supervisors make rounds all throughout the day. Informal conversation with inmates also confirmed that security staff make rounds four or five times a day and then also during count. Most inmates stated the staff are making rounds too often. The inmates further stated that they see a supervisor a few times a day. A review of the video monitoring technology confirmed that cameras were in housing units, work areas, program areas and other common areas. Video monitoring was observed to be utilized to supplement security staff and to assist with supervision and monitoring. Video monitoring technology was utilized to eliminate blind spots and provide supplemental supervision in high traffic areas. Central Control staff monitor the video cameras 24 hours a day, seven days a week. Correctional Counselors, Case Managers, Unit Managers, administrative level staff and security supervisors are able to remotely access cameras. The interview with the Warden indicated that the facility has a staffing plan that provides adequate staffing levels to protect inmates from sexual abuse. He stated the staffing plan ensures staff are on the floors at all times and that even with their vacancies, they are able to supplement staffing with the milestone camera system. He stated the administrative level staff are also always out and about within the facility to assist with staffing. The Warden confirmed that the elements under this standard are included in the development and review of the staffing plan. He indicated the staffing plan has to be appropriate for the physical plant to allow the ability to monitor inmates appropriately. He stated there are positions assigned to every area where inmates are to be supervised and that they have more staff on day shift because of recreation, court and transportation movement. The Warden indicated there are supervisor on every shift and that they have adequate staff to ensure separation of male inmates, female inmates and juvenile inmates. The Warden confirmed that they monitor the staffing plan daily. He stated he calls daily and asks about the staffing plan, coverage and needs. The PCM confirmed that all required components under this provision are considered when developing and reviewing the staffing plan. He stated there is staff for every area, with a minimum of one staff member. He stated staffing levels are determined based on physical plant, layout and size. The PCM stated there are either staff present or video monitoring technology. He further stated that they have program staff and other staff during the day when there is programs and movement. He also confirmed there are supervisors on each shift.

115.13 (b): The PAQ stated that this provision does not apply as the facility had not deviated from the staffing plan. 14-2 Sexual Abuse Prevention and Response, page 9 states that the PCM shall document and describe the deviation on the 5-1B Notice to Administration (NTA), along with a thorough justification for the deviation and description of any corrective actions that were taken to resolve the deviation. The interview with the Warden confirmed that deviations from the staffing plan are

documented on the Telestaff system, which is the staffing roster. Because the PAQ information and information from the Warden differed, the auditor requested documentation related to this provision, however at the issuance of the interim report the auditor had not received documentation.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. 14-2 Sexual Abuse Prevention and Response, page 8 states that the facility PCM will complete the 14-21 Annual PREA Staffing Plan Assessment and forward it to the Warden/Facility Administrator for review. Upon completion of the Warden/Facility Administrator's review, the 14-21 Annual Staffing Plan Assessment will be forwarded to the FSC PREA Coordinator. Following consultation with the facility staff, the FSC PREA Coordinator shall assess, determine and document whether adjustments are needed to: the staffing plan established pursuant to this section, the facility's deployment of video monitoring systems and other monitoring technology; and the resources the facility has available to commit to ensure adherence to the staffing plan. The staffing plan was most recently reviewed on November 14, 2022 by the PCM, Warden and PC. The plan was reviewed to ensure all required components under provision (a) were incorporated as well as was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. Previous annual reviews were completed on June 9, 2021 and June 30, 2020. The PC confirmed he is consulted regarding any assessments of, or adjustment to the staffing plan. He confirmed he is consulted annually or when there has been a signification change that would require re-evaluation of the plan.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ further stated that these rounds are documented and cover all shifts. Additionally, the PAQ stated that the facility prohibits staff from alerting other staff of the conduct of such rounds. 14-2 Sexual Abuse Prevention and Response, page 8 indicates that intermediate level and/or upper level facility supervisors shall conduct unannounced facility rounds to identify and deter staff sexual abuse and sexual harassment. The occurrences of such rounds shall be documented as unannounced rounds or "PREA Rounds" in the applicable log. This practice shall be implemented for night shifts as well as day shifts and through all areas where inmates/detainees are permitted. Additionally, it states that employees shall be prohibited from alerting other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. A review of unannounced rounds for six requested dates confirmed that unannounced rounds were made on both shifts either on the day requested or within the same week of the day requested. Informal conversation with staff and inmates confirmed that supervisor make rounds a few times a day.

Interviews with intermediate-level or higher-level supervisors indicated that they make unannounced rounds and they document the rounds in the log book. The staff indicated that while they can't ensure staff don't notify one another they do rounds randomly at different times and locations with no set pattern.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the staffing plan, Deviations from Staffing Plan (5-1B), Annual PREA Staffing Plan Assessment (14-21), the memo related to deviations, documentation of unannounced rounds, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level staff, this standard appears to require corrective action. Because the PAQ information and information from the Warden differed, the auditor requested documentation related to deviations from the staffing plan, however at the issuance of the interim report the auditor had not received documentation.

Corrective Action

The facility will need to provide documentation related to deviations from the staffing plan.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Clarification Memorandum

The facility provided a clarification memo confirming that they have not had any deviations from their staffing plan. The PREA staffing plan is always filled through use of overtime. The facility has a secondary staffing plan and that plan may have deviations which are documented.

Based on the documentation provided the facility has corrected this standard and as

such appears to be compliant.

115.14 Youthful inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. 14-2 Sexual Abuse Prevention and Response
3. Population Age Reports
4. Juvenile Housing Assignments
5. Juvenile Activity Logs

Interviews:

1. Interview with Youthful Inmates
2. Interview with Line Staff who Supervise Youthful Inmates
3. Interview with Education and Program Staff who Work with Youthful Inmates

Site Review Observations:

1. Observations in Housing Units

Findings (By Provision):

115.14 (a): The PAQ indicated 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 PAQ stated the facility has housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters. The PAQ noted that youthful inmates are placed in the same

housing unit as adults but in different pods. Further clarification indicated that pods are separated housing units and as such youthful inmates are not housed in the same housing unit as adults. The PAQ stated that there are two housing units where youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers and sleeping quarters. 14-2 Sexual Abuse Prevention and Response (Policy Change Notice) states youthful inmates shall not be placed in a housing unit in which the youthful inmate will have sight, sound or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. During the tour the auditor observed youthful inmates were housed in two general population housing units, both which only housed youthful inmates. Both units separated the youthful inmates from adult inmates via a solid metal entrance door. The auditor observed that youthful inmates in these housing units did not have sight, sound or physical contact with adult inmates through shared dayrooms, common areas, shower or sleeping quarters. The auditor did however observe that the facility placed three youthful inmates in the segregated housing unit (due to disciplinary issues), which also houses adult inmates. The auditor confirmed that the youthful inmates did not have physical contact with adults, but they did have sight and sound contact with adult inmates. During the interim report period the facility indicated they were working on a plan to ensure that the segregated housing unit was not utilized for youthful inmates. They indicated they were establishing a procedure for segregated housing within the two youthful inmate housing units. The interview with the line staff who supervise youthful inmates confirmed that the facility is able to maintain sight, sound and physical separation of the youthful inmates from the adult inmates. The staff stated there had not been an instance where sight, sound and physical separation had been difficult to achieve. The staff further indicated youthful inmates are not placed in segregated housing in order to comply with this provision. Interviews with four youthful inmates indicated two had sight, sound or physical contact with adult inmates in a housing unit. Two of the inmates advised they were placed in segregated housing (due to disciplinary issues) and the segregated housing unit had adult inmates. The youthful inmates stated they did not have physical contact with the adults but they did have sight and sound contact with them.

115.14 (b): The PAQ indicated that the facility maintains sight, sound and physical separation between youthful inmates and adult inmates in areas outside housing units. It further noted that the agency always provides direct staff supervision in areas outside housing units where youthful inmates have sight, sound or physical contact with adult inmates. 14-2 Sexual Abuse Prevention and Response (Policy Change Notice) states in areas outside of housing units, agencies shall either maintain sight and sound separation between youthful inmates and adult inmates, or provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. During the tour the auditor observed that youthful inmates are escorted anytime they are outside of the housing units. Additionally, youthful inmates have separate recreation, program and education time than adults and they are always directly supervised when participating in these activities. The

interview with the line staff who supervise youthful inmates indicated that youthful inmates have separate times for programs and recreation and that they do not participate in these activities with adult inmates. The staff confirmed that staff always escort the youthful inmates to these places and they try to clear the hallway of adult inmates as much as possible. The education or program staff who work with youthful inmates confirmed the requirement of sight, sound and physical separation from adult inmates does not interfere with regular programming. The staff stated the youthful inmates have their own time for programs and education. She stated there are two times on Monday and Friday for the youthful inmates to participate in programs. Interviews with four youthful inmates confirmed that they have a separate time for recreation, programs and privileges. All four stated when they are outside of the housing unit they are escorted by security staff and have direct staff supervision. One youthful inmates stated that security staff made adult inmates turn and face the wall when they are walking through the hallways to classes or programs.

115.14 (c): The PAQ indicated the facility documents the exigent circumstances for each instance in which youthful inmates' access to large-muscle exercise, legally required education services, and other programs and work opportunities was denied. It noted there were zero youthful inmates who have been placed in isolation in order to separate them from adult inmates. 14-2 Sexual Abuse Prevention and Response (Policy Change Notice) states the facility shall make its best effort to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, facilities shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. During the tour the auditor observed that three inmates were placed in the segregated housing unit, however it was due to discipline and separation from other youthful inmates, not to comply with this provision. The facility had not placed youthful inmates in segregated housing in order to comply with this provision, as placing them there violates the sight and sound separation requirement for the standard. Interviews with line staff who supervise youthful inmates, education and program staff who work with youthful inmates and four youthful inmates indicated that youthful inmates are not placed in segregated housing in order to comply with this provision. Two youthful inmates who were in segregated housing were there due to disciplinary reasons and required separation from the other youthful inmates.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, population age reports, juvenile housing assignments, juvenile activity logs, observations made during the tour and information from interviews with youthful inmates, security staff who supervise youthful inmates and education and program staff who work with youthful inmates, this standard appears to require corrective action. The auditor did however observe that the facility placed three youthful inmates in the segregated housing unit (due to disciplinary issues), which also houses

adult inmates. The auditor confirmed that the youthful inmates did not have physical contact with adults, but they did have sight and sound contact with adult inmates.

Corrective Action

The facility will need to provide a process memo describing the procedure for alleviating the contact with adult inmates in segregated housing. The facility will need to provide youthful inmate housing assignments over the corrective action period so the auditor can confirm they were not placed in the same housing unit as adults.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memorandum Related to Tier Management
2. Facility Rosters

The facility provided a memo that outlined how youthful inmates would remain separated from adult inmates. The memo advised that the facility would no longer place youthful inmates in segregated housing with adult inmates, but rather they would utilize a tier management process anytime youthful inmates required restricted housing due to discipline or separation from one another.

The facility provided facility rosters weekly for over a month which confirmed that youthful inmates were only housed in the two housing units dedicated for those under eighteen. None of the youthful inmates were housed in the segregated housing unit with adults.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.15 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities
4. CoreCivic Policy 9-5 Searches of Inmates
5. PREA Resource Center Guidance in Cross-gender and Transgender Pat Searches Facilitators Guide
6. Staff Training Records

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with Transgender/Intersex Inmates

Site Review Observations:

1. Observation of Privacy in Bathrooms and Showers
2. Observation of Cross Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches of inmates. The PAQ stated there have been zero searches of this kind in the previous twelve months. 14-2 Sexual Abuse Prevention and Response, page 3 and the Policy Change Notice state that cross-gender inmate/detainee strip searches (male staff on female inmate/detainee, or, female staff on male inmate/detainee) and cross gender visual body cavity inspections (i.e. viewing of the anal and/or genital opening) shall not be conducted

except in exigent circumstances. A cross gender visual inspection of a body cavity under exigent circumstance shall be conducted only pursuant to an approved cross gender strip search. Policy further states that CoreCivic staff shall not conduct body cavity searches. Body Cavity searches may only be conducted by non-CoreCivic medical professionals. Staff of the opposite gender, other than a designated qualified medical professional, shall not observe a body cavity search. 9-5 Searches of Inmates specifically states that the strip search shall be conducted by employees of the same sex as the inmate/resident being searched except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. Any occurrences of such cross gender strip searches shall be documented in the 5-1 Incident Report administration process using Form 5-1B Notice to Administration (NTA). Security staff shall be trained on how to conduct cross-gender strip searches. Additionally, page 2 states that visual inspections of body cavities may be conducted when reasonable suspicion exists that an inmate/resident may have secreted contraband in the rectum and/or vagina, upon approval of the Shift Supervisor. The Shift Supervisor will designate two correctional staff of the same gender as the inmate/resident to perform the visual inspection.

115.15 (b): The PAQ indicated this provision is not applicable. Further communication with the PC indicated the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances and the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. 14-2 Sexual Abuse Prevention and Response, page 15 states that pat searches of female inmates/detainees by male staff are prohibited except in exigent circumstances. The facility shall not restrict female inmate/detainee access to regularly available programming or out of cell opportunities in order to comply with this provision. 9-5 Searches of Inmates, page 2 states that conducting frisk/pat searches of female inmates/residents by male staff is prohibited except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility as authorized by the Shift Supervisor or above. Any occurrences of such frisk/pat searches shall be documented in the 5-1 Incident report administration process Form 5-1B Notice to Administration. Security staff shall be trained in how to conduct cross gender frisk/pat down searches. The updated PAQ information indicated that zero female inmates were pat searched by male staff. Interviews with four female inmates and one transgender female inmate indicated that none had ever been restricted from access to regularly available programming or out of cell opportunities. Interviews with staff confirmed that none were aware of a time where female inmates had ever been restricted from access to regularly available programming or out of cell opportunities in order to comply with this provision.

115.15 (c): The PAQ did not indicate whether the facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. Further communication with the PCM indicated that they only conduct

cross gender strip searches in exigent circumstances and these circumstances would be documented. Additionally, the PAQ indicated that the facility does not house female inmates and as such any documentation of cross gender pat down searches of female inmates would not apply. 14-2 Sexual Abuse Prevention and Response, page 3 and the Policy Change Notice state that whenever a cross-gender pat search of a female inmate/detainee, cross gender body cavity inspection of any inmate/detainee, cross-gender strip search of any inmate/detainee, or body cavity search of any inmate/detainee does occur, the search shall be documented. Documentation shall be in a log maintained by the facility and in a 5-1B Notice to Administration (NTA) in accordance with CoreCivic Policy 5-1 Incident Reporting. Details of the exigent circumstances must be included in all log entries and 5-1B Notices. Additionally, 9-5 Searches of Inmates, page 2 and 3 state that any occurrences of such frisk/pat searches shall be documented in the 5-1 Incident report administration process using Form 5-1B Notice to Administration and any occurrences of such cross gender strip searches shall be documented in the 5-1 Incident Report administration process using Form 5-1B Notice to Administration.

115.15 (d): The PAQ indicates that the facility has implemented policies and procedures 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. 14-2 Sexual Abuse Prevention and Response, page 16 states that inmates/detainees may shower, perform bodily function, and change clothes 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/living quarter checks. Additionally, it states that staff of the opposite gender are required to announce their presence when entering an inmate/detainee housing unit. Where a large housing unit is broken into several individual smaller units such as pods, cell-blocks, dorms, etc. the staff member must announce as he/she enters each of the smaller units. The PAQ supplemental documentation included a memo related to disrobing, photos of the shower areas and photos of the cameras views. The memo advises inmates that the common areas are under video monitoring and as such undressing should be done in the shower areas. The photos of the showers confirm that curtains provide privacy. Additionally, the camera views provided confirmed there were no cross gender viewing issues. Further the PAQ supplemental documentation included photos of postings on each housing unit entrance door advising that opposite gender staff must announce upon entry. During the tour the auditor confirmed that housing units provided privacy through shower curtains, doors with security windows and lattice doors with additional metal barriers. Informal conversation with staff and inmates confirmed that inmates have privacy when showering, using the restroom and changing clothes. During the tour the auditor viewed the strip search areas in intake and the segregated housing unit (visitation is no contact so searches are not conducted). The intake area provided privacy through a solid door. Strip searches in the segregated housing units are completed in the showers that are equipped with curtains. A review of video

monitoring technology confirmed that a few cameras showed the bathroom/toilet areas, however they had a gray or blurred box that obstructed the viewing. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into only each housing unit. The announcement was verbal and in English only. Informal conversation with staff and inmates indicated that the opposite gender announcement is made. Interviews with 31 inmates indicated that 30 had never been naked in front of an opposite gender staff member and as such are provided privacy when showering, using the restroom and changing their clothes. All thirteen of the staff interviewed confirmed that inmates have privacy when showering, using the restroom and changing their clothes. Additionally, all thirteen staff indicated that staff of the opposite gender announce prior to entering an inmate housing/living area. 26 of the 31 inmates interviewed confirmed that staff of the opposite gender announce prior to entering inmate living areas.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and that no searches of this nature have occurred within the previous twelve months. 14-2 Sexual Abuse Prevention and Response, pages 16-17 and 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities state that the facility shall not search or physically examine a transgender or intersex inmate/detainee for the sole purpose of determining the inmate/detainee's genital status. If the inmate/detainee's genital status is unknown, it may be determined during conversation with the inmate/detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with thirteen staff indicated nine were aware of a policy prohibiting searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. The interview with the transgender inmate indicated that she had never been searched for the sole purpose of determining her genital status.

115.15 (f): 9-5 Searches of Inmates, page 1, states that security staff shall be trained in how to conduct searches of transgender and intersex inmates while page 2 states that security staff shall be trained in how to conduct cross gender frisk/pat down searches. 14-2 Sexual Abuse Prevention and Response, page 17 and 19-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 4, states that all searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy, including officer safety. 14-2 Sexual Abuse Prevention and Response, page 3 and the Policy Change Notice state that there are three options for pat searches and strip searches of transgender or intersex inmates/detainees: pat searches conducted only by female staff; asking inmates/detainees identified as transgender or intersex to identify the gender of staff with whom they would feel most comfortable conducting the pat search and/or strip search or pat searches and

	<p>strip searches conducted in accordance with the inmate/detainee’s gender identity. The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex inmates. A review of the PREA Resource Center Guidance in Cross-Gender and Transgender Pat Searches Facilitators Guide confirms that it instructs staff on how to conduct the searches under this provision. A review of sixteen staff training records indicated fifteen had received the training. The auditor requested one staff member record who the facility advised was not a staff member. Interviews with thirteen staff confirmed they all had had received training on how to conduct cross gender pat searches and searches of transgender and intersex inmates.</p> <p>Based on a review of the PAQ, 14-1 Sexual Abuse Prevention and Response, 9-5 Searches of Inmates, 19-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, Guidance in Cross-Gender and Transgender Pat Searches Facilitator Guide, staff training records, observations made during the tour and information from interviews with random staff, random inmates and transgender and intersex inmates this standard appears to be compliant.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. PREA What You Need to Know Video & Transcript 4. TDD Phone Photo 5. LanguageLine Solutions Contract 6. 14-2AA PREA Pamphlet 7. Inmate Handbook 8. PREA Posters <p>Interviews:</p>

1. Interview with the Agency Head Designee
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters in English and Spanish

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates 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. 14-2 Sexual Abuse Prevention and Response, page 13, states that the facility shall take appropriate steps to ensure that inmate/detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and response to sexual abuse and sexual harassment. Specifically it indicates that inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective and appropriate to the needs of the inmate/detainee shall be provided when simple written or oral communication is not effective. The facility will ensure that information is effectively communicated orally, on an individual basis, to inmates/detainees with limited reading skills. In the event an inmate/detainee has difficulty understanding provide information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such inmate/detainees on an individual basis. The policy further elaborates and states that each inmate is screened at intake and any disabilities are noted. The Americans with Disabilities Act (ADA) Coordinator and Admission and Orientation (A&O) Case Manager ensures the inmates understands his rights under PREA. The facility provided a photo of the TDD phone that can be utilized. Further, the agency has a contract with LanguageLine Solutions. The company offers LanguageLine Insight Video Interpreting for deaf individuals. A review of the Inmate Handbook, 14-2AA PREA Pamphlet and PREA Posters confirmed that they are available in larger font, bright colors and simple terms. The interview with the Agency Head Designee indicated the agency has established procedures to provide inmates with disabilities and inmates who are LEP equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. He stated that the CoreCivic corporate office provides assistance to the facilities that enable them to locate

potential vendors and/or agencies that would provide support services for inmates with disabilities. He stated that the agency maintains a comprehensive contract with LanguageLine and some facilities even have an MOU with organizations in the local communities to provide translation services when needed. He stated that TTY phones are provided and arrangements are made to assist those inmates who are blind. The auditor observed bulletin boards in each housing unit with posted PREA information. Bulletin boards included the Ways to Report Poster, the I Have a Right Poster, the PREA Reporting Information Poster and the 14-2AA (PREA Pamphlet). The auditor observed that not all bulletin boards included each of the posters, a few were in different housing units and as such the posted information was not consistent. The postings were observed in both English and Spanish, however most were on the same letter size paper and as such font was extremely small and difficult to read. Further the auditor observed that while the facility had numbers posted, to include speed dial numbers, the information did not indicate where the numbers went (i.e. internal reporting mechanism, external reporting mechanism, victim advocate). The PREA Reporting Information Poster included information on the victim advocate (phone number and mailing address), however it was in English only and the font again was observed to be very small and difficult to read. The I Have a Right Poster was also observed in English and Spanish on most housing unit entrance doors. The auditor observed the I Have a Right Poster in intake. The poster was on legal size paper and was in English and Spanish. Informal conversation with staff and inmate confirmed that the PREA information had been posted for a while. Inmates also stated they play the PREA video in booking. Interviews with two disabled inmates and two LEP inmates indicated three received information in a format that they could understand.

115.16 (b): The PAQ stated that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 14-2 Sexual Abuse Prevention and Response, page 13, states that the facility shall take reasonable steps to ensure meaningful access to all aspects of the facility and agency efforts to prevent, detect and respond to sexual abuse and sexual harassment to residents who are Limited English Proficient (LEP). Interpreters shall be provided who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The policy further elaborates that the facility utilizes Language Line as well as facility staff translators, when available. The policy further states that the A&O Case Manager has each inmate read a documented printed in English. If the inmate has trouble reading it, he is provided an interpreter. The agency has a contract with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. The contract was most recently signed on March 19, 2019. A review of the Inmate Handbook, 14-2AA PREA Pamphlet and PREA Posters confirmed that PREA information is available in English and Spanish. The auditor observed bulletin boards in each housing unit with posted PREA information. Bulletin boards included the Ways to Report Poster, the I Have a Right Poster, the PREA

Reporting Information Poster and the 14-2AA (PREA Pamphlet). The auditor observed that not all bulletin boards included each of the posters, a few were in different housing units and as such the posted information was not consistent. The postings were observed in both English and Spanish, however most were on the same letter size paper and as such font was extremely small and difficult to read. Further the auditor observed that while the facility had numbers posted, to include speed dial numbers, the information did not indicate where the numbers went (i.e. internal reporting mechanism, external reporting mechanism, victim advocate). The PREA Reporting Information Poster included information on the victim advocate (phone number and mailing address), however it was in English only and the font again was observed to be very small and difficult to read. The I Have a Right Poster was also observed in English and Spanish on most housing unit entrance doors. The auditor observed the I Have a Right Poster in intake. The poster was on legal size paper and was in English and Spanish. Informal conversation with staff and inmate confirmed that the PREA information had been posted for a while. Inmates also stated they play the PREA video in booking. During inmate interviews the auditor identified that over the LEP inmates were unaware of the opposite gender announcements (i.e. they indicated it was not made). The auditor determined this was more than likely due to it being made in English and they did not understand the procedure. During inmate interviews the auditor utilized LanguageLine for two LEP inmate interviews. The auditor was provided the call in number as well as the client ID. LanguageLine is accessible through staff only. Interviews with two disabled inmates and two LEP inmates indicated three received information in a format that they could understand.

115.16 (c): The PAQ stated that agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. 14-2 Sexual Abuse Prevention and Response, page 14 states that the facility will not rely on inmates/detainees to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate/detainee's safety, the performance of first responder duties or the investigation of the inmate/detainee's allegation. The PAQ indicated the facility documents the limited circumstances in individual cases where inmate interpreters, readers or other assistants are used. The PAQ expressed that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with thirteen staff indicated they were aware of a policy that prohibits the use of inmate interpreters, translator, readers or other types of inmate assistants for sexual abuse allegations. Interviews with two disabled inmates and two LEP inmates indicated one had LanguageLine translation utilized by staff for the risk screening questions.

Based on a review of the PAQ, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, the TDD Phone Photo, the LanguageLine Solutions Contract, the 14-2AA PREA Pamphlet, the Inmate Handbook, the PREA Posters, observations made during

the tour as well as interviews with the Agency Head Designee, random staff, disabled inmates and LEP inmates indicates that this standard appears to require corrective action. The auditor observed bulletin boards in each housing unit with posted PREA information. Bulletin boards included the Ways to Report Poster, the I Have a Right Poster, the PREA Reporting Information Poster and the 14-2AA (PREA Pamphlet). The auditor observed that not all bulletin boards included each of the posters, a few were in different housing units and as such the posted information was not consistent. The postings were observed in both English and Spanish, however most were on the same letter size paper and as such font was extremely small and difficult to read. Further the auditor observed that while the facility had numbers posted, to include speed dial numbers, the information did not indicate where the numbers went (i.e. internal reporting mechanism, external reporting mechanism, victim advocate). The PREA Reporting Information Poster included information on the victim advocate (phone number and mailing address), however it was in English only and the font again was observed to be very small and difficult to read. During inmate interviews the auditor identified that the LEP inmates were unaware of the opposite gender announcements (i.e. they indicated it was not made). The auditor determined this was more than likely due to it being made in English and they did not understand the procedure.

Corrective Action

The facility will need to post the PREA information consistently around the facility in English and Spanish and in adequate size font. Photos of the posted information will need to be provided to the auditor. Additionally, the facility will need to update their Spanish version of the Handbook or develop another mechanism to notify the LEP inmates of the opposite gender announcement meaning in English. A copy of the updated Handbook or posted/distributed information for LEP inmates will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated PREA Poster (Spanish)

	<ol style="list-style-type: none"> 2. Photos of Updated PREA Posters Around Facility 3. Updated Inmate Handbook 4. Memorandum Related to Opposite Gender Announcement <p>The facility provided the updated PREA Poster in English and Spanish. The updated PREA Posters included the reporting methods with appropriate description of what each number was to confirm if the method is internal or external. Photos of the updated PREA Poster around the facility were also provided. The photos illustrated the information was posted in adequate size font. Additionally, the facility provided the updated Inmate Handbook that included the appropriate reporting methods with a description of the four different hotline numbers.</p> <p>A memorandum was provided that advised that all non-English speaking inmates would be advised of the opposite gender announcement via translation of the information through LanguageLine.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H) 4. Personnel Files of Staff 5. Contractor Background Files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that 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, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when 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 above. 14-2 Sexual Abuse Prevention and Response, page 4 states that to the extent permitted by law, CoreCivic will decline to hire or promote any individuals, and decline to enlist the services of any contractor, who may have contact with inmates and who has: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when 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 above. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?", "Have you ever 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 when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated to have engaged in the activity described above?", and "Has a substantiated allegation of sexual harassment ever been made against you?". A review of personnel files for six staff who were hired in the previous twelve months indicated that all had completed the Self-Declaration of Sexual Abuse/ Sexual Harassment form and had a criminal background records check completed prior to being granted entry into the facility. A review of two contractor files confirmed that both had a criminal background records check completed prior to enlisting their services.

115.17 (b): The PAQ indicated that 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. 14-2 Sexual Abuse Prevention and Response, page 5 states that any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with inmates. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form

indicates that applicants, employees and contractors are asked to complete the form which includes the question "Has a substantiated allegation of sexual harassment ever been made against you?". The interview with the Human Resource staff confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 14-2 Sexual Abuse Prevention and Response, page 5 states that all applicants, employees and contractors who may have direct contact with inmates, shall be asked about previous misconduct, as outlined in provision (a). Additionally it states that the CoreCivic 14-2H form, or equivalent contracting agency form, will be completed as part of the hiring process. The 14-2H form shall be completed by employees as part of the promotional process including both inner-facility promotions and intra-facility promotions. The policy further indicates that Consistent with federal, state, and local law, the facility shall make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. The CoreCivic 3-20-2B PREA Questionnaire for Prior Institutional Employers form, or contracting agency equivalent form, shall be used to obtain such prior employment information. (115.17 (c) (2)). The PAQ indicated that 171 individuals hired in the past twelve months had a criminal background records check completed prior to hire. A review of six personnel files for staff hired in the previous twelve months indicated that 100% had a criminal background records check completed and one had relevant prior institutional employers contacted (none of the other five had prior institutional employment). The interview with the Human Resource staff confirmed that a criminal background records check is completed for all new employees who may have contact with inmates and that all prior institutional employers are contacted related to substantiated incidents of sexual abuse or sexual harassment and/or resignations during an investigation of sexual abuse or sexual harassment. The staff stated the facility utilizes a third party to conduct criminal background record checks. The employee enters prior employment and any criminal history. The third party runs the checks, including in all the states that the individual worked or lived.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. 14-2 Sexual Abuse Prevention and Response, page 5 states that before hiring new employees or enlisting the service of any contractor who may have contact with inmates/detainees, CoreCivic shall ensure that a criminal history record check has been conducted. In addition, CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current

employees and contractors who may have contact with inmates/detainees, or, have in place a system for otherwise capturing such information. The PAQ indicated that three contracts for services have had a criminal background checks conducted on all staff covered under the contract. A review of two contractor personnel files indicated that a criminal background records check had been conducted on both prior to enlisting their services. The Human Resource staff confirmed that contractors have a criminal background records check completed prior to enlisting their services.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees. 14-2 Sexual Abuse Prevention and Response, page 5 states that before hiring new employees or enlisting the service of any contractor who may have contact with inmates/detainees, CoreCivic shall ensure that a criminal history record check has been conducted. In addition, CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with inmates/detainees, or, have in place a system for otherwise capturing such information. The agency utilizes the Florida Crime Information Center (FCIC) and the National Crime Information Center (NCIC) to conduct criminal background checks. A review of three staff who were hired over five years prior and two contractors hired over five years prior revealed that one had a criminal background records check completed at least every five years. The facility advised that they utilize the LiveScan process through the Florida Department of Law Enforcement, which includes notification when an individual is arrested. At the issuance of the interim report the facility had not provided documentation to confirm the facility utilizes the process and that the process is appropriate for the standard. The interview with the Human Resource staff member indicated that the agency currently utilizes a third party, First Advantage, to conduct criminal background record checks. The staff stated the third party contacts prior employers and conducts a criminal history check in all states the person has lived or worked. The Human Resource staff member confirmed that they conduct background checks at least every five years and they track this through a spreadsheet to ensure they are completed.

115.17 (f): 14-2 Sexual Abuse Prevention and Response, page 5 states that all applicants, employees and contractors who may have direct contact with inmates, shall be asked about previous misconduct, as outlined in provision (a). Additionally it states that the CoreCivic 14-2H form, or equivalent contracting agency form, will be completed as part of the hiring process. The 14-2H form shall be completed by employees as part of the promotional process including both inner-facility promotions and intra-facility promotions. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility,

or other institution?”, “Have you ever 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 when the victim did not consent or was unable to consent or refuse?”, “Have you even been civilly or administratively adjudicated to have engaged in the activity described above?”, and “Has a substantiated allegation of sexual harassment ever been made against you?”. A review of six staff hired in the previous twelve months confirmed that all six had completed the 14-2H form. Additionally, a review of three staff that were promoted over the previous twelve months indicated one completed the 14-2H form prior to promotion. The interview with the Human Resource staff confirmed that all applicants, employees and contractors who have contact with inmates are asked the questions under this provision via a form that is filled out by the applicant or employee. Further the staff confirmed that the facility imposes a continuing affirmative duty to disclose any previous such misconduct.

115.17 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. 14-2 Sexual Abuse Prevention and Response, page 5 states that to the extent permitted by law, CoreCivic may decline to hire or promote, and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information.

115.17 (h): 14-2 Sexual Abuse Prevention and Response, page 5 states that unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Human Resource staff confirmed that this information would be provided when requested.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H) form, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates this standard appears to require corrective action. A review of three staff who were hired over five years prior and two contractors hired over five years prior revealed that one had a criminal background records check completed at least every five years. The facility advised that they utilize the LiveScan process through the Florida Department of Law Enforcement, which includes notification when an individual is arrested. At the issuance of the interim report the facility had not provided documentation to confirm the facility utilizes the process and that the process is appropriate for the standard. A review of three staff that were promoted over the previous twelve months indicated one completed the 14-2H form prior to promotion.

Corrective Action

The facility will need to provide appropriate information on the five year background check process. If LiveScan is utilized, the facility will need to update policy as it relates to five year background checks. Confirmation of the LiveScan process will need to be provided, including confirmation that arrests are reported to the facility. Additionally, the facility will need to ensure that the 14-2H is completed prior to promotion for all facility staff. A list of promoted staff during the corrective action plan and their corresponding 14-2H will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Clarification Related to Criminal Background Record Check Process
2. Memorandum of Understanding with Baker County Sheriff's Office
3. Process Memorandum Related to Criminal Background Record Checks
4. Criminal Background Record Checks
5. Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H) for Promoted Staff

During the corrective action period it was determined that the process for criminal background record checks was not adequate. The company utilized to conduct the criminal background record checks, First Advantage, queries records available through a public records search. The auditor determined that this was not an adequate criminal background records check. The facility indicated that their contract agency advised that they would not conduct the criminal background record checks through NCIC/FCIC for the facility. Because the facility is part of a private, for profit organization, they do not have access to law enforcement databases. As such, the agency made numerous attempts with the contract agency to provide these services, as they are outlined in their current contract. Their attempts were unsuccessful. The agency had communication with another local Sheriff's Office related to providing

these services. On January 26, 2024 the agency entered into an MOU with Baker County Sheriff's Office to conduct criminal background record checks for staff and contractors. A copy of the executed MOU was provided to the auditor.

A process memo was provided that outlined how criminal background record checks would be completed through this new MOU. The memo advised that all staff and contractors would sign a release of information upon conditional hire offer. The information would then be sent to Baker County Sheriff's Office for the criminal background records check. All individuals would then have a criminal background records check completed annually in order to satisfy the five year requirement. The memo further advised that the facility would be submitting all information for current staff and contractors to ensure all have an updated five year criminal background records check. Examples of these submissions and response from Baker County Sheriff's Office related to these criminal background record checks were provided to the auditor as confirmation of the newly implemented process.

Further the facility provided two staff that were promoted during the corrective action period. Both had completed the 14-2H prior to promotion.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response3. Form 7-1B PREA Physical Plant Considerations <p>Interviews:</p> <ol style="list-style-type: none">1. Interview with the Agency Head Designee2. Interview with the Warden

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. The memo further stated that the facility has not had any PREA physical plant upgrades in the last three years. 14-2 Sexual Abuse Prevention and Response, page 9 states that when designing or acquiring any new facility and in planning substantial expansion or modification to existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the ability of the facility and company to protect inmates/detainees from sexual abuse. Considerations from modifications and renovations shall be documented on form 7-1B PREA Physical Plan Considerations. The interview with the Agency Head Designee indicated that CoreCivic employs architects and other professionals who through experience, research and consulting have knowledge of the issues and needs presented by PREA. He said new builds and renovations, the design staff will consult with the PREA Coordinator for recommendations and work to ensure that PREA is addressed. Real estate and design staff receive information from the field on privacy concerns in areas such as showers, restrooms and any other areas where inmates may be in a state of undress. He indicated that blind spots are identified that can be corrected through video surveillance coverage. During acquisition, the staff making the site visit develop a preliminary assessment and the PREA Coordinator is involved in the review of physical plan issues. At existing facilities, a form 7-1B is used to ensure PREA is considered when initiating a renovation/new construction. The interview with the Warden confirmed that there have not been any substantial expansions or modifications since the last PREA audit. He stated they made a few simple modifications, including windows to offices to increase visibility. During the tour, the auditor did not observe any renovations, modifications or expansions.

115.18 (b): The PAQ indicated that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 14-2 Sexual Abuse Prevention and Response, page 9 states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect inmates/detainees from sexual abuse. Such considerations shall be documented on 7-1B PREA Physical Plant Considerations.

A review of the video monitoring technology confirmed that cameras were in housing units, work areas, program areas and other common areas. Video monitoring was observed to be utilized to supplement security staff and to assist with supervision and monitoring. Video monitoring technology was utilized to eliminate blind spots and provide supplemental supervision in high traffic areas. Central Control staff monitor the video cameras 24 hours a day, seven days a week. Correctional Counselors, Case Managers, Unit Managers, administrative level staff and security supervisors are able to remotely access cameras. The interview with the Agency Head Designee indicated that cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration to optimal coverage is addressed at the time of these upgrades. He said that camera placement also takes into consideration the privacy needs for cross gender viewing in areas like restroom and showers areas and that technology is also discussed with the facility during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the PREA Coordinator. The interview with the Warden confirmed that when the facility installs or updates video monitoring technology they consider how that technology can be utilized to protect inmates from sexual abuse. He stated that because inmates are aware of the video monitoring technology it helps with deterrence. Additionally, the Warden indicated the system records and they place cameras in specific areas to provide visibility.

Based on a review of the PAQ, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, form 7-1B PREA Physical Plant Considerations, observations during the tour and information from interviews with the Agency Head Designee and Warden indicates this standard appears to be compliant.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Policy 13-79 Sexual Assault Response 4. Citrus County Sheriff's Office General Order 712.05 - Investigations: Sex Offenses in Confinement Facilities 5. Memorandum of Understanding with Citrus County Sheriff's Office 6. Memorandum of Understanding with Citrus Memorial Hospital, Inc.

7. Memorandum of Understanding with Haven of Lake and Sumter Counties, Inc.

8. Investigative Reports

Interviews:

1. Interview with Random Staff

2. Interview with SAFE/SANE

3. Interview with the PREA Compliance Manager

4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative investigations while the Citrus County Sheriff's Office is responsible for conducting criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 14-2 Sexual Abuse Prevention and Response, page 28 states that CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, however the facility shall request through the MOU that the investigating entity follow the requirements. The policy states the investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The agency utilizes direction from 14-2 Sexual Abuse Prevention and Response and 13-79 Sexual Assault Response as a uniform evidence protocol. SAFE/SANE would collect evidence via the forensic medical examination and this would be turned over to local law enforcement for investigation. Local law enforcement utilize General Order 712.05, which outlines their procedure for sexual offense investigations. Interviews with random staff indicate twelve of the thirteen knew and understood the agency's protocol on obtaining usable physical evidence. Additionally, all thirteen staff stated they knew who was responsible for conducting sexual abuse investigations.

115.21 (b): The PAQ indicated that the protocol is developmentally appropriate for youth and the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. 14-2 Sexual Abuse Prevention and Response, page 28 states that the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate shall be adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against

Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. The agency utilizes direction from 14-2 Sexual Abuse Prevention and Response and 13-79 Sexual Assault Response as a uniform evidence protocol. SAFE/SANE would collect evidence via the forensic medical examination and this would be turned over to local law enforcement for investigation. Local law enforcement utilize General Order 712.05, which outlines their procedure for sexual offense investigations.

115.21 (c): The PAQ indicated that the facility offers inmates who experience sexual abuse access to forensic medical examination at an outside facility. It stated that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ further states that when SAFE or SANE are not available that a qualified medical practitioner performs forensic examinations and the facility documents efforts to provide SAFE or SANE. 14-2 Sexual Abuse Prevention and Response, page 21 states that the facility shall offer all victims of sexual abuse access to forensic medical exams, where evidentiarily or medically appropriate. The PCM, facility investigator or ADO shall consult with law enforcement prior to transporting an inmate/detainee for an examination to be performed by SAFE or SANE. If it is determined that an examination is necessary for the collection of evidence, then the facility shall transport the alleged victim. If a SAFE/SANE provider is not available, the examination may be performed by other qualified medical practitioners. The policy stated that SAFE/SANE exams are provided or coordinated by Citrus Memorial Hospital. Additionally, page 28 states that the investigating agency shall offer all victims of sexual abuse access to forensic medical examinations, without financial cost, where medically appropriate or necessary for gathering evidence. Such examinations shall be performed by SAFE or SANE when possible. 13-9 Sexual Assault Response, page 2 states that upon receiving notice of an alleged rape that occurred within the previous 72 hours, QHCP (qualified health care professional) will examine the patient inmate/resident utilizing the 13-79A Rape/Sexual Assault Protocol and will arrange for the patient inmate/detainee to be transported to the local designated Emergency Room for examination, evidence collection and prophylaxis treatment for sexually transmitted disease. A review of the MOU with Citrus Memorial Hospital (signed June 6, 2015) indicates it is a general MOU that establishes an agreement for the agency to utilize the Hospital for services. The MOU with Haven of Lake and Sumter Counties, Inc. (signed January 17, 2017) indicates that Haven of Lake and Sumter Counties, Inc. agrees to provide forensic examinations to inmate victims of sexual abuse. Such examinations shall be performed by either a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE or, if not available, other qualified medical practitioners. The PAQ indicated that there were zero forensic medical examinations conducted in the previous twelve months. A review of investigative reports confirmed there were zero forensic medical examinations completed. The auditor contacted Citrus Memorial Hospital (now known as HCA Florida Citrus Hospital) related to forensic medical examinations. The staff member advised that the hospital does not offer forensic

medical examinations and they do not have a SANE/SAFE. It should be noted that during the interview with the criminal investigator he advised the victim advocacy service (Haven of Lake and Sumter Counties, Inc.) come on-site and provide forensic medical examinations. The auditor contacted Haven of Lake and Sumter Counties, Inc. related to these services. The staff confirmed that they do have SAFE/SANE and they do provide forensic medical examinations. She indicated they have responded to correctional facilities for forensic medical examinations in the past.

115.21 (d): The PAQ indicated the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and that the efforts are documented. The PAQ also indicated that if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. 14-2 Sexual Abuse Prevention and Response, page 21, states that as requested by the victim, either a victim advocate from a rape crisis center, or a qualified community based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Checklist via the IRD. The policy states that victim advocates for a SAFE/SANE exam are provided by Haven of Sumter and Lake Counties, Inc. Additionally, page 28 states that the investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center and that as requested by the victim, a victim advocate, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The MOU with Haven of Lake and Sumter Counties, Inc. (signed January 17, 2017) indicates that Haven of Lake and Sumter Counties, Inc. agrees to that if requested by the inmate victim, allow a victim advocate, to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide confidential emotional support, crisis intervention, information, prevention and referrals. The PCM confirmed that the if requested by the victim, victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The PCM stated a victim advocate would go to the place they have the examination, but he was unsure if they were staff or outside as they have never had an inmate request a victim advocate. Interviews with inmates who reported sexual abuse indicated one of the two was afforded access to a victim advocate. The inmate victim stated he was offered an advocate but declined. A review of seven sexual abuse allegations indicated none were documented with affording the victim access to a victim advocate.

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate,

qualified agency staff member or qualified community-based organization 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. 14-2 Sexual Abuse Prevention and Response, page 21, states that as requested by the victim, either a victim advocate from a rape crisis center, or a qualified community based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Checklist via the IRD. The policy states that victim advocates for a SAFE/SANE exam are provided by Haven of Sumter and Lake Counties, Inc. Additionally, page 28 states that the investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center and that as requested by the victim, a victim advocate, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The MOU with Haven of Lake and Sumter Counties, Inc. (signed January 17, 2017) indicates that Haven of Lake and Sumter Counties, Inc. agrees to that if requested by the inmate victim, allow a victim advocate, to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide confidential emotional support, crisis intervention, information, prevention and referrals. The PCM confirmed that the if requested by the victim, victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The PCM stated a victim advocate would go to the place they have the examination, but he was unsure if they were staff or outside as they have never had an inmate request a victim advocate. He indicated he was unsure how they attempt to make an advocate from a rape crisis center as they have never had anyone ask for one and he didn't know the process. Interviews with inmates who reported sexual abuse indicated one of the two was afforded access to a victim advocate. The inmate victim stated he was offered an advocate but declined. A review of seven sexual abuse allegations indicated none were documented with affording the victim access to a victim advocate.

115.21 (f): The PAQ indicated that 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 under this standard. 14-2 Sexual Abuse Prevention and Response, page 28 states that CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, however the facility shall request through the MOU that the investigating entity follow the requirements. The MOU with the Citrus County Sheriff's Office (January 9, 2023) which states that the MOU sets forth the understanding between parties related to PREA and the requirements under 115.21, 115.22 and 115.71. The MOU further describes the referral process as well as

the requirements under 115.21.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): Advocacy services are provided by the certified rape crisis center. Advocates are provided training based on the requirements of the state.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 13-79 Sexual Assault Response, Citrus County Sheriff's Office General Order 712.05, MOU with Citrus County Sheriff's Office, MOU with Citrus Memorial Hospital, Inc., MOU with Haven of Lake and Sumter Counties, Inc., Investigative Reports and information from interviews with random staff, the SAFE/SANE, the PREA Compliance Manager and inmates who reported sexual abuse indicates that this standard appears to require corrective action. The auditor contacted Citrus Memorial Hospital (now known as HCA Florida Citrus Hospital) related to forensic medical examinations. The staff member advised that the hospital does not offer forensic medical examinations and they do not have a SANE/SAFE. It should be noted that during the interview with the criminal investigator he advised the victim advocacy service (Haven of Lake and Sumter Counties, Inc.) come on-site and provide forensic medical examinations. The auditor contacted Haven of Lake and Sumter Counties, Inc. related to these services. The staff confirmed that they do have SAFE/SANE and they do provide forensic medical examinations. She indicated they have responded to correctional facilities for forensic medical examinations in the past. The PCM confirmed that the if requested by the victim, victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The PCM stated a victim advocate would go to the place they have the examination, but he was unsure if they were staff or outside as they have never had an inmate request a victim advocate. He indicated he was unsure how they attempt to make an advocate from a rape crisis center as they have never had anyone ask for one and he didn't know the process. A review of seven sexual abuse allegations indicated none were documented with affording the victim access to a victim advocate.

Corrective Action

The facility will need to alleviate the discrepancy related to forensic medical examination services. If Haven of Lake and Sumter Counties, Inc. is being utilized, the facility will need to update their policy. Appropriate staff will need to be trained on the appropriate policy. A copy of the updated policy and training will need to be provided.

The facility will also need to determine the process for affording access to a victim advocate for all victims of sexual abuse (regardless of whether there is a forensic medical examination or not). Appropriate staff will need to be trained on this process. A copy of the training will need to be provided. The facility will need to provide a list of sexual abuse allegations reported during the corrective action period and associated victim advocacy documents.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Process Memorandum Related to SAFE/SANE
2. Staff Training
3. List of Sexual Abuse Allegations During Corrective Action Period
4. Victim Advocacy Documents

The facility provided a memo that indicated SAFE/SANE is coordinated by the Citrus County Sheriff's Office, as they handle all criminal sexual abuse allegations. The memo stated SAFE/SANE would be provided either on-site or at the hospital, as deemed appropriate by the Sheriff's Office Investigator/Deputy. Staff signed the memo indicating they were provided training on this process.

Further staff training was provided that outlined that Haven of Lake and Sumter Counties is utilized as the victim advocate when a victim request a victim advocate. The memo indicated this can be requested during any part of the process, after the allegation is reported.

A list of sexual abuse and sexual harassment allegations reported during the corrective action period was provided to the auditor as well as four examples that notated that a victim advocate was not requested by the victim.

Based on the documentation provided the facility has corrected this standard and as

	such appears to be compliant.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Policy 5-1 Incident Reporting 4. Citrus County Sheriff’s Office General Order 712.05 – Investigations: Sex Offenses in Confinement Facilities 5. Memorandum of Understanding with Citrus County Sheriff’s Office 6. Investigative Reports 7. Investigative Log <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 14-2 Sexual Abuse Prevention and Response, page 24 states that the Warden/Facility Administrator shall ensure that an administrative investigation and/or a referral for a criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Additionally, 5-1 Incident Reporting, page 7 states that a 5-1G Incident Investigative Report must be completed for all Priority PREA and I incidents by supervisory level employee, to be determined by the ADO, not involved in the incident. Citrus County Sheriff’s Office General Order 712.05, page 4 states the Sheriff’s Office will respond to complaints or reports of sexual abuse that have been alleged in any confinement facility in Citrus County. The General Order spells out the</p>

responsibilities of the Sheriff's Office when conducting sexual abuse allegations. The PAQ did not indicate the number of allegations and investigations. A review of the investigative log indicated there were eleven allegations reported during the previous twelve months. A review of ten investigations indicated all ten had a completed administrative investigation. Three were referred to the Sheriff's Office, two of which they declined to investigate. One included an investigative case number. The interview with the Agency Head Designee indicated it is CoreCivic policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies with the legal authority to conduct criminal investigations. He stated that all administrative investigations are conducted by CoreCivic investigators who have received the specialized PREA training and/or law enforcement officials. The Agency Head Designee indicated that all allegations are reported in the CoreCivic Incident Reporting Database (IRD) system which triggers an investigation. This system requires multiple levels of administrative oversight and review. All allegations that could result, if substantiated, in criminal violations and referred to the appropriate law enforcement officials (or by contracted partner investigative entity). He stated that the staff work with outside law enforcement, upon request.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or made publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 14-2 Sexual Abuse Prevention and Response, page 22 states that the Administrative Duty Office (ADO) staff, the PCM, Warden/Facility Administrator or designed on-site supervisory staff shall immediately report all allegations of sexual assault, sexual abuse or sexual harassment to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegations does not involve potentially criminal behavior or the allegation would not be considered a criminal act under federal, state or local law. Citrus County Sheriff's Office General Order 712.05, page 4 states the Sheriff's Office will respond to complaints or reports of sexual abuse that have been alleged in any confinement facility in Citrus County. A review of CoreCivic's website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

. A review of ten investigations indicated three were referred to the Sheriff's Office, two of which they declined to investigate. One included an investigative case number. The interview with the facility investigator indicated the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the activity is clearly not criminal. He stated anything criminal would be referred to the Sheriff's Office. The criminal investigator (Sheriff's Office) further confirmed that their agency conducts criminal investigations for the facility.

115.22 (c): Citrus County Sheriff's Office General Order 712.05, page 4 states the Sheriff's Office will respond to complaints or reports of sexual abuse that have been alleged in any confinement facility in Citrus County. Additionally, the facility has an MOU with the Citrus County Sheriff's Office (executed January 9, 2023) which states that the MOU sets forth the understanding between parties related to PREA and the requirements under 115.21, 115.22 and 115.71. The MOU outlines the facility's responsibilities as well as the Sheriff's Office responsibilities. A review of CoreCivic's website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available as well as CoreCivic Policy 14-2. Information is located at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

115.22 (d): The auditor is not required to audit this provision.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 5-1 Incident Reports, Citrus County Sheriff's Office General Order 712.05, the MOU with Citrus County Sheriff's Office, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and the facility investigator, this standard appears to be compliant.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. PREA Overview Facilitator Guide 4. Supervising Female Inmates PREA What You Need to Know PowerPoint 5. Staff Training Records (14-2A CoreCivic PREA Training Acknowledgment)

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.31 (a): The PAQ stated that the agency trains all employees who may have contact with inmates on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. How to detect and respond to signs of threatened and actual sexual abuse was not checked, however further communication with the PCM indicated that was an oversight and that this topic is also covered during staff training. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. At minimum, all employees shall receive pre-service and annual in-service training on the following: the CoreCivic zero tolerance policy for sexual abuse and sexual harassment, how to fulfill employee responsibilities for sexual abuse and sexual harassment prevention, detection, reporting and response in accordance with policy, the right of the inmates/detainees to be free from sexual abuse and sexual harassment, the right of the inmates/detainees and employees to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting including locations, situations and circumstances in which sexual abuse may occur, signs of victimization and common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates/detainees, how to communicate effectively and professionally with inmates/detainees including LGBTI and gender non-conforming inmates/detainees and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of the PREA Overview Facilitator Guide confirmed that the staff training includes information on: the agency's zero tolerance policy (page 3), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (pages 4-19), the inmates' right to be free from sexual abuse and sexual harassment (pages 19-20), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (pages 19-20), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 21-23), the common reactions of sexual abuse and sexual harassment victims (page 24-26), how

to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates (page 26-27), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (pages 28-30) and how to comply with relevant laws related to mandatory reporting (page 30). A review of sixteen staff training records indicated fifteen had received PREA training. One staff member selected by the auditor was unable to be identified by the facility as a staff member. Interviews with thirteen random staff confirmed that all thirteen have received PREA training. Staff confirmed that the components under this provision were included in the training. Staff stated training is completed upon hire and then annually. Topics during PREA training include: searches, the opposite gender announcement, LGBTI issues and first responder duties.

115.31 (b): The PAQ indicated that training is tailored to the gender of the inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. Such training shall be tailored to the gender of the inmates/detainees at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of inmate/detainee shall receive additional training. A review of the Supervising Female Inmates PREA What You Need to Know PowerPoint indicated it includes specific information related to female inmates as it relates to searches, knock and announce, transgender inmates, voyeurism and other issues. Additionally, review of the PREA Overview Facilitator Guide confirmed that the dynamics of sexual abuse in a confinement setting section included information for male facilities and female facilities. Additionally, the common reactions of victims of sexual abuse and sexual harassment includes information on male and female inmates. The facility houses adult male inmates and adult female inmates. A review of sixteen staff training records indicated fifteen had received PREA training. One staff member selected by the auditor was unable to be identified by the facility as a staff member.

115.31 (c): The PAQ indicated that all of the staff have been trained or retrained in PREA requirements. The PAQ stated that staff are trained annually. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. At minimum, all employees shall receive pre-service and annual in-service. A review of documentation indicated ten of the sixteen staff had received PREA training in the last two years. One staff member selected by the auditor was not identified as a staff member by the facility and five staff were recently hired and as such did not yet have a second training.

115.31 (d): The PAQ stated that the agency documents that employees who may have contact with inmates understand the training they have received through

employee signature or electronic verification. 14-2 Sexual Abuse Prevention and Response, page 6 states that employees shall be required, by either electronic or manual signatures, their understanding of the training that they have received at Pre-Service Training and annual In-Service Training each employee and contractor shall be required to sign a 14-2A PREA Training Acknowledgement Pre-Service/In-Service form. Signed documentation will be maintained in the employee's training and/or HR file. A review of a sample of staff training records indicated that staff sign the PREA Training Acknowledgment form and/or staff complete an electronic notification.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the PREA Overview Facilitator Guide, Supervising Female Inmates PREA What You Need to Know PowerPoint, staff training records as well as interviews with random staff indicates this standard appears to be compliant.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. PREA Overview: Training for Contractors and Volunteers (14-2K) 4. Sample of Contractor Training Records (14-2A CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment and/or 14-2J PREA Zero Tolerance Policy Acknowledgment) 5. Sample of Volunteer Training Records (14-2K PREA Overview: Training for Contractors and Volunteers) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Volunteers and/or Contractors who have Contact with Inmates <p>Findings (By Provision):</p>

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 14-2 Sexual Abuse Prevention and Response, pages 7 state that and volunteers and contractor who have contact with inmates/detainees shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting and response as outlined in policy. Contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. Contractors who may have contact with inmates/detainees, including but not limited to, vendors, delivery truck drivers, or service personnel repairing equipment in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment for which provides basic training on the zero tolerance policy and reporting incidents. Volunteers who have contact with inmates/detainees, shall complete the CoreCivic PREA training in the 14-2K PREA Overview Training for Contractors and Volunteers administered by the facility Chaplain or Volunteer Coordinator/designee. All volunteers and contractors receive the PREA Training for Level I Volunteers. A review of 14-2A, 14-2J and 14-2K indicate that all include information on the zero tolerance policy and how to report such incidents. 14-2K and 14-2A both include information on prevention, detection and response, how the volunteer/contractor fulfills their role in the CoreCivic policy and how to comply with relevant laws. The PAQ did not indicate the number of contractors and volunteer that received training. A review of a sample of four contractor training records and six volunteer training records indicated that all ten had received PREA training. The interviews with the contractors and volunteer confirmed that they all received training related to their responsibilities under the agency's sexual abuse and sexual harassment policies.

115.32 (b): The PAQ indicated that 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. Additionally, the PAQ indicates that 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 on how to report such incidents. 14-2 Sexual Abuse Prevention and Response, page 7 states that the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact with inmates/detainee. All volunteers and contractors who have contact with inmates/detainees shall acknowledge the CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. All volunteers shall be required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment form. Contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-2A PREA Training

Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. Contractors who may have contact with inmates/detainees, including but not limited to, vendors, delivery truck drivers, or service personnel repairing equipment in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment for which provides basic training on the zero tolerance policy and reporting incidents. Volunteers who have contact with inmates/detainees, shall complete the CoreCivic PREA training in the 14-2K PREA Overview Training for Contractors and Volunteers administered by the facility Chaplain or Volunteer Coordinator/designee. All volunteers and contractors receive the PREA Training for Level I Volunteers. A review of 14-2A, 14-2J and 14-2K indicate that all include information on the zero tolerance policy and how to report such incidents. 14-2K and 14-2A both include information on prevention, detection and response, how the volunteer/contractor fulfills their role in the CoreCivic policy and how to comply with relevant laws. A review of a sample of four contractor training records and six volunteer training records indicated that all ten had received PREA training. The interviews with the contractors and volunteer confirmed they received training that included information on the zero tolerance policy and how to report sexual abuse. One contractor stated the training was computer based and at the end there was a place to affirm that the training was completed and understood. The second contractor stated she took a class that included PREA and that the facility also went through policy and procedure on PREA with her, including how to handle a situation. The volunteer stated that PREA information is provided as part of the regular volunteer training. The volunteer indicated he read and signed off on the information.

115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 14-2 Sexual Abuse Prevention and Response, page 8 states that the signed documentation confirming that each volunteer or contractors understand the training that he/she received will be kept in the volunteer or contractor's file by either the Learning Development Manager, facility Volunteer Coordinator or other staff designated by the Warden/Facility Administrator or PCM. A review of a sample of four contractor training documents and six volunteer training documents confirmed 100% of those reviewed had signed the 14-2A, 14-2J or 14-2K. Each form has an acknowledgment above the signature stating that the individual has reviewed/read the information and understands the content.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, PREA Overview: Training for Contractors and Volunteers, a review of a sample of contractor and volunteer training records as well as the interview with the contractor indicates that this standard appears to be compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. 14-2AA PREA Pamphlet
4. Inmate Handbook
5. PREA What You Need to Know Video
6. PREA Posters
7. Inmate Education Records

Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Intake Area
2. Observations of Posted PREA Information

Findings (By Provision):

115.33 (a): The PAQ stated that inmates receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. 14-2 Sexual Abuse Prevention and Response, page 12 states that upon arrival at the facility for intake, each inmate/detainee shall be provide with information regarding sexual abuse prevention and reporting. Policy indicates that inmates/detainees are provide the 14-2AA PREA Pamphlet at intake in either English or Spanish. A review of the pamphlet confirms that it contains facts about sexual abuse, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. Inmates are required to sign an acknowledgment of the receipt of the PREA pamphlet/video form once received. The PAQ indicated 4747 inmates received information at intake, which is 100% of those that arrived in the

previous twelve months. A review of 61 inmate files of those received within the previous twelve months indicated that all 61 had received PREA information. Nine of the 61 were documented with receiving the information well after intake. The auditor observed the intake process through a demonstration. Inmates are provided a copy of the Inmate Handbook (available in English and Spanish). Pages 9-11 of the Inmate Handbook has PREA information. Inmates sign that they received the Inmate Handbook. The interview with the intake staff confirmed that inmates receive information on the zero tolerance policy and how to report allegations of sexual abuse. The staff stated inmates receive the information through the booking process where staff explain how to report and who to go to. Additionally, the information is provided in the Handbook, where staff advise them the numbers to call, who the Unit Manager is and how they can report to the Unit Manager. 26 of the 31 inmates interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies, including zero tolerance and ways to report sexual abuse and sexual harassment.

115.33 (b): 14-2 Sexual Abuse Prevention and Response, pages 12-13 state that within 30 days following intake, either in person or through video, inmates/detainees shall receive comprehensive educational information on the following topics related to sexual abuse and sexual assault prevention and intervention: CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents, threats or suspicion of sexual abuse or sexual harassment; an inmate/detainee's right to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents; inmate/detainee on inmate/detainee sexual abuse; employee on inmate/detainee sexual abuse; availability of policies regarding sexual abuse prevention/intervention; and available emotional support services to include internal and external victim advocates and community support services. The policy states that comprehensive education includes a copy of the 14-2AA PREA pamphlet, the facility handbook and viewing of the PREA video. A review of the PREA video confirmed that it provides inmates information on the zero tolerance policy, how to report, rights to medical and mental health care, definitions, how to stay safe and information on the investigation. A review of the PREA Pamphlet confirms that it contains facts about sexual abuse, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. Additionally, the Inmate Handbook contains information on the zero tolerance policy, definitions of sexual abuse and sexual harassment, reporting mechanisms, self-protection, counseling and support services and discipline for PREA violations. The PAQ indicated that 4747 inmates received comprehensive PREA education within 30 days of intake, which is over 100% of those that arrived in the previous twelve months that stayed longer than 30 days. Further communication with the PC indicated all inmates receive comprehensive PREA education upon arrival. A review of 61 inmate files of those received in the previous twelve months indicated that all 61 had received comprehensive PREA education. 52 of the 61 had received the education within 30 days of intake. The auditor observed the comprehensive PREA education process is the process completed during intake. Inmates are provided a

copy of the Inmate Handbook (available in English and Spanish). Pages 9-11 of the Inmate Handbook has PREA information. Inmates sign that they received the Inmate Handbook. During the intake process the PREA What You Need to Know Video is placed on the televisions in front of the holding cells. The video is played on a loop. Inmates are required to sign that they viewed the video. The auditor observed that the video is played on 36 inch televisions. The video does not have audio, but rather subtitles. Subtitles are in English and Spanish and while subtitles were in adequate font, the position of the television did not provide appropriate viewing of the subtitles for some inmates. The interview with the intake staff indicated that inmates are provided information on their right to be free from sexual abuse, their right to be free from retaliation and the facility's policies and procedures in response to an allegation of sexual abuse via the Handbook. Additionally, staff go over PREA information with inmates and they currently show the PREA What You Need to Know video on a loop while individual are in the holding cell of booking. The staff stated all of this is done within a few hours of arrival at the facility. 21 of the 31 inmates interviewed indicated that they were informed of their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting and the facility's policies and procedures in response to an allegation of sexual abuse and sexual harassment. Most stated the information was provided when they first arrived either by a staff member or through a video that was playing in booking.

115.33 (c): The PAQ indicated all current inmates at the facility had been educated on PREA within 30 days. Additionally, it stated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation from reporting such incidents and on any agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. 14-2 Sexual Abuse Prevention and Response, page 13 states that inmates/detainees who have been transferred from another facility shall receive intake material from the receiving facility to serve as refresher training. The interview with the intake staff indicated that inmates are provided information on their right to be free from sexual abuse, their right to be free from retaliation and the facility's policies and procedures in response to an allegation of sexual abuse via the Handbook. Additionally, staff go over PREA information with inmates and they currently show the PREA What You Need to Know video on a loop while individual are in the holding cell of booking. The staff stated all of this is done within a few hours of arrival at the facility. A review of a total of 67 inmate files indicated that all 67 had PREA education. There were zero inmates identified to have been at the facility prior to 2013.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for inmates who are LEP, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. 14-2 Sexual Abuse Prevention and Response, page 12 states that the facility shall provide resident education at intake in formats

accessible to all residents including those who are disabled or LEP. 14-2AA PREA pamphlet is available in English and Spanish. Policy states that inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective and appropriate to the needs of the inmate/detainee shall be provided when simple written or oral communication is not effective. The facility will ensure that information is effectively communicated orally, on an individual basis, to inmates/detainees with limited reading skills. In the event an inmate/detainee has difficulty understanding provide information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such inmate/detainees on an individual basis. Policy also states that interpreters shall be provided (for LEP inmates) who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The policy further elaborates that the facility utilizes Language Line as well as facility staff translators, when available. The agency has a contract with LanguageLine Solutions which includes translation services for LEP inmates and Insight Video Interpreting for deaf individuals. A review of the Inmate Handbook, 14-2AA PREA Pamphlet and PREA Posters confirmed that PREA information is available in larger font, bright colors and Spanish. A review of six disabled inmate records indicated that all six had received comprehensive PREA education and signed that they understood the training. A review of four LEP inmate files confirmed that all four signed an acknowledgment form in Spanish. It should be noted that three of the four had completed comprehensive PREA education during the interim report period, which was over the 30 day timeframe as outlined in provision (b). It should be noted the acknowledgment form (signed when education is completed) had the information in both English and Spanish on each form to ensure any LEP inmates were aware of what they were signing. During the intake process the PREA What You Need to Know Video is placed on the televisions in front of the holding cells. The video is played on a loop. Inmates are required to sign that they viewed the video. The auditor observed that the video is played on 36 inch televisions. The video does not have audio, but rather subtitles. Subtitles are in English and Spanish and while subtitles were in adequate font, the position of the television did not provide appropriate viewing of the subtitles for some inmates.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. 14-2 Sexual Abuse Prevention and Response, page 13 states that inmates/detainees shall sign indicating acknowledgment that they received intake information and the 30 day comprehensive education and this documentation shall be maintained by the facility in the inmate/detainee file. A review of 67 inmate files indicated that all had a signed acknowledgment of the education. The acknowledgment form had the information in both English and Spanish on each form to ensure any LEP inmates were aware of what they were signing.

115.33 (f): The PAQ as well as 14-2 Sexual Abuse Prevention and Response, page 13 indicate that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks or other written formats. A review of documentation confirmed the facility had PREA information via the PREA Pamphlet, Inmate Handbook and PREA Posters. The auditor observed bulletin boards in each housing unit with posted PREA information. Bulletin boards included the Ways to Report Poster, the I Have a Right Poster, the PREA Reporting Information Poster and the 14-2AA (PREA Pamphlet). The auditor observed that not all bulletin boards included each of the posters, a few were in different housing units and as such the posted information was not consistent. The postings were observed in both English and Spanish, however most were on the same letter size paper and as such font was extremely small and difficult to read. Further the auditor observed that while the facility had numbers posted, to include speed dial numbers, the information did not indicate where the numbers went (i.e. internal reporting mechanism, external reporting mechanism, victim advocate). The PREA Reporting Information Poster included information on the victim advocate (phone number and mailing address), however it was in English only and the font again was observed to be very small and difficult to read. The I Have a Right Poster was also observed in English and Spanish on most housing unit entrance doors. The auditor observed the I Have a Right Poster in intake. The poster was on legal size paper and was in English and Spanish. Informal conversation with staff and inmate confirmed that the PREA information had been posted for a while. Inmates also stated they play the PREA video in booking.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 14-22A PREA pamphlet, the Inmate Handbook, the PREA Posters, the PREA Video, a review of inmate records, observations made during the tour as well information obtained during interviews with intake staff and random inmates indicate that this standard appears to require corrective action. During the intake process the PREA What You Need to Know Video is placed on the televisions in front of the holding cells. The video is played on a loop. Inmates are required to sign that they viewed the video. The auditor observed that the video is played on 36 inch televisions. The video does not have audio, but rather subtitles. Subtitles are in English and Spanish and while subtitles were in adequate font, the position of the television did not provide appropriate viewing of the subtitles for some inmates. The auditor observed bulletin boards in each housing unit with posted PREA information. Bulletin boards included the Ways to Report Poster, the I Have a Right Poster, the PREA Reporting Information Poster and the 14-2AA (PREA Pamphlet). The auditor observed that not all bulletin boards included each of the posters, a few were in different housing units and as such the posted information was not consistent. The postings were observed in both English and Spanish, however most were on the same letter size paper and as such font was extremely small and difficult to read. Further the auditor observed that while the facility had numbers posted, to include speed dial numbers, the information did not indicate where the numbers went (i.e. internal reporting mechanism, external reporting mechanism, victim advocate). The PREA Reporting Information Poster

included information on the victim advocate (phone number and mailing address), however it was in English only and the font again was observed to be very small and difficult to read. The I Have a Right Poster was also observed in English and Spanish on most housing unit entrance doors. The auditor observed the I Have a Right Poster in intake. The poster was on legal size paper and was in English and Spanish.

Corrective Action

The facility will need to revamp the current education process to ensure a structured process is utilized with the video and information. This method should be accessible for LEP and disabled inmates. The facility will need to provide a process memo detailing the updated education process as well as confirmation of the process (i.e. a video of the new process). The facility will need to ensure all LEP and disabled (specifically vision impaired) received appropriate PREA education. A copy of any updated education will need to be provided to the auditor. The facility will also need to update all current information, including posters and the Inmate Handbook on the accurate reporting mechanisms. The facility will need to ensure large posters are in each housing unit, in both English and Spanish. Photos of the postings will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Process Memorandum Related to Inmate Education Process
2. Video of Inmate Education
3. LEP Inmate Education Documents
4. Updated PREA Poster
5. Photos of Updated PREA Posters Around Facility
6. Updated Inmate Handbook

	<p>The facility provided a memo that outlined the updated inmate education process. The memo advised that inmates would watch the newly released PREA video and then they would go over facility specific information in the Handbook with the inmate in person. The facility provided a video illustrating the updated inmate education process.</p> <p>The facility provided one LEP inmate education document confirming the inmate received PREA education in Spanish. The facility indicated there were no additional LEP inmates received during the corrective action period.</p> <p>The updated PREA Poster and update Inmate Handbook were provided. Both included the updated information for reporting methods, including the four hotline numbers. The updated information noted the agency each number sent to including if they were internal or external. Additionally, the Handbook was updated to include the correct information for the victim advocacy service. Both documents were provided in English and Spanish. Photos of the updated PREA Posters around the facility were also provided.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. National Institute of Correction (NIC): Investigating Sexual Abuse in a Confinement Setting 4. Investigator Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 14-2 Sexual Abuse Prevention and Detection, page 6 states that in addition to the general training provided to all employees, and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PCM shall ensure that more than one person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as backup during employee absences. This training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review documentation indicated the one facility investigator had completed the specialized training. The interview with the facility investigator confirmed that he completed specialized training. He stated he has received quite a bit of training that went through the steps and processes as well as the protocol on how to handle a PREA allegation. The criminal investigator stated he received training a long time ago in 2016. He stated the training was an eight hour class that went over steps for PREA allegations.

115.34 (b): 14-2 Sexual Abuse Prevention and Detection, page 7 states that specialized training for investigators shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review documentation indicated the one facility investigator had completed the specialized training. The interviews with the facility investigator and the criminal investigator confirmed that the specialized training they received included all the elements required under this provision.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that

investigators have completed the required training. The PAQ indicated one investigator received the training. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review of ten investigations indicated they were completed by two facility investigators. Documentation was provided for the current facility investigator, however at the issuance of the interim report the second had not yet been provided.

115.34 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the NIC training curriculum, investigator training records as well as the interviews with the investigators, indicates that this standard appears to require corrective action. A review of ten investigations indicated they were completed by two facility investigators. Documentation was provided for the current facility investigator, however at the issuance of the interim report the second had not yet been provided.

Corrective Action

The facility will need to provide the specialized investigator training for the second investigator.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigator Record

The facility provided the originally requested investigator training record. The document confirmed the second investigator that completed investigations had the specialized training as of September 2023.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic 14-2 Sexual Abuse Prevention and Response
3. National Institute of Corrections (NIC) Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff
4. PREA Medical and Mental Health Care: A Trauma Informed Approach
5. Medical and Mental Health Staff Specialized Training Records
6. Medical and Mental Health Training (14-2A CoreCivic PREA Training Acknowledgment)

Interviews:

1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. 14-2 Sexual Abuse Prevention and Response, page 7 states that in addition to the general training provided to all employees to comply with PREA Standard 115.31, all full and part-time qualified health care professionals and qualified mental health care professionals, shall receive specialized training. Training includes; how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to response effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations of sexual abuse and sexual harassment. The training is completed through the NIC Sexual Abuse and

Sexual Harassment in a Confinement Setting for Health Care Staff curriculum. A review of the training modules, both trainings include the following topics: how to detect and assess signs of sexual abuse and sexual harassment (chapter 2), how to preserve physical evidence of sexual abuse (chapter 3), how to respond effectively and professionally to victims of sexual abuse and sexual harassment (chapter 2) and how and whom to report allegations or suspicion of sexual abuse and sexual harassment (chapter 4). The PAQ did not indicate the number and percent of medical and mental health staff under this provision. A review of PAQ supplemental documentation indicated 23 medical and mental staff had completed the specialized medical and mental health training in 2023. A review of six medical and mental health staff training records indicated that all six had received the specialized medical and mental health training. Interviews with medical and mental health care staff confirmed that they both completed specialized training. The staff stated the training was online and in person and covered topics such as how to handle a sexual abuse allegation, who to notify, symptoms of sexual abuse and characteristics of victims and perpetrators. Both staff confirmed the required topics under this provision were included in the training.

115.35 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. Forensic exams are conducted at the local hospital. The interviews with the medical and mental health care staff confirmed that facility staff do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. 14-2 Sexual Abuse Prevention and Response, page 7 states that medical and mental health staff are required to document completion of this training by signing the 14-2A1 PREA Training Acknowledgment Specialized Training. This documentation shall be maintained in the employee training file. A review of PAQ supplemental documentation indicated 23 medical and mental staff had completed the specialized medical and mental health training in 2023. A review of six medical and mental health staff training records indicated that all six were documented with the specialized medical and mental health training.

115.35 (d): 14-2 Sexual Abuse Prevention and Response, page 6 states that employees shall be required, by either electronic or manual signatures, their understanding of the training that they have received at Pre-Service Training and annual In-Service Training each employee and contractor shall be required to sign a 14-2A PREA Training Acknowledgement Pre-Service/In-Service form. It also states that contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero

	<p>Tolerance Policy Acknowledgment forms. A review of six medical and mental health staff training documents indicated that two had completed the contractor PREA training and four had completed the staff PREA training.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the NIC training curriculum, the PREA Medical and Mental Health Care: A Trauma Informed Approach curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.</p>
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115.41 Screening for risk of victimization and abusiveness	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. 14-2B Sexual Abuse Screening Tool 4. Inmate Assessment and Re-Assessment Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Random Inmates 3. Interview with the PREA Coordinator 4. Interview with the PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area 2. Observations of Where Inmate Files are Located <p>Findings (By Provision):</p>

115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. 14-2 Sexual Abuse Prevention and Response, page 10 states that all inmate/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education and programming assignments. The goal is to keep separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. This includes inmates/detainees who have been transferred from another facility, have been received from a reception center where an assessment may already have been completed as part of reception and inmates/detainees who have been returned from court, or other leave status. The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed at the booking counter. The auditor observed that this area did not provide adequate privacy as the inmate was seated out in the open with other staff and inmates moving around and completing other tasks/duties. The booking staff pull up the risk screening questions in the online system. The risk form has fifteen questions for victimization and six questions for perpetration. Booking staff ask each question on the form and utilize the inmate's self-disclosure to complete the risk screening form. Booking staff stated that before housing the inmate they will go into and look at information such as criminal history. The staff stated if there is discrepancies between the self-disclosure and file review, they go in and update the risk screening information with the correct information from the file review. Staff stated they have a hotline and bilingual staff to assist with LEP inmates, however they have not had any LEP inmates. Staff stated if the inmate was disabled they would obtain assistance from medical and/or mental health. The interview with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization and/or abusiveness upon admission to the facility. Interviews with 24 inmates that arrived within the previous twelve months confirmed 21 had an initial risk screening completed when they first arrived.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. 14-2 Sexual Abuse Prevention and Response, page 10 states that inmates/detainees shall be assessed within 24 hours of arrival at the facility, unless contracting agency policy authorizes 72 hours following arrival. The PAQ stated that 3164 inmates that arrived in the previous twelve months were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours, which is 100% of those that arrived in the previous twelve months and stayed longer than 72 hours. A review of 61 inmate records of those received in the previous twelve indicated 60 had an initial risk screening. Of the 60, two were past the 72 hour timeframe. It should be noted that one inmate had an initial risk screening, however it was incomplete so the auditor did not count it as a completed risk assessment. The interview with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization and/or abusiveness within 72 hours. Interviews

with 24 inmates that arrived within the previous twelve months confirmed 21 had an initial risk screening completed when they first arrived.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 14-2 Sexual Abuse Prevention and Response, page 10 states that screenings will be completed and documented using an objective screening instrument. The CoreCivic 14-2B Sexual Abuse Screening Tool shall be utilized for this purpose unless the contracting agency requires usage of another form or computerized screening process. The policy states that the facility utilizes the Georgia Department of Corrections Policy 208.06 Attachment 4 - PREA Sexual Victim/ Sexual Aggressor Classification Screening Tool. Additionally, policy states that screenings shall also include a review of the inmate/detainee's available institutional file. A review of Attachment 4 indicates that the assessment includes ten questions for sexual victimization factors and four questions for sexual aggressor factors. At the end of each section the total number of "yes" answers are totaled to determine if there is a risk.

115.41 (d): 14-2 Sexual Abuse Prevention and Response, pages 10-11 indicate that the intake screening shall consider, at minimum, the following criteria to assess inmates/detainees for risk of victimization: whether the inmate/detainee has a mental, physical or developmental disability; the age of the inmate/detainee; the physical build of the inmate/detainee; whether the inmate/detainee has previously been incarcerated; whether the inmate/detainee's criminal history is exclusively nonviolent; whether the inmate/detainee has prior convictions for sex offenses against an adult or child; whether the inmate/detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, whether the inmate/detainee has previously experienced sexual victimization; the inmate/detainee's own perception of vulnerability and whether the inmate/detainee is detained solely for civil immigration purposes. Additionally, policy states that screenings shall also include a review of the inmate/detainee's available institutional file. A review of Attachment 4 indicates that the assessment includes ten questions for sexual victimization factors, including; prior victimization, age, physical stature, disabilities, prior incarceration, sexual preference and/or gender identity and own perceptions to vulnerability. The staff who perform the risk screening stated that the risk screen is completed verbally by asking questions and also through a file review. Staff stated the risk screening includes prior sexual victimization, size, demeanor and criminal history. The staff further confirmed that all required elements under this provision are included in the risk screening tool.

115.41 (e): 14-2 Sexual Abuse Prevention and Response, page 11 states that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. Additionally, policy states that screenings shall also include a review of the inmate/detainee's available

institutional file. A review of Attachment 4 indicates that the assessment includes ten questions for sexual victimization factors, including; prior victimization, age, physical stature, disabilities, prior incarceration, sexual preference and/or gender identity and own perceptions to vulnerability. The staff who perform the risk screening stated that the risk screen is completed verbally by asking questions and also through a file review. Staff stated the risk screening includes prior sexual victimization, size, demeanor and criminal history. The staff further confirmed that all required elements under this provision are included in the risk screening tool.

115.41 (f): The PAQ indicated that 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. 14-2 Sexual Abuse Prevention and Response, pages 11-12 states that within a set period of time not to exceed 30 days from the inmate's arrival at the facility, a reassessment of the inmate/detainee's risk level of victimization or abusiveness, will be completed utilizing the 14-2B Sexual Abuse Screening Tool, or contracting agency equivalent instrument. Additionally, policy states that the 30-day reassessment will include any additional relevant information received by the facility since the initial intake screening. The facility will maintain a tracking system to ensure that reassessments are not completed beyond 30 days. The PAQ was blank related to number of reassessments. The auditor had staff provide a demonstration of the 30 day reassessment. Reassessments are either done in staff offices or in the hallway outside the unit. Staff stated they ensure the hallway area is private prior to completing the reassessment. Staff ask the inmate, at minimum, if anything has changed from the initial assessment. Staff attempt to ask the risk screening questions a second time (fifteen victimization and six perpetration) but some of the inmates do not want to go through the questions again. Staff print a copy of the initial risk screening responses and take the copy with them when completing the reassessment. The reassessment information is documented on the initial form and then entered into the electronic system. Staff stated when information is entered, staff review the inmate file, including criminal history, disciplinary history, etc. Staff confirmed that they utilize information from the file if there are any discrepancies from the questions being asked and the information obtained from the file review. The interview with the staff responsible for the risk screening indicated inmates are reassessed within by the Case Manager within 30 days. Interviews with 24 inmates that arrived within the previous twelve months indicated three had a reassessment completed. A review of 61 inmate files of those that arrived during the previous twelve months indicated 43 had a reassessment. Of the 43, 22 were completed within 30 days of arrival.

115.41 (g): The PAQ was blank but further communication with the PC indicated that 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. 14-2 Sexual Abuse

Prevention and Response, page 12 states that a reassessment shall also be completed when warranted, due to referral, request, incident of sexual abuse, or receipt of additional information that may impact the inmate/detainee's risk of victimization or abusiveness. Additionally, policy states that following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and alleged perpetrator. The interview with the risk screening staff confirmed that inmates are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with 24 inmates that arrived within the previous twelve months indicated three had a reassessment completed. A review of 61 inmate files of those that arrived during the previous twelve months indicated 43 had a reassessment. Of the 43, 22 were completed within 30 days of arrival. A review of seven sexual abuse investigations indicated six of the seven victims had a reassessment. One victim was released prior to the completion of the investigation. None of the investigations were substantiated and as such no inmate perpetrators were required to have a reassessment.

115.41 (h): The PAQ was blank but further communication with the PC indicated that policy prohibits disciplining inmates for refusing to answer whether or not the inmate has 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. 14-2 Sexual Abuse Prevention and Response, page 11 states that inmates/detainees may not be disciplined for refusing to answer, or for not disclosing complete information. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening.

115.41 (i): 14-2 Sexual Abuse Prevention and Response, page 11 states that the facility shall control the dissemination within the facility of responses to questions on the screening forms in order to ensure that the sensitive is not exploited to the inmate/detainee's detriment by staff or other inmate/detainees. Measures taken shall include, but are not limited to: screening interview shall be conducted with as much privacy as is reasonable given security and safety concerns; an inmate/detainee shall not be permitted to complete his/her own 14-2B form or utilize other assistance from other inmates/detainees to complete the form; inmates/detainees shall not be permitted access to files containing assessment forms belonging to other inmates/detainees; and electronic assessments access is granted only to those staff involved in the assessment process, those making housing and program decisions, medical and mental health staff and staff with a need to know for the safe and secure operations of the facility. Risk assessment information is electronic and paper. Paper records are maintained in the inmate file which is stored in records. Records is staffed 8am-5pm and after hours only the booking officer and security supervisors have access. Records staff stated only security staff with a need to know have access to the inmate's file. During the on-site portion of the audit, the auditor had a security

staff member pull up the electronic risk screening system to show what information could be viewed. The auditor observed that the security staff member received a pop-up window that said they had insufficient rights to access the information. The interview with the PC confirmed that there is a policy that outlines who should have access to the inmate's risk screening assessment within the facility in order to protect sensitive information from exploitation. He stated risk assessments (14-2B) and partner agency risk assessments are secured in the inmate's file in the records office where it is controlled to only those who have a need to know, such as Case Managers and treatment personnel. He further stated that the assessments on the computer are protected by passwords that are not accessible by all staff. The PCM stated that risk screening information is not accessible to everyone. He stated it is based on the level of access to the offender management system. The staff who conduct the risk screening indicated that the agency has implemented appropriate controls of the information so that sensitive information is not exploited.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 14-2B Sexual Abuse Screening Tool, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears to require corrective action. The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed at the booking counter. The auditor observed that this area did not provide adequate privacy as the inmate was seated out in the open with other staff and inmates moving around and completing other tasks/duties. A review of 61 inmate files of those that arrived during the previous twelve months indicated 43 had a reassessment. Of the 43, 22 were completed within 30 days of arrival.

Corrective Action

The facility will need to make modifications to the location of the initial risk screening. The facility will need to ensure that the space is private and allows for inmates to comfortably disclose sensitive information. A process memo as well as photos of the area will need to be provided. The facility will need to ensure that reassessments are conducted as required under provision (f). A list of inmates that arrived during the corrective action period will need to be provided. A systematic sample (i.e. every fifteenth inmate on the list) will need to be provided of reassessments.

Recommendation

The auditor highly recommends that the facility ensure reassessments are not

conducted in hallways, regardless of privacy.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Photos of Modification to Risk Screening Area
2. Staff Training
3. List of Inmates that Arrived During the Corrective Action Period
4. Inmate Risk Assessments

The facility provided photos of the created “phone booth” for completing risk assessments. The photos illustrated that the space provided privacy for conducting the initial risk assessment.

Staff training was provided that confirmed staff were trained on the risk assessment process, including conducting risk assessments in a private setting and the appropriate reassessment process, including timeframes. Staff signatures were provided confirming receipt of the training. A second training was completed after the first risk assessment sample was determined to be inadequate (see below). The second training went over the reassessment timeframe. Staff signed they understood and received the training.

The facility provided a list of inmates received during the corrective action period and associated risk assessments. 43 examples were provided which noted that 21 of the 43 had a reassessment completed within 30 days. The auditor advised this was not adequate. As such, further corrective action was needed. The facility then provided a list of inmates received during the corrective action period after the first sample of documents. 35 examples were provided with 25 having a reassessment completed within 30 days. The remaining five had a reassessment completed a few days after the 30 day timeframe.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.42 Use of screening information	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities 4. Human Rights Policy Statement 5. Housing Plan 6. Sample of Housing Determination Documents 7. 14-9A Transgender/Intersex Assessment and Treatment Plan Form 8. Transgender/Intersex Inmate Biannual Reviews 9. LGBTI Inmate Housing Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator 3. Interview with PREA Compliance Manager 4. Interview with Transgender/Intersex Inmates 5. Interview with Gay, Lesbian and Bisexual Inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Location of Inmate Records. 2. Housing Assignments of LGBTI Inmates

3. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ was blank but further communication with the PC indicated that the agency/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. 14-2 Sexual Abuse Prevention and Response, page 10 states that all inmate/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education, and programming assignments. The goal is to keep separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. Page 14 further states that the facility shall use the information from the 14-2B Sexual Abuse Screening Tool or equivalent contracting agency form, completed at initial screening and at all subsequent reassessments in the consideration of housing, recreation, work, program and other activities. A review of the Housing Plan indicates that facility has housing units that are designated for specific risk screening designations (i.e. D2 is for victims and potential victims). A review of housing documentation of inmates at high risk of victimization and abusiveness confirmed they were housed based on the Housing Plan and victims were not housed with perpetrators. A review of work assignments further confirmed there were no victims working with perpetrators. The interview with the PREA Compliance Manager indicated that risk screening information is utilized house individuals appropriately. He stated that victims and potential victims are not housed with predators and potential predators. The interviews with the staff responsible for the risk screening indicated that information from the risk screening is utilized for housing, job, program and education assignments. The staff stated the risk assessment is a point based system that calculates whether an individual is a victim, possible victim, predator or possible predator.

115.42 (b): The PAQ was blank but further communication with the PC indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. 14-2 Sexual Abuse Prevention and Response, page 14 states that the facility shall make individualized case-by-case determinations about how to ensure the safety of each inmate/detainee. A review of the Housing Plan indicates that facility has housing units that are designated for specific risk screening designations (i.e. D2 is for victims and potential victims). A review of the Housing Plan indicates that facility has housing units that are designated for specific risk screening designations (i.e. D2 is for victims and potential victims). A review of housing documentation of inmates at high risk of victimization and abusiveness confirmed they were housed based on the Housing Plan and victims were not housed with perpetrators. A review of work assignments further confirmed there were not victims

working with perpetrators. The interviews with the staff responsible for the risk screening indicated that information from the risk screening is utilized for housing, job, program and education assignments. The staff stated the risk assessment is a point based system that calculates whether an individual is a victim, possible victim, predator or possible predator.

115.42 (c): The PAQ was blank but further communication with the PC indicated the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case by case basis. 14-2 Sexual Abuse Prevention and Response, page 14 states that in deciding whether to house a transgender/intersex inmate/detainee in a male or female unit, pod, cell or dormitory within the facility subsequent to arrival, or when making other housing and programming assignments for such inmates/detainees, the facility shall consider whether the placement would ensure the inmate/detainee's health and safety and whether the placement would present management or security problems. 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 6 states that following identification of a transgender or intersex inmate/detainee at intake (or upon identification after intake), the inmate/detainee shall be referred to the SART established by the facility for an assessment using the CoreCivic 14-9A Transgender/Intersex Assessment and Treatment Plan form. Additionally, page 8 states that CoreCivic facilities shall not base housing placement decisions for transgender or intersex inmates/detainees solely on the identify documents or physical anatomy of the inmate/detainee. The interview with the PCM indicated that transgender and intersex inmates are housed based on the gender in which they are identified by the agency that the facility receives them from. He stated housing and programming assignments take into consideration safety and security of the inmate as well as any security or management problems. The interview with the transgender inmate indicated that she was recently asked about her safety with regard to housing and programming after the facility determined they had not completed it appropriately. A review of documentation for the one transgender inmate indicated that housing was reviewed upon arrival and the inmate was placed in the female housing unit. The 14-9A was completed post arrival in June (inmate arrived in April).

115.42 (d): 14-2 Sexual Abuse Prevention and Response, page 14 indicates placement and programming assignments for each transgender or intersex inmate/detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced the inmate/detainee. 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, pages 7-8 state that a reassessment shall be completed any time that additional relevant information becomes known or following any indicating of victimization or threats of safety experienced by the inmate/detainee. At minimum, SART shall consider the following in the reassessment: changes in the transgender inmate/detainee's housing preferences; variations in the inmate/detainee's medical or mental health status; safety/security of the inmate/detainee, other inmate/detainees, and/or facility staff;

any threats to safety experienced by the inmate/detainee; continued availability of housing; and concerns documented by the facility. A review of the one transgender inmate file indicated that she was assessed upon arrival in April and then had a reassessment in May. She had not yet been at the facility to have biannual assessments completed. The staff responsible for the risk screening confirmed that transgender and intersex inmates would be reassessed at least twice a year. The PCM stated they have only had one transgender inmate (one currently at the facility) and they conducted a risk assessment when she arrived (only been there 90 days). He stated he was unsure of the requirements of reassessments.

115.42 (e): 14-2 Sexual Abuse Prevention and Response, page 14, indicates that transgender and intersex inmate/detainee gender self-identification of safety needs shall be given serious consideration in all housing and programming assignments. The Human Rights Policy Statement indicates on page 1 that CoreCivic policy includes protection for freedom of expression and identity, including freedom from discrimination or harassment based on race, religion, national origin, sex, gender, sexual orientation, disability or political views and freedom of personal grooming. The interview with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views with respect to their safety are given serious consideration. The interview with the transgender inmate indicated that she was recently asked how she felt about her safety with regard to housing and programming assignments.

115.42 (f): 14-2 Sexual Abuse Prevention and Response, page 17 and 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, pages 8 indicate that transgender and intersex inmates/detainees shall be given the opportunity to shower separately from other inmates/detainees. Facilities should adopt procedures that will afford transgender and intersex inmate/detainees the opportunity to disrobe, shower and dress apart from other inmate/detainees. During the tour the auditor observed that half of the housing units were single person showers with curtains. The other half were group showers but had a curtain at the entrance. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are provided the opportunity to shower separately. The PCM stated all showers in the south building are single person showers and this is where they typically house transgender inmates. The interview with the transgender inmate indicated she is afforded the opportunity to shower separately.

115.42 (g): 14-2 Sexual Abuse Prevention and Response, page 15 states that the establishment of a unit, pod or wing solely dedicated to the house of LGBTI and/or gender non-conforming inmates/detainees is strictly prohibited unless required by consent decree, court order or other comparable legal authority. A review of housing assignments for the two identified LGB inmates and one transgender inmate

indicated they were assigned to three different housing units. The interviews with the PC and PCM confirmed that the agency does not have a consent decree. The PC stated that it is contrary to CoreCivic policy to place LGBTI inmates together in one dedicated unit. He stated that housing decisions are made at the facility level using the screening forms to assess risk. The interviews with LGBTI inmates indicated that none of the three felt that LGBTI inmates were placed in any specific housing unit based on their sexual preference and/or gender identity. It should be noted that the facility does not track LGB inmates.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, the Human Rights Policy Statement, Housing Plan, a sample of housing determinations, 14-9A Transgender/Intersex Assessment and Treatment Plan forms, transgender/intersex inmate biannual reviews, LGBTI inmate housing documents and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI inmates, indicates that this standard appears to require corrective action. The PCM stated they have only had one transgender inmate (one currently at the facility) and they conducted a risk assessment when she arrived (only been there 90 days). He stated he was unsure of the requirements of reassessments.

Corrective Action

The facility will need to train applicable staff, including the PCM, on requirements under this standard for transgender and intersex inmates. A copy of the training will need to be provided.

Recommendation

The auditor recommends that the facility utilize a tracking mechanism for LGBTI inmates.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

	<p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Staff Training <p>The facility provided training with staff confirming they received and understood training on the policy related to transgender and intersex inmates and biannual assessments as well as the 14-9 and 14-9A forms.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Policy 10-1 Special Management/Restrictive Housing Unit Management 4. Housing Assignments of Inmates at High Risk of Victimization <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff who Supervise Inmates in Segregated Housing 3. Interviews with Inmates in Segregation for their Risk of Victimization <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations in the Segregation Unit

Findings (By Provision):

115.43 (a): The PAQ was blank but further communication with the PC indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregation 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. 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that inmate/detainees at high risk for sexual victimization shall not be placed in involuntary restricted housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary restrictive housing for less than 24 hours while completing an assessment. Every 30 days a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. A review of housing assignments for inmates at high risk of victimization indicated that none were placed in segregation due to their risk of victimization. The Warden confirmed that the agency has a policy that prohibits placing inmates at high risk of 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.

115.43 (b): 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that inmates/detainees placed in restrictive housing pursuant to section 1.8 [provision (a)] shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programming, privileges, education or work opportunities is restricted, the facility shall document the following; the opportunities that have been limited; the duration of the limitation; and the reason for such limitations. During the tour the auditor observed the segregated housing units. Posted PREA information was observed on bulletin boards on letter size paper. Most papers had both the English and Spanish version of the posters and as such the font was small. A separate outdoor recreation area was observed for inmates in segregated housing. Recreation is offered five hours each week. In addition to recreation, inmates are out of their cells for showers three days a week and for medical appointments. Inmates in segregated housing have daily access to a rolling phone and they also have access daily to their tablets (they keep them on them in their cell). Written correspondence such as grievances and request forms are provided by staff and can be returned to staff or can be placed in the locked drop box when out of cell. The interviews with the staff who supervise inmates in segregated housing indicated that any inmates placed in involuntary segregated housing under this provision would be provided access to programs, privileges, education and work opportunities to the extent possible. The

staff confirmed that any restrictions would be documented. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (c): 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. The PAQ was blank but further communication with the PC indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated he has not experienced involuntarily segregating an inmate at high risk of victimization, but that if they needed to, it would not take longer than 24-48 hours to find alternative housing. The interview with the staff who supervise inmates in segregated housing indicated that an inmate would only be involuntarily segregated until they could find alternative housing. The staff stated this would be no more than 24-36 hours. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (d): 14-2 Sexual Abuse Prevention and Response, page 15 states if involuntary restrictive housing is warranted as outlined above [in provision (a), (b) and (c)] the documentation of such actions shall clearly specify a basis for the facility concern for the inmate/detainee's safety and the reason(s) why no alternative means of separation can be arranged. There were no inmates at high risk of victimization that were involuntarily segregated over the previous twelve months.

115.43 (e): The PAQ was blank but further communication with the PC indicated that if an involuntary 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. 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that every 30 days a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. The interview with the staff who supervise inmates in segregated housing confirmed that inmates in segregated housing would be reviewed at least every 30 days. The staff stated they do committee review meeting every seven days.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 10-1 Special Management/Restrictive Housing Unit Management, housing assignments for

	<p>inmates at high risk of victimization, observations from the facility tour as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant.</p>
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115.51	Inmate reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Inmate Handbook 4. PREA Posters 5. PREA Reporting and Advocacy Poster 6. The Ethics Line Poster 7. 14-2AA PREA Pamphlet <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Compliance Manager 2. Interview with Random Staff 3. Interview with Random Inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observation of PREA Reporting Information in all Housings Units <p>Findings (By Provision):</p> <p>115.51 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for inmates to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting</p>

sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 14-2 Sexual Abuse Prevention and Response, page 17 states that inmates/detainees shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other inmates/detainees or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy further states that inmates/detainees who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: verbally to any employee, including the facility Chaplain; submitting a request to meet with medical or mental health staff and/or reporting to medical staff during sick call; calling the facility 24 hour toll free phone number; forwarding a letter, sealed and marked confidential to the Warden or any other employee; calling or writing someone outside the facility who can notify facility staff; contacting the facility PCM and electronically reporting allegations to the PREA mailbox in the CORES system (where available). Additionally, policy advises that the facility has a 24 hour free notification hotline that can be utilized to report and United States Marshall Services Inmates can call the Field Office Director or contact the Office of the Inspector General by mail or telephone. Further the policy also states that inmates can report through the Crime Stoppers of Citrus County phone number. A review of additional documentation to include the Inmate Handbook, PREA Pamphlet and PREA posters, indicates that they inform inmates of numerous reporting mechanisms including; verbally to staff, in writing to health services or the Warden, via a grievance, through a third party, to the facility hotline, to Crime Stoppers and through the Office of Inspector General. The PREA Pamphlet also advises inmates they can report to any staff, volunteer, contractor, chaplain, medical or mental health staff, by telling a family member, friend or anyone else outside the facility who can report on their behalf by calling the facility, by calling the PREA hotline number, by calling the number posted to an agency outside of the facility (you can remain anonymous upon request) and by reporting on someone's behalf or someone at the facility can report on their behalf. The auditor observed bulletin boards in each housing unit with posted PREA information. Bulletin boards included the Ways to Report Poster, the I Have a Right Poster, the PREA Reporting Information Poster and the 14-2AA (PREA Pamphlet). The auditor observed that not all bulletin boards included each of the posters, a few were in different housing units and as such the posted information was not consistent. The postings were observed in both English and Spanish, however most were on the same letter size paper and as such font was extremely small and difficult to read. Further the auditor observed that while the facility had numbers posted, to include speed dial numbers, the information did not indicate where the numbers went (i.e. internal reporting mechanism, external reporting mechanism, victim advocate). The I Have a Right Poster was also observed in English and Spanish on most housing unit entrance doors. During the tour the auditor observed that inmates are able to place outgoing mail in the drop box outside the housing unit when they go to recreation. They also can provide mail to the staff. None of the drop boxes were specific to sexual abuse or sexual harassment allegations. Inmates have the ability to purchase writing materials through commissary and the facility has a policy for indigent inmates. Request forms and

grievances are available by request through staff. Incoming mail is picked up and then sorted by regular and legal. Regular mail is opened, read/scanned and a copy of the mail is made. Inmates are provided the copy of the mail. Legal mail is logged and is then taken to the housing unit and given to the inmate to open in front of the staff. Outgoing mail is collected from each of the mailboxes by the mailroom staff. Regular mail is unsealed. Staff go through the letter, document it and seal it prior to sending out. Legal mail comes sealed and is not opened or scanned. During the tour the auditor tested the internal reporting mechanism. The auditor submitted a written informal grievance via a locked mailbox in the housing unit sally port. The auditor had an inmate assist with completing the form on June 27, 2023. The auditor received confirmation via email on June 28, 2023 that the informal grievance was received. During the tour the auditor had an inmate illustrate any methods for reporting on the kiosk or tablet. The inmate advised that the only way to report through the two mechanism is by contacting family or friends and have them report. Interviews with 31 inmates indicated all 31 knew at least one method to report an allegation of sexual abuse or sexual harassment. Inmates stated they could report verbally to staff, in writing via a slip, through family or on the phone through the numbers. The thirteen random staff interviewed stated that inmates can report to staff, through the hotline and in writing.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report abuse or harassment to a public entity or office that is not part of the agency. 14-2 Sexual Abuse Prevention and Response, pages 18-19 state that each facility shall provide at least one way for inmates/detainees to report abuse or harassment to a public entity or private entity or office that is not part of CoreCivic or the contracting agency and that is able to receive and immediately forward inmate/detainee reports of sexual abuse and sexual harassment to facility officials, allowing the inmate/detainee to remain anonymous upon request. The policy states that at the facility, Crime Stoppers of Citrus County is the non-Corecivic and non-contracting agency reporting mechanism. A review of the Inmate Handbook and PREA Pamphlet indicated the Inmate Handbook had a 24 hour facility hotline number, which was actually the external Crime Stoppers Hotline number. The Inmate Handbook also had a speed dial number and a hotline number for Crime Stoppers and the Office of the Inspector General field office. The Inmate Handbook advised that reports to Crime Stoppers can be made anonymously. A review of one of the PREA Posters indicated reporting numbers and speed dials were provided, however none indicated whether they were internal or external reporting mechanisms. The auditor observed bulletin boards in each housing unit with posted PREA information. Bulletin boards included the Ways to Report Poster, the I Have a Right Poster, the PREA Reporting Information Poster and the 14-2AA (PREA Pamphlet). The auditor observed that not all bulletin boards included each of the posters, a few were in different housing units and as such the posted information was not consistent. The postings were observed in both English and Spanish, however most were on the same letter size paper and as such font was extremely small and difficult to read. Further the auditor observed that while the facility had numbers posted, to include speed dial numbers, the information did

not indicate where the numbers went (i.e. internal reporting mechanism, external reporting mechanism, victim advocate). The I Have a Right Poster was also observed in English and Spanish on most housing unit entrance doors. During the tour the auditor observed that inmates are able to place outgoing mail in the drop box outside the housing unit when they go to recreation. They also can provide mail to the staff. None of the drop boxes were specific to sexual abuse or sexual harassment allegations. Inmates have the ability to purchase writing materials through commissary and the facility has a policy for indigent inmates. Request forms and grievances are available by request through staff. Incoming mail is picked up and then sorted by regular and legal. Regular mail is opened, read/scanned and a copy of the mail is made. Inmates are provided the copy of the mail. Legal mail is logged and is then taken to the housing unit and given to the inmate to open in front of the staff. Outgoing mail is collected from each of the mailboxes by the mailroom staff. Regular mail is unsealed. Staff go through the letter, document it and seal it prior to sending out. Legal mail comes sealed and is not opened or scanned. The interview with the mailroom staff indicated correspondence to/from CrimeStoppers would be treated like regular mail. The auditor tested the external reporting entity (CrimeStoppers) by calling the hotline. An inmate assisted with placing the call and the auditor left a message on the crime tip hotline on June 27, 2023. At the issuance of the interim report the auditor had not received confirmation that the call was received or the functionality of the external reporting entity. Additionally, the auditor attempted to utilize the speed dial number "7" for CrimeStoppers and "8" for Citrus County Sheriff's Office, however neither of the speed dial numbers worked. The facility also had information for a number to the Office of the Inspector General, but this number also was not functionable. The interview with the PCM indicated inmates can report to an outside entity through the phone system, which was discovered not to be working properly. He also stated that they can report via mail to Haven of Lake and Sumter Counties. The PCM stated he was unaware of how the information is provided back to the facility because they have never had a report through the external reporting entity. Interviews with 31 inmates indicated sixteen were aware of the outside reporting mechanism (hotlines) and 22 knew they could report anonymously.

115.51 (c): The PAQ indicated that 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 PAQ also indicated that staff document verbal reports immediately but policy requires documentation prior to the end of the current shift. 14-2 Sexual Abuse Prevention and Response, page 17 states that inmates/detainees shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other inmates/detainees or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy further states that inmates/detainees who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: verbally to any employee, including the facility Chaplain;

submitting a request to meet with medical or mental health staff and/or reporting to medical staff during sick call; calling the facility 24 hour toll free phone number; forwarding a letter, sealed and marked confidential to the Warden or any other employee; calling or writing someone outside the facility who can notify facility staff; contacting the facility PCM and electronically reporting allegations to the PREA mailbox in the CORES system (where available). Additionally, policy advises that the facility has a 24 hour free notification hotline that can be utilized to report and United States Marshall Services Inmates can call the Field Office Director or contact the Office of the Inspector General by mail or telephone. Further the policy also states that inmates can report through the Crime Stoppers of Citrus County phone number. Interviews with 31 inmates confirmed that 31 knew they could report verbally and/or in writing to staff and all 31 knew they could report through a third party. Interviews with thirteen staff indicated inmates can report verbally, in writing, anonymously and through a third party. Twelve of the thirteen staff stated that if they received a verbal report they would document it immediately or within 24 hours. A review of ten investigative reports indicated seven were reported verbally to staff. All seven were documented via the serious incident log electronically, through witnesses statements and/or through inter-office communication reports by staff. During the tour, the auditor had staff demonstrate how they document verbal reports. Staff illustrated that they document verbal reports via a written report (5-1C Form). Staff indicated they fill out the necessary information on the form and they print it and sign it. The form is then provided to the Shift Supervisor.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ stated that staff can report through the CoreCivic Ethics Hotline and they are informed of through meetings and roll call. 14-2 Sexual Abuse Prevention and Response, page 20 states that CoreCivic employees, contractors, volunteers and interested third parties may report allegations of sexual abuse and sexual harassment to the CoreCivic 24-hour Ethics line at 1-800-461-9330. Interviews with thirteen staff indicate all thirteen were aware that they can privately report sexual abuse and sexual harassment of inmates.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Inmate Handbook, PREA Posters, the Ethics Line poster, the 14-2AA PREA Pamphlet, observations from the facility tour and interviews with the PCM, random inmates and random staff, this standard appears to require corrective action. A review of the Inmate Handbook and PREA Pamphlet indicated the Inmate Handbook had a 24 hour facility hotline number, which was actually the external Crime Stoppers Hotline number. The Inmate Handbook also had a speed dial number and a hotline number for Crime Stoppers and the Office of the Inspector General field office. The Inmate Handbook advised that reports to Crime Stoppers can be made anonymously. A review of one of the PREA Posters indicated reporting numbers and speed dials were provided, however none indicated whether they were internal or external reporting mechanisms. The auditor observed bulletin boards in each housing unit with posted

PREA information. Bulletin boards included the Ways to Report Poster, the I Have a Right Poster, the PREA Reporting Information Poster and the 14-2AA (PREA Pamphlet). The auditor observed that not all bulletin boards included each of the posters, a few were in different housing units and as such the posted information was not consistent. The postings were observed in both English and Spanish, however most were on the same letter size paper and as such font was extremely small and difficult to read. Further the auditor observed that while the facility had numbers posted, to include speed dial numbers, the information did not indicate where the numbers went (i.e. internal reporting mechanism, external reporting mechanism, victim advocate). The I Have a Right Poster was also observed in English and Spanish on most housing unit entrance doors. The auditor tested the external reporting entity (CrimeStoppers) by calling the hotline. An inmate assisted with placing the call and the auditor left a message on the crime tip hotline on June 27, 2023. At the issuance of the interim report the auditor had not received confirmation that the call was received or the functionality of the external reporting entity. Additionally, the auditor attempted to utilize the speed dial number "7" for CrimeStoppers and "8" for Citrus County Sheriff's Office, however neither of the speed dial numbers worked. The facility also had information for a number to the Office of the Inspector General, but this number also was not functionable. The interview with the PCM indicated inmates can report to an outside entity through the phone system, which was discovered not to be working properly. He also stated that they can report via mail to Haven of Lake and Sumter Counties. The PCM stated he was unaware of how the information is provided back to the facility because they have never had a report through the external reporting entity. Interviews with 31 inmates indicated sixteen were aware of the outside reporting mechanism (hotlines) and 22 knew they could report anonymously. The mailroom staff stated if by chance there is any correspondence to Crime Stoppers, that is also treated like regular mail.

Corrective Action

The facility will need to clarify the numerous reporting mechanism, determine which are internal and which are external and confirm how they can be contacted. Once these processes are determined all current documents/literature will need to be update to be consistent and have appropriate PREA information. A copy of the updated Inmate Handbook and PREA Posters will need to be provided to the auditor. Photos of the updated information posted in the housing units will need to be provided to the auditor. This information should be placed in each housing unit in large font and in English and Spanish. The PCM as well as other applicable staff should be trained on the outside reporting entity to ensure all staff can advise inmates of this method to report or direct them to this reporting method, if needed. Training records will need to be provided to the auditor comes complete. All current inmates as well as future inmates will need to be provided education on the outside reporting entity and the ability to remain anonymous. Documentation will need to be provided to the auditor that the current inmate population was reeducated. All speed

dial numbers will need to be tested and confirmation of functionality will need to be provided. Further, the facility will need to test the external reporting entity and provide confirmation of functionality.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated PREA Poster
2. Photos of Updated PREA Poster Around Facility
3. Updated Inmate Handbook
4. Staff Training
5. Functional Test of Hotline Numbers
6. Confirmation of External Reporting Entity Process

The facility provided the updated PREA Poster and update Inmate Handbook. Both included the updated information for reporting methods, including the four hotline numbers. The updated information noted which number was for which services, which detailed internal and external. Additionally, the Inmate Handbook was updated to specify which numbers were internal and which were external. The Inmate Handbook was also updated to advise of the ability to remain anonymous when reporting to the external reporting entities. Photos of the updated PREA Posters around the facility were also provided. The photos illustrated the information was posted in adequate size font.

Staff training was provided for the mailroom staff on how mail to the external reporting entity is treated (legal mail). Mailroom staff signed that they received and understood the training.

The facility provided two signed memorandums from inmates advising that they tested all four of the reporting hotlines and all four were functional.

	<p>Additionally, a confirmation letter was provided from a staff member at CrimeStoppers that advised the process of reporting the information back to the facility when they receive an allegation from an inmate over the hotline.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Grievance Log <p>Findings (By Provision):</p> <p>115.52 (a): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.</p> <p>115.52 (b): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee</p>

grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

115.52 (c): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

115.52 (d): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

115.52 (e): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

115.52 (f): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not

	<p>maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.</p> <p>115.52 (g): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response and sample grievances indicates that this provision is not applicable and as such compliant.</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>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Memorandum of Understanding with Haven of Lake and Sumter Counties, Inc. 4. 14-2AA PREA Pamphlet 5. Inmate Handbook 6. PREA Posters

Interviews:

1. Interview with Random Inmates
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with Victim Advocate

Findings (By Provision):

115.53 (a): The PAQ indicated the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by; giving inmates mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations; giving inmates mailing addresses and telephone numbers for immigration services agencies for person detained solely for civil immigration purpose; and enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. 14-2 Sexual Abuse Prevention and Response, page 9 states that inmates shall have access to outside victim advocates for emotional support services related to sexual abuse by being provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations. The MOU with Haven of Lake and Sumter Counties, Inc. indicates that Haven of Lake and Sumter Counties, Inc. agrees to provide a sexual abuse/assault crisis line telephone hotline number that inmate's may call and a mailing address that may be posted throughout the facility and in written resources given to inmates. A review of the Inmate Handbook, 14-2AA PREA Pamphlet and PREA Poster indicated the hotline number for Haven of Lake and Sumter Counties was included in the Inmate Handbook. One PREA Poster (PREA Reporting Information) included the mailing address and hotline number. During the tour the auditor observed bulletin boards in each housing unit with posted PREA information. Bulletin boards included the Ways to Report Poster, the I Have a Right Poster, the PREA Reporting Information Poster and the 14-2AA (PREA Pamphlet). The auditor observed that not all bulletin boards included each of the posters, a few were in different housing units and as such the posted information was not consistent. The postings were observed in both English and Spanish, however most were on the same letter size paper and as such font was extremely small and difficult to read. Further the auditor observed that while the facility had numbers posted, to include speed dial numbers, the information did not indicate where the numbers went (i.e. internal reporting mechanism, external reporting mechanism, victim advocate). The PREA Reporting Information Poster included information on the victim advocate (phone number and mailing address), however it was in English only and the font again was observed to be very small and difficult to read. During the tour the auditor observed that inmates are able to place outgoing mail in the drop box outside the housing unit when they go to recreation. They also can provide mail to the staff. None of the drop boxes were specific to sexual abuse or sexual harassment allegations. Inmates have the ability to purchase writing

materials through commissary and the facility has a policy for indigent inmates. Request forms and grievances are available by request through staff. Incoming mail is picked up and then sorted by regular and legal. Regular mail is opened, read/scanned and a copy of the mail is made. Inmates are provided the copy of the mail. Legal mail is logged and is then taken to the housing unit and given to the inmate to open in front of the staff. Outgoing mail is collected from each of the mailboxes by the mailroom staff. Regular mail is unsealed. Staff go through the letter, document it and seal it prior to sending out. Legal mail comes sealed and is not opened or scanned. The interview with the mailroom staff indicated correspondence with the rape crisis center is treated like regular mail. The auditor attempted to test the victim advocacy hotline during the tour. The auditor had an inmate assist with calling the hotline number. The inmate was required to call the hotline through a collect call. The inmate was provided a recorded message advising that the number was restricted. The auditor was unable to reach the victim advocacy organization through the inmate phone system. The auditor was unable to reach the victim advocacy organization through the inmate phone system. Interviews with 31 inmates, including those who reported sexual abuse, indicated six were aware of outside emotional support services and sixteen were provided a mailing address and telephone number to a local, state or national rape crisis center. Most of the inmates advised that the victim advocacy information was posted on the boards or in the Handbook. The majority were unsure any specifics on the victim advocacy organization. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

115.53 (b): The PAQ indicated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs inmates about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. 14-2 Sexual Abuse Prevention and Response, page 9 state that inmates shall be informed, prior to giving them access, of the extent to which such communication shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. It further states that consistent with applicable laws and emotional support services provider policy, information shall be reported to the facility without the inmate's consent, in the event the inmate 1) threatens suicide or to commit other harm to self; 2) threatens to harm another person; 3) shares with the community agency information that relates to abuse or neglect of a child or vulnerable adult; or 4) threatens the security of the facility or to escape. The MOU with Haven of Lake and Sumter Counties, Inc. indicates that Haven of Lake and Sumter Counties agrees to provide various resources, as appropriate for the facility, including pamphlets, posters where available, that include both the crisis line telephone number and mailing address. Additionally, the MOU states Haven of Lake and Sumter Counties, will provide inmates calling the hotline number with information on the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws and agency

policy. A review of the Inmate Handbook, 14-2AA PREA Pamphlet and PREA Poster indicated the Inmate Handbook advises inmates that information provided to counselors (victim advocates) will remain confidential unless precluded by federal, state or local laws. The 14-2AA PREA Pamphlet states "calls made to community agency/rape crisis center PREA Hotline numbers are not monitored or recorded. Information that you provide to community agencies concerning an allegation of sexual abuse will remain confidential, as required by law. There are, however, certain situations and conditions under which staff from those agencies/services are required to report. These may include, but are not limited to, situations where you may cause harm to yourself or others; any threats made to the safety and security of the facility and/or public; and any information that relates to abuse or neglect of a child or vulnerable adult. If confidential information must be disclosed, information will not be shared beyond what is necessary to address the immediate safety concern or to otherwise comply with applicable law. If you are concerned about the extent to which community agencies forward reports of sexual abuse to law enforcement or the facility, you should discuss this with that agency when you place the call." During the tour the auditor observed bulletin boards in each housing unit with posted PREA information. Bulletin boards included the Ways to Report Poster, the I Have a Right Poster, the PREA Reporting Information Poster and the 14-2AA (PREA Pamphlet). The auditor observed that not all bulletin boards included each of the posters, a few were in different housing units and as such the posted information was not consistent. The postings were observed in both English and Spanish, however most were on the same letter size paper and as such font was extremely small and difficult to read. Further the auditor observed that while the facility had numbers posted, to include speed dial numbers, the information did not indicate where the numbers went (i.e. internal reporting mechanism, external reporting mechanism, victim advocate). The PREA Reporting Information Poster included information on the victim advocate (phone number and mailing address), however it was in English only and the font again was observed to be very small and difficult to read. During the tour the auditor observed that inmates are able to place outgoing mail in the drop box outside the housing unit when they go to recreation. They also can provide mail to the staff. None of the drop boxes were specific to sexual abuse or sexual harassment allegations. Inmates have the ability to purchase writing materials through commissary and the facility has a policy for indigent inmates. Request forms and grievances are available by request through staff. Incoming mail is picked up and then sorted by regular and legal. Regular mail is opened, read/scanned and a copy of the mail is made. Inmates are provided the copy of the mail. Legal mail is logged and is then taken to the housing unit and given to the inmate to open in front of the staff. Outgoing mail is collected from each of the mailboxes by the mailroom staff. Regular mail is unsealed. Staff go through the letter, document it and seal it prior to sending out. Legal mail comes sealed and is not opened or scanned. The interview with the mailroom staff indicated correspondence with the rape crisis center is treated like regular mail. The auditor attempted to test the victim advocacy hotline during the tour. The auditor had an inmate assist with calling the hotline number. The inmate was required to call the hotline through a collect call. The inmate was provided a recorded message advising that the number was restricted. The auditor was unable to reach the victim advocacy organization through the inmate phone system. Interviews with 31 inmates, including

those who reported sexual abuse, indicated six were aware of outside emotional support services and sixteen were provided a mailing address and telephone number to a local, state or national rape crisis center. Most of the inmates advised that the victim advocacy information was posted on the boards or in the Handbook. The majority were unsure any specifics on the victim advocacy organization.

115.53 (c): The PAQ indicated that the agency or facility maintains memoranda of understanding or other agreements with community service providers that are able to provide inmates with emotional services related to sexual abuse. It also states that the agency or facility maintains copies of the MOU. 14-2 Sexual Abuse Prevention and Response, page 8 states that CoreCivic shall maintain, or attempt to enter into, Memorandum of Understanding (MOU) or other agreements with community service providers that are able to provide inmates with confidential emotional support services. Additionally, it states that all MOUs must be reviewed and approved by the CoreCivic Legal Department prior to signature. The facility and Legal shall maintain copies of the MOUs. A review of documentation indicated the facility has an MOU with Haven of Lake and Sumter Counties, Inc that was signed on January 17, 2017. It should be noted the facility attempted to update the MOU in 2022 but the organization did not sign the updated MOU. The 2017 MOU did not have a termination date and as such as still in effect.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the 14-2AA PREA Pamphlet, the MOU with Haven of Lake and Sumter Counties, Inc., the Inmate Handbook, the PREA Posters, observations from the facility tour and information from interviews with random inmates and inmates who reported sexual abuse this standard appears to require corrective action. During the tour the auditor observed bulletin boards in each housing unit with posted PREA information. Bulletin boards included the Ways to Report Poster, the I Have a Right Poster, the PREA Reporting Information Poster and the 14-2AA (PREA Pamphlet). The auditor observed that not all bulletin boards included each of the posters, a few were in different housing units and as such the posted information was not consistent. The postings were observed in both English and Spanish, however most were on the same letter size paper and as such font was extremely small and difficult to read. Further the auditor observed that while the facility had numbers posted, to include speed dial numbers, the information did not indicate where the numbers went (i.e. internal reporting mechanism, external reporting mechanism, victim advocate). The PREA Reporting Information Poster included information on the victim advocate (phone number and mailing address), however it was in English only and the font again was observed to be very small and difficult to read. The auditor attempted to test the victim advocacy hotline during the tour. The auditor had an inmate assist with calling the hotline number. The inmate was required to call the hotline through a collect call. The inmate was provided a recorded message advising that the number was restricted. The auditor was unable to reach the victim advocacy organization through the inmate phone system. The interview with the mailroom staff indicated

correspondence with the rape crisis center is treated like regular mail. Interviews with 31 inmates, including those who reported sexual abuse, indicated six were aware of outside emotional support services and sixteen were provided a mailing address and telephone number to a local, state or national rape crisis center. Most of the inmates advised that the victim advocacy information was posted on the boards or in the Handbook.

Corrective Action

The facility will need to determine how the victim advocacy organization can be contacted via the inmate phone system. Once this is determined the facility will need to test the mechanism and provide confirmation of functionality. The facility will need to update distributed inmate documentation (i.e. Inmate Handbook and PREA Posters) to include appropriate information on the victim advocacy organization. This information should be posted around the facility in accessible formats (larger font and in Spanish). Photos of the updated posted information will need to be provided. The facility will need to train applicable staff, including mailroom staff, on how correspondence to the rape crisis center is treated. A copy of the training will need to be provided to the auditor. All current inmates will need to be educated on the victim advocacy organization, how to contact them and level of confidentiality.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated Inmate Handbook
2. Victim Advocacy Poster
3. Photos of Victim Advocacy Poster Around Facility
4. Functional Test of Victim Advocacy Hotline
5. Staff Training

The facility provided the updated Inmate Handbook. The Inmate Handbook was

	<p>updated to include the phone number and mailing address for the victim advocacy service. The Inmate Handbook was also updated to advise how calls to the victim advocacy services are treated and how mail to the victim advocacy services is treated. The Inmate Handbook further advised that the victim advocacy number was not a reporting line.</p> <p>The Victim Advocacy Poster was provided to the auditor and illustrated that inmates were provided the contact information for Haven of Lake and Sumter Counties. Photos of the Victim Advocacy Poster (English only) displayed around the facility were provided to the auditor.</p> <p>Three memos were provided to the auditor from three different inmates confirming that each tested the number to the victim advocacy service and the number was functionable.</p> <p>Further staff training documents were provided confirming mailroom staff received and understood training on how mail to and from the victim advocacy service is treated (legal mail).</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that the facility post the Victim Advocacy Posters in Spanish.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire

2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

3. The Ethics Line Poster

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PAQ indicated the method is through the 24 hour Ethics Line or through the agency website. 14-2 Sexual Abuse Prevention and Response, page 20 states that CoreCivic employees, contractors, volunteer, and interested parties may report allegation of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics Line at 1-800-461-9330 or through www.corecivic.com/ethicsline. A review of the agency's website confirms that third parties can report via the phone number or the weblink above. The agency website and third party reporting information and direction is found at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. On November 3, 2022 the auditor completed a report through the ethics line website. The auditor immediately received an email from the Director of Ethics and Compliance indicating that the report was received. The auditor was copied on an email to the facility leadership related to the test. The facility leadership responded indicating they received the test report. The Director of PREA Compliance and Investigations also responded and indicated that she would track the case and schedule a call to discuss the investigation. During the tour the auditor viewed the visitation and front entrance area related to third party reporting information. The auditor did not observe any posted information at the front entrance and the only information in visitation was the CrimeStoppers Hotline, which is an external reporting entity for inmates but is not the third party reporting entity for the agency.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Ethics Line Poster and the agency's website this standard appears to require corrective action. During the tour the auditor viewed the visitation and front entrance area related to third party reporting information. The auditor did not observe any posted information at the front entrance and the only information in visitation was the CrimeStoppers Hotline, which is an external reporting entity for inmates but is not the third party reporting entity for the agency.

Corrective Action

	<p>The facility will need to post third party reporting information in visitation and the front entrance for family, friends and visitors. Photos of the posted information will need to be provided.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Photos of Ethics Line Posters <p>The facility provided photos of the Ethics Line Posters in visitation and the front entrance.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Medical and Mental Health Staff

3. Interview with the Warden
4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 14-2 Sexual Abuse Prevention and Response, page 19 and the Policy Change Notice state that in accordance with this policy, all staff, including employees, contractors and volunteers are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Staff are to report all such incidents whether or not they occurred in a facility that is part of CoreCivic. Interviews with thirteen staff confirm that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 14-2 Sexual Abuse Prevention and Response, page 19 states that apart from reporting to designated supervisors or officials, employees/ contractors shall not reveal any information related to a sexual abuse reported to anyone other than to the extent necessary and as specified in policy, to make treatment, investigation and other security and management decision. Interviews with thirteen staff confirmed that they would immediately report the information to their supervisor.

115.61 (c): 14-2 Sexual Abuse Prevention and Response, page 19 states that unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outline in policy. At the initiation of providing medical care, both medical and mental health professionals will inform inmates/detainees of their professional duty to report and the limitations

of confidentiality. A review of investigative reports indicated none were reported to medical or mental health care staff. Interviews with medical and mental health care staff confirm that they disclose limitations of confidentiality and their duty to report. Both staff stated they are required to report any knowledge, suspicion and information related to sexual abuse and sexual harassment that occurred in an institutional setting. Additionally, both staff indicated they had previously become aware of such incidents and immediately reported the information to security.

115.61 (d): 14-2 Sexual Abuse Prevention and Response, page 19 states that If an alleged victim is under the age of eighteen or is considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the investigating entity responsible for criminal investigations and the contracting agency or applicable contracting governmental agency. The interview with the PC indicated that each state has its own laws and reporting requirements. He stated in most of the facilities a notification to law enforcement and a partner agency triggers the notification to any other agency as required. The interview with the Warden indicated reports of sexual abuse by youthful inmates and vulnerable adults are not treated any differently than any other inmate who reported sexual abuse. He stated they have a duty to protect the individual and they will take necessary action to protect them.

115.61 (e): 14-2 Sexual Abuse Prevention and Response, page 19 states that in accordance with policy, employees/contractors are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that has occurred in any facility. Additionally, page 19 states that employees/contractors must take all allegations of sexual abuse seriously, including verbal, anonymous, and third party reports and treat them as if the allegation is credible. The interview with the Warden confirmed that all allegations of sexual abuse or sexual harassment would be reported directly to the facility investigator. A review of ten investigations indicated seven were reported verbally to staff, two were reported in writing and one was reported via a third party. All allegations were reported to the facility investigator.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, investigative report and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicate that this standard appears to require corrective action. The interview with the Warden indicated reports of sexual abuse by youthful inmates and vulnerable adults are not treated any differently than any other inmate who reported sexual abuse. He stated they have a duty to protect the individual and they will take necessary action to protect them.

Corrective Action

	<p>The facility will need to train appropriate staff, including administrative level staff, on mandatory reporting laws for youthful inmates and vulnerable adults. A copy of the training will need to be provided to the auditor.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Staff Training <p>The facility provided staff training confirming that appropriate staff received and understood training on mandatory reporting laws, including to the Department of Children and Families. The facility utilized the Reporting Abuse Hotline Manual for training on mandatory reporting.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. PREA Overview Facilitator Guide 4. First Responder Card

5. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Random Staff

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. 14-2 Sexual Abuse Prevention and Response, pages 19 and 21 state that when it is learned that an inmate/detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate/detainee. The PAQ did not state a number but further communication with the PC noted that there have been zero inmates were subject to substantial risk of imminent sexual abuse within the previous twelve months. A review of the First Responder Card and PREA Overview Facilitator Guide training indicates that staff are provided information on responding to sexual abuse and sexual harassment, including what protective actions to take (i.e. separating the individuals). A review of documentation indicated there were zero inmates deemed at imminent risk, however there were inmates who reported sexual harassment, a precursory behavior to sexual abuse. The facility took immediate action upon learning of the sexual harassment. The interview with the Agency Head Designee indicated that staff take immediate action when they learn that an inmate is subject to substantial risk of imminent sexual abuse. He stated staff would protect inmates by removing the inmate from the area and/or individuals where risk may be stemming from and an investigation would be immediately initiated. The interview with the Warden indicated that if an inmate is at imminent risk of sexual abuse they would first ask the inmate if they felt safe at the facility. He stated they cannot use isolation as a punishment and so they would only isolate at the inmate's request. Interviews with thirteen staff confirmed that if an inmate was at imminent risk of sexual abuse they would remove the individual, have him/her interviewed, move housing (for the reporter or the alleged perpetrator) and contact the supervisor.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, First Responder Card, PREA Overview Facilitator Guide, investigative reports and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.

115.63	Reporting to other confinement facilities
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 432 378">Documents:</p> <ol data-bbox="256 412 1193 591" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Investigative Reports <p data-bbox="256 703 416 736">Interviews:</p> <ol data-bbox="256 770 922 882" style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p data-bbox="256 994 587 1028">Findings (By Provision):</p> <p data-bbox="256 1128 1474 1800">115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that 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. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration. The PAQ did not state a number for this provision. The auditor did not identify any Warden to Warden notifications during the on-site portion of the audit, however due to the PAQ missing information, the number of inmates disclosing prior sexual victimization during the risk screening and no follow-up information being provided, this standard requires additional information to determine compliance.</p> <p data-bbox="256 1912 1474 2069">115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an inmate was sexually abused while confined</p>

at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration. The auditor did not identify any Warden to Warden notifications during the on-site portion of the audit, however due to the PAQ missing information, the number of inmates disclosing prior sexual victimization during the risk screening and no follow-up information being provided, this standard requires additional information to determine compliance.

115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration. The auditor did not identify any Warden to Warden notifications during the on-site portion of the audit, however due to the PAQ missing information, the number of inmates disclosing prior sexual victimization during the risk screening and no follow-up information being provided, this standard requires additional information to determine compliance.

115.63 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving notification from another facility that an incident/allegation of sexual abuse had occurred while the inmate/detainee was previously confined at the facility, the facility shall record the name of the agency making the notification and any information that may assist in determining whether an investigation was conducted. If the allegation was not reported and/or not investigated facility staff shall initiate reporting and investigations procedures in accordance with policy. The incident shall be reported through the 5-1 incident report. The PAQ did not indicate a number for this provision. The interview with the Agency Head Designee indicated this occurs often at the facility level rather than at the corporate office level. The information is received by the Warden at the facility, however, any staff who receives the information know to report it to the Warden for appropriate action. It then gets added into the incident system and the PREA protocols are initiated. The Agency Head Designee further stated that if an allegation was alleged to have occurred at another facility, the Warden receiving the information would notify the Warden at the other facility within 72 hours. If the allegation received was an incident of sexual abuse

allegedly occurring within a CoreCivic facility, both the partner agency and the investigative entity responsible for criminal investigations would be notified. He confirmed there are examples of such allegations and that the most common examples are allegations inmates make during their intake process. He stated that the CoreCivic staff obtain as much information as possible from the inmate and provide this to the Warden at the other facility as part of the notification. The interview with the Warden indicated that if they receive a Warden to Warden notification they immediately begin an investigation. He stated they have not had any Warden to Warden notification in the previous twelve months. A review of ten investigative reports and the investigative log confirmed none were reported via Warden to Warden notification.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, a review of investigations, and interviews with the Agency Head Designee and Warden, this standard appears to require corrective action. The auditor did not identify any Warden to Warden notifications during the on-site portion of the audit, however due to the PAQ missing information, the number of inmates disclosing prior sexual victimization during the risk screening and no follow-up information being provided, this standard requires additional information to determine compliance.

Corrective Action

The facility will need to provide information related to Warden to Warden notifications. The facility will need to review the information on inmates who disclosed prior sexual victimization and determine if any reported sexual abuse that requires a Warden to Warden notification. Appropriate Warden to Warden notification will need to be provided. The facility will need to provide Warden to Warden notifications during the corrective action period.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Clarification Related to Warden to Warden Notifications

	<p>The facility provided clarification that they had inmates report sexual abuse during the risk screening but they do not probe on this information and as such they did not receive any details related to the prior incidents of sexual abuse. As such, they have not had any inmates report prior sexual victimization that occurred at another facility that required a Warden to Warden notification.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. PREA Overview Facilitators Guide 4. 14-2C Sexual Abuse Incident Checklist 5. First Responder Card 6. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with First Responders 2. Interviews with Random Staff <p>Findings (By Provision):</p> <p>115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the</p>

alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 14-2 Sexual Abuse Prevention and Response, page 21 states that upon learning of sexual abuse, the first security responder is required to complete the following; separate the alleged victim from the alleged abuse and when the alleged abuser is an inmate/detainee, he/she shall be secured in a single cell to facilitate the collection of evidence; preserve and protect any crime scene until appropriate steps can be taken to collect evidence; ensure that the alleged victim is taken to the facility Health Services Department; and notify the highest supervisory authority on-site. Policy also states that while in the Health Services Department, and if the abuse occurred within a time period that allows for the collection of physical evidence, responding staff shall, to the best of their ability, request that the victim not take any actions that could destroy physical evidence. This would include as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating or brushing his/her teeth. Additionally, policy states that if the abuse occurred within a time period that allows for the collection of physical evidence and when the alleged abuser is an inmate/detainee, staff shall ensure that the alleged abuser does not take any actions that could destroy physical evidence. This would include as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating or brushing his/her teeth. The PREA Overview Facilitators Guide confirmed that all staff are trained on first responder duties, including ensuring the victim does not shower, change clothes, use the restroom or consume fluids; notifying the highest ranking supervisor on site; securing the alleged perpetrator in a cell, file an incident report form, keep the information confidential, and secure the crime scene. An additional review of the Sexual Abuse Incident Check Sheet confirmed that first responder duties are listed on the checklist for staff to ensure they complete, if appropriate. The PAQ did not indicate numbers for this provision. A review of ten allegations indicated staff separated individuals when appropriate through housing changes, however none involved the need for immediate separation. One allegation was reported within the timeframe that still allowed for evidence collection, however when the external investigator arrived he advised the inmate victim made up the allegation and as such no evidence was required to be collected. None of the allegations involved securing a crime scene, however some allegations involved evidence collection through a review of video monitoring technology. The security first responder stated that first responder duties include separating the individuals, placing the victim alone to be safe, contacting the supervisor and Sheriff's Office, contacting a SANE, securing the scene and waiting on directive from the supervisor. The non-security first responder stated she would ensure the person reporting was safe, report to the supervisor and complete an incident report. She stated should would also keep them from discarding clothing or using the bathroom. Interviews with inmates who reported sexual abuse indicated that none required first responder duties. Both inmates interviewed stated that they reported the information verbally to staff. One inmate advised the alleged perpetrator was moved to another housing unit immediately. The other inmate stated he was taken to booking for an interview and the staff was placed on administrative leave.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. 14-2 Sexual Abuse Prevention and Response, page 21 states that if the first staff responder is not a security staff member, the responder shall be required to request the alleged victim not taken any action that could destroy physical evidence, and then shall notify security staff. The PAQ did not indicate numbers for this provision. The auditor reviewed ten allegations and confirmed none involved a non-security first responder. The security first responder stated that first responder duties include separating the individuals, placing the victim alone to be safe, contacting the supervisor and Sheriff's Office, contacting a SANE, securing the scene and waiting on directive from the supervisor. The non-security first responder stated she would ensure the person reporting was safe, report to the supervisor and complete an incident report. She stated should would also keep them from discarding clothing or using the bathroom. Interviews with thirteen random staff indicated most were knowledgeable of first responder duties.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the PREA Overview Facilitators Guide, the 14-2C Sexual Abuse Incident Checklist, First Responder Card, a review of investigative reports and interviews with random staff, staff first responders and inmate who reported sexual abuse, this standard appears to be compliant.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Policy 13-79 Sexual Assault Response Protocol 4. 13-79A Sexual Assault Response Protocol 5. 14-2C Sexual Abuse Incident Check Sheet <p>Interviews:</p>

	<p>1. Interview with the Warden</p> <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. 14-2 Sexual Abuse Prevention and Response, page 20 states that in order to coordinate actions taken by initial first responders, medical and mental health practitioners, investigators and facility leadership in response to an incident of sexual abuse, the facility has established a Sexual Abuse Response/Review Team (SART) that shall include, but is not limited to; PCM and/or ADO, medical representative, security representative, mental health representative and victim services coordinator. The policy is facility specific and outlines specific duties for Citrus CF. The memo from the Warden indicated that the following staff make up the facility SART; PCM, the SART team coordinator, medical representative, the investigators, mental health representative and a security representative. 13-79 Sexual Assault Response Protocol details facility specific information, additional medical and mental health requirements, additional reporting requirements and facility victim support/ counseling. Additionally, 13-79A Sexual Assault Response Protocol and 14-2C Sexual Abuse Incident Check Sheet contain the requirements for an allegation of sexual abuse as it relates to first responders, Health Services, Shift Supervisors, victim advocates, SANE/SAFE, investigators and the PCM. The Warden confirmed that the facility has a plan and that it includes all the required components.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 13-79 Sexual Assault Response Protocol, 13-79A, 14-2C and the interview with the Warden, this standard appears to be compliant.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

3. Collective Bargaining Agreement with the International Union Security, Police, Fire Professionals of American and it's Amalgamated Local 60

Interviews:

1. Interview with the Agency Head Designee

Findings (By Provision):

115.66 (a): The PAQ indicated that 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. Documentation indicated that Wheeler CF is not subject to collective bargaining. 14-2 Sexual Abuse Prevention and Response, pages 31-32 state that neither CoreCivic nor any other entity responsible for collective bargaining on CoreCivic's behalf, shall enter into or renew any collective bargaining agreements or other agreements that limits the company's ability to remove alleged employee sexual abusers from contact with any inmate/detainee pending the outcome of an investigation or of a determination of whether to what extent discipline is warranted. The interview with the Agency Head Designee confirmed that CoreCivic as an agency has entered into and/or renewed collective bargaining agreements since August 20, 2012. He stated that the agreements permit CoreCivic to remove alleged staff sexual abusers from contact with an inmate pending an investigation or disciplinary action. The facility does not have a collective bargaining agreement, however a review of another agency facility agreement confirmed that page 9 states that the rights reserved to and retained by the Company (CoreCivic) under this Agreement include, but are not limited to: the right to maintain order and efficiency, to discipline, suspend, or discharge for just cause; to relieve employees of duties.

115.66 (b): The auditor is not required to audit this provision.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Collective Bargaining Agreement and the interview with the Agency Head Designee, this standard appears to be compliant.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Investigative Reports
4. 14-2C Sexual Abuse Incident Check Sheet
5. 14-2D PREA Retaliation Monitoring Report

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protection all inmates and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. 14-2 Sexual Abuse Prevention and Response, pages 24-25 describe the monitoring process. Specifically, it states that inmates/detainees and staff who report sexual abuse or sexual harassment (or cooperate with sexual abuse or sexual harassment investigations) shall be protected from retaliation by other inmates/detainees or staff. Policy states that the position that will serve as the designated staff person conducting staff 30/50/30 day monitoring is the Chief of Unit Management or the PCM. It further states that the position that will serve as the designated staff person conducting inmate/detainee 30/60/90 day monitoring is the Mental Health Coordinator. The PAQ noted that the facility has designated staff responsible for monitoring for retaliation.

115.67 (b): 14-2 Sexual Abuse Prevention and Response, pages 24-25 describe the monitoring process. Specifically, it states that the facility shall employ multiple protective measures to monitor retaliation against inmates/detainees including but not limited to; housing changes or transfers for inmates/detainee victims or abusers;

removal of alleged staff or inmate/detainee abuser from contact with victims; emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. Additionally, it states that ADO staff, or the Warden/Facility Administrator will determine, on a case by case basis, whether or not placement of a staff member in a non-contact role with the victim and/or other inmates/detainees is warranted. This determination will take into account the gravity and credibility of the allegation. A review of investigative reports and monitoring documents indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Documentation indicated there were instances where the inmate victim and/or the inmate perpetrator was moved to a different housing unit and there was another instance where a staff member was removed from contact with the victim (through administrative leave), however none were directly linked to retaliation, but rather protective measures. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with the Agency Head Designee indicated for both inmates and staff who have reported allegations of sexual abuse, the agency provides monitoring on a 30/60/90 day period (longer if needed) to ensure no retaliation has occurred. He stated the reviews are documented on an attachment to the 14-2 policy. He stated the reviews take into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with inmates and shift changes, evaluations, etc. for staff. He indicated that these reviews also occur for victims of sexual harassment/sexual abuse. Policies and practice prohibit retaliation for any reason and that they include this expectation in training with staff. He stated any violation would be acted upon accordingly. The interview with the Warden indicated the facility separates the individuals to prevent retaliation. He stated they also advised that they reassure the individual that retaliation is not allowed and that the allegation will be investigated. The Warden confirmed that protective measures for retaliation can include housing changes, facility transfers, removal of contact with staff abusers and emotional support services. The interview with the staff responsible for monitoring indicated that monitoring is conducted at the 30, 60 and 90 day mark and that they first let them know they have a right to be free from retaliation and a right to a victim advocate. The staff stated they can take protective measures including placing the inmate in a dorm that fits them. The staff stated he makes rounds and tries to check in with the inmate nonchalantly. Staff indicated that they can't transfer because they are a jail, but they can change housing units, remove staff abuser and offer emotional support services. The staff confirmed he conduct in-person status checks at the 30, 60 and 90 day mark. Interviews with two inmates who reported sexual abuse indicated both felt safe at the facility and both felt protected against retaliation.

115.67 (c): The PAQ states that the agency/facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abut to see if there are any changes that may

suggest possible retaliation by inmates or staff. The PAQ indicated that monitoring is conducted for 90 days or longer, if needed, and that the agency/facility acts promptly to remedy any such retaliation. The PAQ further stated that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. 14-2 Sexual Abuse Prevention and Response, pages 24-25 indicate that for at least 90 days (30/60/90) following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates/detainees who reported sexual abuse and inmate/detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by inmates/detainees or staff. Policy states that the facility shall employ multiple protective measures to monitor retaliation against inmates/detainees including but not limited to; housing changes or transfers for inmates/detainee victims or abusers; removal of alleged staff or inmate/detainee abuser from contact with victims; emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. Additionally, policy states that for at least 90 days (30/60/90) following a report of sexual abuse the agency shall monitor the conduct and treatment of staff who reported sexual abuse to see if there are any changes that may suggest possible retaliation by inmates/detainees or other staff. All monitoring shall be documented on the 14-2D PREA Retaliation Monitoring Report (30-60-90) or contracting agency equivalent form. Retaliation monitoring for staff shall include, but is not limited to, monitoring negative performance reviews, disciplinary reports and reassignments. Additionally, emotional support services may be provided for staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The PAQ did not provide a number for this provision. 14-2 Sexual Abuse Prevention and Response also states that the facility shall continue such retaliation monitoring beyond 90 days if the initial monitoring indicates a continuing need and that the obligation to monitor shall terminate if the facility determines that the allegation is unfounded. The Warden indicated that if an allegation of retaliation was reported or suspected they would conduct an investigation. He stated if it is a staff member they could be placed on administrative leave. He also stated if substantiated, the individual would face discipline, up to and including termination (for staff). The interview with the staff member responsible for monitoring for retaliation indicated monitoring is conducted for 90 days and if retaliation is suspected or reported they can monitor for 120 days or until they deem the issue to be resolved. The staff stated when monitoring for retaliation he checks the individuals' demeanor to see if there are any changes. He confirmed he reviews disciplinary reports, housing changes, job and program changes, staff post changes and staff performance reviews. A review of seven sexual abuse allegations indicated four had monitoring for retaliation completed. Two investigations were deemed unfounded and one inmate victim left the facility prior to monitoring. A review of the four completed monitoring records confirmed that they included periodic status checks as well as a review of the elements under this provision.

115.67 (d): 14-2 Sexual Abuse Prevention and Response, page 24 states that the facility shall employ multiple protective measures to monitor retaliation against inmates/detainees including but not limited to; housing changes or transfers for inmates/detainee victims or abusers; removal of alleged staff or inmate/detainee abuser from contact with victims; emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. A review of seven sexual abuse allegations indicated four required monitoring and all four included periodic status checks. The staff member who monitors for retaliation stated that in-person status checks are completed at the 30, 60 and 90 day mark.

115.67 (e): 14-2 Sexual Abuse Prevention and Response, page 25 states if any other individual who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The interview with the Agency Head Designee indicated that this is handled as described in provision (b). He stated agency policies and practices prohibit retaliation for any reason and they include this expectation in training with staff. He stated any violations would be acted upon accordingly. The interview with the Warden indicated the facility separates the individuals to prevent retaliation. He stated they also reassure the individual that retaliation is not allowed and that the allegation will be investigated. The Warden confirmed that protective measures for retaliation can include housing changes, facility transfers, removal of contact with staff abusers and emotional support services. The Warden indicated that if an allegation of retaliation was reported or suspected they would conduct an investigation. He stated if it is a staff member they could be placed on administrative leave. He also stated if substantiated, the individual would face discipline, up to and including termination (for staff).

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, investigative reports, 14-2Cs, 14-2Ds and interviews with the Agency Head Designee, Warden and staff charged with monitoring for retaliation, this standard appears to require be compliant.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Inmate Victim Housing Documents

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing
3. Interview with Inmates in Segregated Housing

Site Review Observations:

1. Observations of the Special Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary 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. 14-2 Sexual Abuse Prevention and Response, page 15 states that inmate/detainees at high risk for sexual victimization shall not be placed in involuntary restricted housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary restrictive housing for less than 24 hours while completing an assessment. Every 30 days a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. It also states inmates/detainees placed in restrictive housing pursuant to section 1.8 [provision (a)] shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programming, privileges, education or work opportunities is restricted, the facility shall document the following; the opportunities that have been limited; the duration of the limitation; and the reason for such limitations.

Additionally, it indicates that restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days and if involuntary restrictive housing is warranted as outlined above [in provision (a), (b) and (c)] the documentation of such actions shall clearly specify a basis for the facility concern for the inmate/detainee's safety and the reason(s) why no alternative means of separation can be arranged.

The PAQ and the memo indicated that zero inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour the auditor observed the segregated housing units. Posted PREA information was observed on bulletin boards on letter size paper. Most papers had both the English and Spanish version of the posters and as such the font was small. A separate outdoor recreation area was observed for inmates in segregated housing. Recreation is offered five hours each week. In addition to recreation, inmates are out of their cells for showers three days a week and for medical appointments. Inmates in segregated housing have daily access to a rolling phone and they also have access daily to their tablets (they keep them on them in their cell). Written correspondence such as grievances and request forms are provided by staff and can be returned to staff or can be placed in the locked drop box when out of cell. A review of housing documentation for seven victims of sexual abuse indicated all seven remained in the same housing status they were in prior to reporting the sexual abuse. The Warden confirmed that the agency has a policy that prohibits placing inmates who report sexual abuse 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. He indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He further stated they have not had to utilize involuntary segregated housing for inmates who reported sexual abuse, but if they did it would take no more than 24-48 hours to find alternative housing. The interview with the staff who supervise inmates in segregated housing indicated that any inmates placed in involuntary segregated housing under this provision would be provided access to programs, privileges, education and work opportunities to the extent possible. The staff stated that any restrictions would be documented. The staff further stated that an inmate would only be involuntarily segregated until they could find alternative housing, which would typically not exceed 24-36 hours. The staff confirmed that if the inmate remained longer, he/she would be reviewed at least every 30 days. There were no inmates who reported sexual abuse that were involuntarily segregated and as such no interviews were conducted.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, memo related to segregated housing, housing assignments for inmate victims of sexual abuse and the interviews with the Warden and staff who supervise inmates in segregated housing, this standard appears to be compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 5-1 Incident Reporting
4. CoreCivic Records Retention Schedule
5. Investigator Training Records
6. Investigative Reports

Interviews:

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 14-2 Sexual Abuse Prevention and Response, page 27 states that facility administrative investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly and objectively for all allegations including third-party reports and anonymous reports. Additionally, 5-1 Incident Reporting, page 7 states that a 5-1G Incident Investigative Report must be completed for all Priority PREA incidents by supervisory level employee, to be determined by the ADO, not involved in the incident. 208.06, page 15 also states that an administrative and/or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potential criminal behavior will be referred for investigation to OPS. This referral does not alleviate the facility from its responsibility of reaching a disposition on the administrative SART investigation. A review of ten investigations indicated all ten had an administrative investigation completed. Three were referred to the Sheriff's Office, two of which they

declined to investigate. One had a case number, however the facility was unable to produce information related to the investigation. It should be noted that the facility had completed an administrative investigation on that allegation as well. All ten investigations were timely and objective. Nine of the ten were thorough. One investigation did not have adequate detail for the auditor to determine whether it was thorough. The interview with the facility investigator indicated that an investigation is typically initiated within 24 hours, being generous. He stated it could be within a few minutes. The interview with the criminal investigator indicates the initiation of the investigation would depend on if something had just occurred or not. If it did just occur he stated a Deputy would be contacted to determine if the agency needs to respond and if they do respond they would collect evidence and have a forensic examination completed. Both investigators stated that third party and anonymous reports are investigated through the same process as an allegation reported through any other means. The criminal investigator stated that in those cases there may be little info to go on and they always contact the victim first to determine if there is merit to the allegation.

115.71 (b): 14-2 Sexual Abuse Prevention and Detection, page 7 states that specialized training for investigators shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review of ten investigations indicated they were completed by two facility investigators. Documentation was provided for the current facility investigator, however at the issuance of the interim report the second had not yet been provided.

115.71 (c): 14-2 Sexual Abuse Prevention and Detection, page 27 states investigators shall gather and preserve direct and circumstantial evidence including any available physical and DNA evidence and any available electronic monitoring data. Investigators shall interview alleged victims, suspected perpetrators and witnesses and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. A review of ten investigative reports indicated all ten included interviews with the alleged victim, suspect and witness, when applicable. Seven of the ten included a review of evidence (video and disciplinary reports). None of the ten had documentation related to reviewing prior complaints. The interview with the facility investigator indicated his first steps of an investigation including interviewing the victim and then interviewing the alleged perpetrator. He stated he would review video evidence and determine if there are witnesses to interview. If there was any physical

contact he stated he would call the Sheriff's Office to determine if a criminal investigation is needed. The facility investigator indicated he would be responsible for gathering evidence such as clothing, bodily fluids, weapons, statements and video. He confirmed through probing that he would review prior complaints but that it has no relevance on the case as they treat every allegation individually. The interview with the criminal investigator indicated that his first steps would be to have the Deputy gather pertinent information, see if the victim wants a forensic medical examination, contact the SANE who will respond to the jail, contact the victim advocate to respond as well, collect any evidence, review video, interview the alleged perpetrator, consult with the State Attorney to present any current evidence and wait for the DNA evidence to be returned from the crime lab. The criminal investigator stated he would be responsible for collecting DNA evidence, video, clothing and statements. He confirmed upon probe that he would review prior complaints and he would have the jail staff assist with reviewing their record management system for that information as well.

115.71 (d): 14-2 Sexual Abuse Prevention and Detection, page 28 states that when the quality of evidence appears to support criminal prosecution, the investigating entity shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. A review of ten investigations indicated none involved any compelled interviews. The interview with the facility investigator indicated he would consult with the Sheriff's Office related to any compelled interviews. The criminal investigator stated he would consult with prosecutors (State Attorney) before conducting compelled interviews.

115.71 (e): 14-2 Sexual Abuse Prevention and Detection, page 28 states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate/detainee or staff. Additionally, it indicates that no agency shall require an inmate/detainee to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such allegation. The facility investigator stated that credibility is based on a preponderance of the evidence while the criminal investigator stated that there are many elements that are weighed in credibility including prior complaints, consistent story and if the individual has anything to gain. The criminal investigator indicated that evidence would be the big determining factor in credibility. Both investigators confirmed that they would not require an inmate victim to take a polygraph or truth telling device test as a means to continue with the investigations. The two inmates who reported abuse confirmed that neither were required to take a polygraph or truth telling device test.

115.71 (f): 14-2 Sexual Abuse Prevention and Detection, page 27 states that administrative investigation shall include an effort to determine whether staff actions

or failures to act contributed to the abuse. Such investigations shall be documented on the 5-1G Incident Investigation Report and shall detail the following components: investigative facts, physical evidence, testimonial evidence, reasoning behind credibility assessments, investigative findings and an explanation as to how the conclusion of the investigations was reached. A review of ten allegations confirmed that all ten were documented in a written investigative report. Nine of the ten included information on the initial allegation, interviews, evidence collected (if any), any other relevant facts and an investigative outcome. The facility investigator stated that all administrative investigations are documented in a written report. He stated the report includes interviews, video review, evidence, how the allegation was made, who is notified and other facts and findings. He indicated the report is rather lengthy. The facility investigator further stated that during the course of the investigation he determines if staff actions or failure to act contributed to the sexual abuse through reviewing if they completed their safety checks, if they were at the post they were assigned to, if they reported the information that they were told, etc.

115.71 (g): 14-2 Sexual Abuse Prevention and Detection, page 29 states that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. A review of ten investigations indicated three were referred to the Sheriff's Office, two of which they declined to investigate. One included an investigative case number. At the issuance of the interim report the auditor had not yet received information related to the criminal investigations. The interview with the criminal investigator indicated that criminal investigations are documented in a written report. The report include interviews, written statements, search warrants, evidence, subpoenas, arrest warrants and anything and everything that was done during the course of the investigation. The facility investigators stated that they do not receive a copy of criminal investigations just information on whether the State Attorney will prosecute.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. 14-2 Sexual Abuse Prevention and Detection, page 29 states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The PAQ did not note the number of cases referred for prosecution. A review of ten investigations indicated three were referred to the Sheriff's Office, two of which they declined to investigate. One included an investigative case number. At the issuance of the interim report the auditor had not yet received information related to the criminal investigations. The interview with the facility investigator indicated that all criminal allegations are referred to the Sheriff's Office for investigation. The criminal investigation stated that for all cases, if evidence is there to support that the crime occurred, the case is referred to the State Attorney.

115.71 (i): The PAQ stated that the agency retains all written reports pertaining to

the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. 14-2 Sexual Abuse Prevention and Detection, page 29 states that the agency shall retain all investigative reports into allegations of sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The CoreCivic Record Retention Schedule confirmed that PREA investigative files are retained for five years after inmate release or post-employment of alleged abuser. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): 14-2 Sexual Abuse Prevention and Detection, page 27 states that the departure of the alleged abuser or victim from employment control of the facility or agency shall not provide a basis for terminating an investigation. The facility investigator and criminal investigator stated that they would still fully investigate in both circumstances. The departure of the staff and/or departure of the inmate would not change the investigative process.

115.71 (k): The auditor is not required to audit this provision.

115.71 (l): 14-2 Sexual Abuse Prevention and Detection, page 29 states that the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The PC stated that each facility develops its own relationship with local law enforcement and must follow-up on cases. He indicated that where CoreCivic has more than one facility, the partner agency OIG is often consulted about the status of investigations. The interview with the Warden indicated that when an outside agency conducts sexual abuse investigations they remain informed through that agency. He stated they have a good relationship with the Sheriff's Office and the staff keep the facility abreast of the investigation. The PCM stated that when an outside agency conducts an investigation they remain informed of the progress through the facility investigator. He indicated at the end of the investigation, they will notify the facility if they are going to press charges and if they aren't they will turn it back over to the facility for investigation. The facility investigator stated that if an outside agency conducts an investigation he assists them with getting whatever they need and he provides them the facts of the case.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, Georgia Department of Corrections Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, 5-1 Incident Reporting, CoreCivic Records Retention Schedule, Investigator Training Records, Investigative Reports and information from interviews with the Agency Head Designee, Warden,

PREA Coordinator, PREA Compliance Manager, the facility investigator and inmates who reported sexual abuse, this standard appears to require corrective action. None of the ten had documentation related to reviewing prior complaints. A review of ten investigations indicated three were referred to the Sheriff's Office, two of which they declined to investigate. One included an investigative case number. At the issuance of the interim report the auditor had not yet received information related to the criminal investigations. A review of ten investigations indicated they were completed by two facility investigators. Documentation was provided for the current facility investigator, however at the issuance of the interim report the second had not yet been provided.

Corrective Action

The facility will need to provide the auditor with the requested investigation. Further the facility will need to ensure that they document their review of prior complains in their investigative report. The investigative staff will need to be advised of this information and the auditor will need to be provided a sample of sexual abuse and sexual harassment allegations during the corrective action period. The second investigator training record will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. PowerPoint on Credibility Assessments
2. Agenda for Three Day Investigator Training
3. Investigator Training Records
4. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period
5. Investigative Reports
6. Clarification Memorandum Related to Criminal Investigations

	<p>The facility provided a PowerPoint presentation on credibility assessments and the agenda for a three day investigator training that was conducted by agency PREA staff. The training went over thorough investigations, reviewing prior complaints, gathering enough information and evidence so it is not a he/she said he/she said, etc. Sign in sheets were provided confirming that two facility investigators completed the training.</p> <p>The facility provided the originally requested investigator training record. The document confirmed the second investigator that completed investigations had the specialized training as of September 2023.</p> <p>A list of sexual abuse and sexual harassment allegations reported during the corrective action period and four investigative reports were provided to the auditor. All four included documentation of review of prior complaints.</p> <p>The facility provided clarification that there has not been a criminal investigation completed during the audit period. The facility indicated that the Citrus County Sheriff's Office responded to a report of sexual abuse at the facility and took an initial report but they indicated they would not conduct an investigation. As such, there were zero criminal investigation to review.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): The PAQ indicated that 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. 14-2 Sexual Abuse Prevention and Response, page 27 states that in any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place. A review of ten administrative investigations indicated nine utilized a preponderance of the evidence when determining an outcome. One allegation involved numerous witnesses that corroborated the allegation, however the investigation did not deem the allegations substantiated. It should be noted that investigation was completed by the prior facility investigator and not the current facility investigator. The interview with the facility investigator confirmed that the level of evidence to substantiate an administrative investigation is a preponderance of evidence. The criminal investigator stated for criminal investigation they utilize probable cause to issue an arrest/bench warrant.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, investigative reports and information from the interview with the facility investigator indicated that this standard appears to be compliant.

115.73 Reporting to inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response3. Investigative Reports4. 14-2E Inmate PREA Allegation Status Notifications
	Interviews:

1. Interview with the Warden
2. Interview with Investigative Staff
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 14-2 Sexual Abuse Prevention and Response, page 30 states that following an investigation into an inmate/detainee's allegation that he/she suffered sexual abuse at the facility, the inmate/detainee shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate/detainee. The PAQ did not provide numbers for this provision. A review of ten investigations confirmed all ten included a victim notification. It should be noted that two of the notifications indicated the victim refused to sign. In one case the inmate had departed the facility but it still said refused to sign. Additionally, four of the seven were completed well after the case was closed (some up to four or five months after closure). The interviews with the Warden and the facility investigator confirmed that inmates are informed of the outcome of the investigation into their allegation. The criminal investigator stated that their agency (Sheriff's Office) would provide a verbal notification to the victim and they would remain informed of the progress during the investigation. Interviews with two inmates who reported abuse indicated one was aware that victims are to be informed of the outcome of the investigation. One inmate stated he was notified in writing of the outcome of the investigation as well as that the staff perpetrator was no longer working at the facility.

115.73 (b): The PAQ indicated 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. 14-2 Sexual Abuse Prevention and Response, page 30 states if the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate/detainee. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency. A review of ten investigations indicated three were referred to the Sheriff's Office, two of which they declined to investigate. One included an investigative case number. At the issuance of the interim report the auditor had not yet received information related to the criminal investigations. As such further information is needed to determine

compliance with this provision.

115.73 (c): The PAQ indicated that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate 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. 14-2 Sexual Abuse Prevention and Response, page 30 states following an investigation into an inmate/detainee's allegation that an employee has committed sexual abuse against the inmate/detainee, the facility shall subsequently inform the inmate/detainee 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 PAQ was blank for this provision. A review of ten investigations indicated one involved a staff member that was placed on administrative leave and then was terminated. The inmate victim was advised of the termination via written notification. Interviews with inmates who reported sexual abuse indicated one was against a staff member. The inmate stated he was provided notification that the staff member was no longer working at the facility.

115.73 (d): The PAQ indicates that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 14-2 Sexual Abuse Prevention and Response, page 30 states following an inmate/detainee's allegation that he/she has been sexually abused by another inmate/detainee, the facility shall 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 or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of ten investigations indicated none involved a substantiated inmate-on-inmate sexual abuse allegation with a conviction or indictment. As such no notification were required under this provision. The interviews with inmates who reported sexual abuse indicated one was against another inmate but was not substantiated and did not require notification under this provision.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to inmates described under this standard are documented. 14-2 Sexual Abuse Prevention and Response, page 30 states all inmate/detainee notifications or

attempted notification shall be documented on the 14-2E Inmate/Detainee Allegation Status Notification. The inmate/detainee shall sign the 14-2E, verifying that such notification has been received. The PAQ did not provide a number for this provision. A review of ten investigations confirmed all ten included a victim notification (including the sexual harassment investigations). It should be noted that two of the notifications indicated the victim refused to sign. In one case the inmate had departed the facility but it still said refused to sign. Additionally, four of the seven were completed well after the case was closed (some up to four or five months after closure). All ten had the notification documented in writing. Additionally, the staff termination notification provided under provision (c) was also documented in writing.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 14-2E, a review of investigative reports, victim notifications and information from interviews with the Warden, facility investigator and inmates who reported sexual abuse, this standard appears to require corrective action. A review of ten investigations indicated three were referred to the Sheriff's Office, two of which they declined to investigate. One included an investigative case number. At the issuance of the interim report the auditor had not yet received information related to the criminal investigations. As such further information is needed to determine compliance with this provision.

Corrective Action

The facility will need to provide the requested investigation and associated victim notification, if applicable.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Clarification Related to Criminal Investigation

	<p>The facility provided clarification that there has not been a criminal investigation completed during the audit period. The facility indicated that the Citrus County Sheriff's Office responded to a report of sexual abuse at the facility and took an initial report but they indicated they would not conduct an investigation. As such, notifications under provision (b) were not required.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that staff be trained to complete victim notifications in a timely manner (within 30 day of the conclusion of the investigation).</p>
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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Investigative Reports 4. Termination Documentation <p>Findings (By Provision):</p> <p>115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that employees shall be subject to disciplinary sanctions up to and including termination</p>

for violating CoreCivic sexual abuse or sexual harassment policies.

115.76 (b): The PAQ did not note a number but further communication with the PC indicated there were no staff members who violated the sexual abuse and sexual harassment policies and no staff had been terminated for violating the sexual abuse or sexual harassment policies. 14-2 Sexual Abuse Prevention and Response, page 31 states that termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. A review of investigations indicated there was one staff-on-inmate substantiated investigation during the previous twelve months. The staff member was placed on administrative leave and subsequently terminated.

115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. 14-2 Sexual Abuse Prevention and Response, page 31 states that disciplinary sanctions for employee violations of CoreCivic policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ did not note a number but further communication with the PC indicated there were no staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigations indicated there was one staff-on-inmate substantiated investigation during the previous twelve months. The staff member was placed on administrative leave and subsequently terminated.

115.76 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 14-2 Sexual Abuse Prevention and Response, page 31 states all employee terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ did not note a number but further communication with the PC indicated that there were zero staff member disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months wo were reported to law enforcement or relevant licensing bodies. A review of investigations indicated there was one staff-on-inmate substantiated investigation during the previous twelve months. The staff member was placed on administrative leave and subsequently terminated. The staff member was not reported to local law enforcement as the sexual abuse allegation was not deemed

	<p>criminal activity.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, investigative reports and termination documentation indicates that this standard appears to be compliant.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Policy 22-1 Volunteer Services and Management 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with inmate/detainees and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violations of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with inmate/detainees and removal from the facility. 22-1 Volunteer Services and Management, page 5 also addresses this provision. It states that volunteers are expected to abide by CoreCivic and applicable government</p>

agency policy, procedures, regulations and prevailing law. Failure to do so may result in immediate termination or removal from the Volunteer Roster. The PAQ was blank but further communication with the PC indicated that there has not been any contractors or volunteers reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed that there were zero sexual abuse or sexual harassment allegations against a contractor or volunteer.

115.77 (b): The PAQ stated that 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. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with inmate/detainees and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violations of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with inmate/detainees and removal from the facility. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies by a contractor or volunteer would result in the volunteer or contractor no longer being permitted in the facility. He stated local law enforcement would be notified as well.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 22-1 Volunteer Services and Management, investigative reports and information from the interview with the Warden, this standard appears to be compliant.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Investigative Reports 4. Disciplinary Documents

Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The PAQ indicated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. 14-2 Sexual Abuse Prevention and Response, page 30 states that inmates/detainees shall be subject to disciplinary sanction pursuant to a formal disciplinary process following an administrative finding that an inmate/detainee engaged in inmate/detainee on inmate/detainee sexual abuse or following a criminal finding of guilt for inmate/detainee on inmate/detainee sexual abuse. 209.01 Offender Discipline, page 25 states that if guilty of the charged offense(s), a sanction(s) shall be imposed as provided by these procedures. Record the information in the offender's institutional file may be reviewed by the Disciplinary Hearing Officer only after a finding of guilty to assist in determining an appropriate sanction(s). The PAQ was blank for this provision. A review of investigative reports indicated there were zero substantiated inmate-on-inmate sexual abuse allegations and one substantiated inmate-on-inmate sexual harassment allegation. A review of documentation confirmed the perpetrator received discipline through the facility discipline process.

115.78 (b): 14-2 Sexual Abuse Prevention and Response, page 30 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate/detainee's disciplinary history and sanctions imposed for comparable offenses by inmates/detainees with similar histories. The interview with the Warden indicated that sanctions for inmates who violate the sexual abuse and sexual harassment policies in most cases would include segregated housing time. He further stated that disciplinary sanctions are consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and sanctions imposed for comparable offenses by other inmates. A review of investigative reports indicated there were zero substantiated inmate-on-inmate sexual abuse allegations and one substantiated inmate-on-inmate sexual harassment allegation. A review of documentation confirmed the perpetrator received discipline through the facility discipline process.

115.78 (c): 14-2 Sexual Abuse Prevention and Response, page 30 states that the disciplinary process shall consider whether and inmate/detainee's mental disability or mental illness contributed to his/her behavior when determining what type of

sanctions, if any, should be imposed. The interview with the Warden confirmed that an inmates' mental disability or mental illness would be considered in the disciplinary process.

115.78 (d): The PAQ indicated that the facility does not offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. The PAQ stated the facility offers emotional support services and victim advocacy but not formal programs for sexual abuse or sexual offenders. 14-2 Sexual Abuse Prevention and Response, page 30 states that if the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits. The interviews with medical and mental health care staff indicated that they offer mental health services but they are not a counseling center so they do not have sexual offender treatment. Both staff confirmed that inmates are not required to participate in mental health services in order to gain access to any other benefits or services.

115.78 (e): 14-2 Sexual Abuse Prevention and Response, page 30 indicates that an inmate/detainee may be disciplined for sexual conduct within an employee only upon a finding that the employee did not consent to such conduct. The PAQ stated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.78 (f): The PAQ indicated that 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. 14-2 Sexual Abuse Prevention and Response, page 30 states that inmates/detainees who deliberately allege false claims of sexual abuse may be disciplined. For the purpose of a disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying even if the investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g): The PAQ indicated that the agency prohibits all sexual activity between inmates and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 14-2 Sexual Abuse Prevention and Response, page 30 states that sexual activity between inmates/detainees is prohibited in all CoreCivic facilities, and inmates/detainees may be disciplined for such activity. Such activity shall not be deemed sexual abuse if it is determined that the activity is not coerced.

	<p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 209.01 Offender Discipline, investigative reports, disciplinary documents and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Informed Consent Form 4. Medical/Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Medical and Mental Health Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area <p>Findings (By Provision):</p> <p>115.81 (a): The facility is a jail and as such this provision is not applicable.</p> <p>115.81 (b): The facility is a jail and as such this provision is not applicable.</p>

115.81 (c): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 14-2 Sexual Abuse Prevention and Response, page 11 states that inmates/detainees identified during the intake screening as at risk for sexual victimization with a history of prior sexual victimization whether it occurred in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioners or other qualified professional within fourteen days of the intake screening. The inmate/detainee at risk for sexual victimization will be identified, monitored and counseled. The PAQ did not note the percent but further communication with the PC indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ further indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of medical and mental health files for thirteen inmates identified who disclosed prior sexual victimization during the risk screening indicated twelve were offered a follow-up with mental health within fourteen days. The interview with staff responsible for the risk screening indicated that when an inmate discloses prior sexual victimization they are referred to mental health. The staff stated inmates are advised about the referral but it is up to them whether they want to see mental health or not. The staff indicated he sends an email that same day to mental health but was not sure when mental health would see them. Interviews with inmates who disclosed prior victimization during the risk screening indicated both were offered a mental health follow-up within a week or two.

115.81 (d): The PAQ states that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Further communication with the PC indicated that this was marked incorrect and the PAQ should have indicated that information is not strictly limited to medical and mental health practitioners. The PAQ stated that information is only shared with other staff, as necessary, to inform treatment plans and security management decision, including housing, bed, work, education and program assignments. Inmate medical records are electronic and paper. Inmate medical records are electronic and paper. Paper records are scanned into the electronic system and then shredded. Electronic medical records are only accessible to medical and mental health care staff. Risk assessment information is electronic and paper. Paper records are maintained in the inmate file which is stored in records. Records is staffed 8am-5pm and after hours only the booking officer and security supervisors have access. Records staff stated only security staff with a need to know have access to the inmate's file. During the on-site portion of the audit, the auditor had a security staff member pull up the electronic risk screening system to show what information could be viewed. The auditor observed that the security staff member received a pop-up window that said they had insufficient rights to access the information. Investigative files are electronic and paper. Paper investigations are maintained in the investigators locked office. Electronic investigative records are only

accessible to investigative staff via the investigative database.

15.81 (e): The PAQ indicated that 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 eighteen. 14-2 Sexual Abuse Prevention and Response, page 12 states that medical and mental health practitioners shall obtain informed consent from inmates/detainees prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate/detainee was under eighteen. The interview with medical staff indicated that she is a mandatory reporter and as such she did not need the individual's consent to report. The mental health staff member stated that he obtains consent prior to reporting any sexual abuse that did not occur in an institutional setting. The medical staff member stated she a mandatory reporter and as such she would report any allegation and so there is not a separate consent for anyone under eighteen. The mental health staff member stated that those under eighteen require a parent to be notified and because they are under eighteen consent is not needed as they are required to reporting under mandatory reporting laws.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the informed consent form, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to require corrective action. The interview with medical staff indicated that she is a mandatory reporter and as such she did not need the individual's consent to report. The mental health staff member stated that he obtains consent prior to reporting any sexual abuse that did not occur in an institutional setting. The medical staff member stated she a mandatory reporter and as such she would report any allegation and so there is not a separate consent for anyone under eighteen. The mental health staff member stated that those under eighteen require a parent to be notified and because they are under eighteen consent is not needed as they are required to reporting under mandatory reporting laws.

Corrective Action

Appropriate medical and mental health care staff will need to be trained on the requirement under provision (e) of this standard. It should be illustrated the different consent process for adult inmates, youthful inmates and vulnerable adults. A copy of the training will need to be provided to the auditor.

	<p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Staff Training <p>The facility provided documentation confirming appropriate staff received and understood training on the informed consent process and the consent process for youthful inmates. The policy and procedure as well as the Standard in Focus from the PREA Resource Center were utilized for the training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 13-79 Sexual Assault Response 3. 13-79A Sexual Assault Response 4. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff 2. Interview with Inmates who Reported Sexual Abuse 3. Interview with First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff maintain secondary materials documenting services. 13-79 Sexual Assault Response, page 2 states that the Health Services Department shall designate medical representatives to be appointed to the facility Sexual Abuse Response Team (SART). The medical representative(s) shall assess the alleged victim's acute medical needs and explain the medical need to the victim for a forensic exam if appropriate. The victim of sexual assault has the right to decline the forensic exam. The medical representative shall ensure that the facility medical staff responded appropriately and medically stabilized the victim before assessment by a community medical provider, if medically indicated (refer to CoreCivic Policy 14-2 Sexual Abuse Prevention and Response). During the tour the auditor observed the health services area, which included a reception space, exam rooms, treatment rooms an infirmary, and suicide observation cells. Exam and treatment rooms provided privacy through door with windows and accordion style mobile barriers. A review of documentation for seven inmate victims who reported sexual abuse indicated six were provided medical and/or mental health services. Interviews with medical and mental health care staff confirm that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Staff stated that service would be offered/provided immediately. Both staff confirmed the services they provide are based on their professional judgment. The interviews with inmates who reported sexual abuse confirmed both were offered/ provided medical and mental health services.

115.82 (b): The facility has a Health Services Department that is staffed 24 hours a day, seven days a week. Inmates are treated at the facility unless they are required to be transported to a local hospital. The security first responder stated that first responder duties include separating the individuals, placing the victim alone to be safe, contacting the supervisor and Sheriff's Office, contacting a SANE, securing the scene and waiting on directive from the supervisor. The non-security first responder stated she would ensure the person reporting was safe, report to the supervisor and complete an incident report. She stated should would also keep them from discarding clothing or using the bathroom.

115.82 (c): The PAQ states that 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. 13-79 Sexual Assault Response, pages 3 and 4 state that inmate/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. (115.82 (c), 115.83 (f)) Inmate/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the inmate/detainee tests positive for pregnancy, the inmate/detainee patient will be provided information regarding lawful pregnancy-related services in a timely manner. (115.83 (e)) Should a pregnancy occur as a result of a rape/sexual assault, the inmate/detainee patient will be provided with education/information related to pregnancy termination, pregnancy care and options available. At no time will a CoreCivic staff member/volunteer/contractor attempt to influence a decision for pregnancy termination. A review of documentation for seven inmate victims who reported sexual abuse indicated six were provided medical and/or mental health services. Two of the inmate victims reported penetration, however the facility did not provide documentation related to information and access to sexually transmitted infection prophylaxis. Interviews with two inmates who reported sexual abuse indicated that neither involved penetration that would require emergency contraception or sexually transmitted infection prophylaxis. Interviews with medical and mental health staff indicated that inmate victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis.

115.82 (d): 13-79 Sexual Assault Response, pages 3-4 states that treatment services shall be provide to the victim without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims.

Based on a review of the PAQ, 13-79 Sexual Assault Response, 13-79A, a review of medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff, this standard appears to require corrective action. A review of documentation for seven inmate victims who reported sexual abuse indicated six were provided medical and/or mental health services. Two of the inmate victims reported penetration, however the facility did not provide documentation related to information and access to sexually transmitted infection prophylaxis.

	<p>Corrective Action</p> <p>The facility will need to provide training to staff related to the requirements under provision (c). A copy of the training will need to be provided to the auditor. The facility will need to provide a list of all sexual abuse allegations reported during the corrective action period and associated medical and mental health documentation, including emergency contraception and sexually transmitted infection prophylaxis, when applicable.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Staff Training 2. List of Sexual Abuse Allegations During the Corrective Action Period <p>The facility provided staff training that confirmed they received and understood training related to the requirements under this standard. The language from the standard as well as the policy and procedure were utilized for staff training.</p> <p>The facility provided a list of sexual abuse allegations reported during the corrective action period. None of the allegations involved sexual abuse that would necessitate prophylaxis or emergency contraception.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 13-79 Sexual Assault Response
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 13-79 Sexual Assault Response, page 4 states that the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates/detainees who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. During the tour the auditor observed the health services area, which included a reception space, exam rooms, treatment rooms an infirmary, and suicide observation cells. Exam and treatment rooms provided privacy through door with windows and accordion style mobile barriers. Medical services are provided 24/7. Inmates have access to routine medical services on-site and emergency services are provided at the local hospital. A review of medical and mental health files for thirteen inmates identified who disclosed prior sexual victimization during the risk screening indicated twelve were offered a follow-up with mental health within fourteen days. A review of documentation for seven inmate victims who reported sexual abuse indicated six were provided medical and/or mental health services.

115.83 (b): 13-79 Sexual Assault Response, page 4 states 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. A review of documentation for seven inmate victims who reported sexual abuse indicated six were provided medical and/or mental health services. Interviews with inmates who reported sexual abuse indicate both were offered follow-up services with medical and/or mental health. Interviews with medical and mental health care staff confirmed that follow-up services would be offered. Medical staff stated they provide HIV testing, contraception and mental health follow-up services. The mental health staff stated they provide cognitive behavioral therapy, insight therapy and many other types of therapy.

115.83 (c): 13-79 Sexual Assault Response, page 4 states the facility shall provide such victims with medical and mental health services consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. A review of documentation for seven inmate victims who reported sexual abuse indicated six were provided medical and/or mental health services. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): The PAQ was blank but further communication with the PC indicated female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. 13-79 Sexual Assault Response, pages 3 and 4 state that inmate/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. (115.82 (c), 115.83 (f)) Inmate/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the inmate/detainee tests positive for pregnancy, the inmate/detainee patient will be provided information regarding lawful pregnancy-related services in a timely manner. (115.83 (e)) Should a pregnancy occur as a result of a rape/sexual assault, the inmate/detainee patient will be provided with education/information related to pregnancy termination, pregnancy care and options available. At no time will a CoreCivic staff member/volunteer/contractor attempt to influence a decision for pregnancy termination. Interviews with inmates who reported sexual abuse indicated both were male victim and as such this provision was not applicable. A review of investigative reports indicated none of the female victims reported an allegation involving vaginal penetration.

115.83 (e): The PAQ was blank but further communication with the PC indicated if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. 13-79 Sexual Assault Response, pages 3 and 4 state that inmate/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency

contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. (115.82 (c), 115.83 (f)) Inmate/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the inmate/detainee tests positive for pregnancy, the inmate/detainee patient will be provided information regarding lawful pregnancy-related services in a timely manner. (115.83 (e)) Should a pregnancy occur as a result of a rape/sexual assault, the inmate/detainee patient will be provided with education/information related to pregnancy termination, pregnancy care and options available. At no time will a CoreCivic staff member/volunteer/contractor attempt to influence a decision for pregnancy termination. A review of investigative reports indicated none of the female victims reported an allegation involving vaginal penetration. Interviews with inmates who reported sexual abuse indicated both were male victim and as such this provision was not applicable Interviews with medical and mental health staff confirmed that female victims of sexual abuse would be offered timely and comprehensive information about, and timely access to all lawful pregnancy related medical services as soon as they know the individual is pregnant (i.e. after a positive pregnancy test).

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. 13-79 Sexual Assault Response, pages 3 and 4 state that inmate/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. (115.82 (c), 115.83 (f)) Inmate/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the inmate/detainee tests positive for pregnancy, the inmate/detainee patient will be provided information regarding lawful pregnancy-related services in a timely manner. (115.83 (e)) Should a pregnancy occur as a result of a rape/sexual assault, the inmate/detainee patient will be provided with education/information related to pregnancy termination, pregnancy care and options available. At no time will a CoreCivic staff member/volunteer/contractor attempt to influence a decision for pregnancy termination. A review of documentation for seven inmate victims who reported sexual abuse indicated six were provided medical and/or mental health services. Two of the inmate victims reported penetration, however the facility did not provide documentation related to testing. Interviews with inmates who reported sexual abuse indicated that none involved penetration that would require testing.

115.83 (g): The PAQ stated that treatment services are provided to the inmate victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 13-79 Sexual Assault Response, page 4 states that treatment services shall be provide to the victim without financial cost and regardless whether the victim names the alleged abuser or

cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims. Interviews with inmates who reported sexual abuse indicated that neither were required to pay for any medical or mental health care services.

115.83 (h): The facility is a jail and as such this provision does not apply.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, a review of medical and mental health documents, observations made during the tour and information from interviews with inmates who reported sexual abuse and medical and mental health care staff, this standard appears to require corrective action. A review of documentation for seven inmate victims who reported sexual abuse indicated six were provided medical and/or mental health services. Two of the inmate victims reported penetration, however the facility did not provide documentation related to testing.

Corrective Action

The facility will need to provide training to staff related to the requirements under provision (f). A copy of the training will need to be provided to the auditor. The facility will need to provide a list of all sexual abuse allegations reported during the corrective action period and associated medical and mental health documentation, including HIV/STI testing for those involving applicable sexual contact.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. List of Sexual Abuse Allegations During the Corrective Action Period

	<p>The facility provided staff training that confirmed they received and understood training related to the requirements under this standard. The language from the standard as well as the policy and procedure were utilized for staff training.</p> <p>The facility provided a list of sexual abuse allegations reported during the corrective action period. None of the allegations involved sexual abuse that would necessitate the need for STI testing.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. 14-2F Sexual Abuse or Assault Incident Review Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with Incident Review Team <p>Findings (By Provision):</p> <p>115.86 (a): The PAQ stated that 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. 14-2 Sexual Abuse Prevention and Response, page 29 states that the Warden/Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the</p>

conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The PAQ did not have a number for this provision. A review of seven sexual abuse investigations confirmed all seven had a completed sexual abuse incident review.

115.86 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 14-2 Sexual Abuse Prevention and Response, page 29 states that sexual abuse incident reviews shall occur within 30 days of the conclusion of the investigation. The PAQ did not have a number for this provision. A review of seven sexual abuse investigations confirmed all seven had a completed sexual abuse incident review within 30 days of the conclusion of the investigation.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 14-2 Sexual Abuse Prevention and Response, page 29 states the incident review team shall include the PREA Compliance Manager, upper-level facility management, and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners. The interview with the Warden confirmed that the sexual abuse incident review team includes the Warden, Assistant Warden, Chief of Security, Health Service Administrator and Mental Health staff. He further stated that they always have a call with the PC to discuss events and the investigative outcome. A review of the seven completed sexual abuse incident reviews indicated they were completed by the sexual abuse incident review team, which included staff required under this provision.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits each report to the facility head and PCM. 14-2 Sexual Abuse Prevention and Response, page 29 states 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, LGBTI and/or gender non-conforming identification, status or perceived status or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; 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; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Interviews with the Warden, PCM and sexual abuse incident review team member confirmed that these reviews are completed and they include all the required elements under this

provision. The Warden stated that the information from the sexual abuse incident review is utilized as a training tool. He stated they determine if there is anything that needs to be done in order to prevent any future incidents, including physical plant modifications and placement of staff and inmates. The PCM indicated that he is part of the sexual abuse incident review team and that he has not noticed any trends. He stated after he submits the report, if there are any recommendations, he would implement them. He stated they have not had any that have risen to the level where recommendations were identified. A review of the seven sexual abuse incident reviews confirmed that they were completed via the 14-2F, which has all the elements under this provision.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 14-2 Sexual Abuse Prevention and Response, page 29 states all findings and recommendations for improvement will be documented on the 14-2F Sexual Abuse or Assault Incident Review Report or required equivalent contracting agency form. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. A review of the seven sexual abuse incident reviews indicated the 14-2F includes a section for recommendation and staff completed the section on all reviews.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, a review of 14-2Fs and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, it appears this standard appears to be compliant.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 1563 544 1597">Auditor Discussion</p> <p data-bbox="256 1637 432 1671">Documents:</p> <ol data-bbox="256 1711 1193 1957" style="list-style-type: none"> <li data-bbox="256 1711 667 1744">1. Pre-Audit Questionnaire <li data-bbox="256 1785 1193 1818">2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response <li data-bbox="256 1859 756 1892">3. CoreCivic Annual PREA Report <li data-bbox="256 1933 759 1966">4. Survey of Sexual Victimization

Findings (By Provision):

115.87 (a): The PAQ indicated that 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. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 14-2 Sexual Abuse Prevention and Response, page 32 states that CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, at all CoreCivic facilities.

115.87 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 14-2 Sexual Abuse Prevention and Response, page 32 states the incident based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions for the most recent version of the SSV conducted by the Department of Justice. Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or a date requested by that Department. A review of CoreCivic Annual PREA Reports confirmed that each annual report includes aggregated facility and agency data.

115.87 (c): The PAQ indicated that 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. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 14-2 Sexual Abuse Prevention and Response, page 32 states that CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, at all CoreCivic facilities.

115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 14-2 Sexual Abuse Prevention and Response,

page 32 states that CoreCivic shall maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (e): The PAQ indicated that the agency does not obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The agency is a private for profit agency and houses other agency's inmates and does not contract with private facilities.

115.87 (f): The PAQ indicated this was not applicable however further communication with the PC indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. 14-2 Sexual Abuse Prevention and Response, page 32 states the incident based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions for the most recent version of the SSV conducted by the Department of Justice. Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or a date requested by that Department. A review of documentation confirmed that CoreCivic completed the 2021 SSV which was submitted in 2022.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, CoreCivic Annual PREA Reports and the Survey of Sexual Victimization, this standard appears to be compliant.

115.88	Data review for corrective action
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Annual PREA Reports

Interviews:

1. Interview with the Agency Head Designee

2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ indicated that 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. The review includes: identifying problem areas, taking corrective action on an ongoing basis and 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. 14-2 Sexual Abuse Prevention and Detection, page 32 states that the FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training to include, identifying problems areas and taking corrective action on an ongoing basis. Additionally it states that CoreCivic will prepare an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action. The interview with the Agency Head Designee confirmed that he reviews and approves annual reports. He stated that a review of the PREA data is made on a daily, monthly and annual basis. He indicated that incident data is provided daily to select staff in a daily PREA report. Monthly and annually the data is reported as metrics in a format that can determine if there are trends at individual facilities or with inmate populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either physical plant, presence of staff, video coverage or procedures would minimize the risks of incidents in those areas. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. He stated that files and information relative to investigations of PREA allegations are retained in the Incident Report Database which is on a secured server. He stated hard copy files are secured at each facility and all records are subject to record retention schedules. He further confirmed that the agency takes corrective action on an ongoing basis and that the agency prepares a report of findings from the annual data review. The PCM stated that facility data it utilized for the agency annual report, which is then submitted back down to the facility and the Department of Justice. He indicated the report breaks down the number of incidents by facility.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. 14-2 Sexual Abuse Prevention and Detection, page 32 states that CoreCivic will prepare an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes corrective action. The report compares the data from the current year with the previous years.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 14-2 Sexual Abuse Prevention and Response, page 32 states that the CoreCivic Annual report shall be approved by the company Chief Correctional Officer and made available to the public through the CoreCivic website. The interview with the Agency Head Designee confirmed that the report is completed annually and that he approves the report. A review of the website: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea> confirmed that the current annual report is available to the public online.

115.88 (d): The PAQ indicated when the agency redacts material from an annual report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a facility and must indicate the nature of material redacted. 14-2 Sexual Abuse Prevention and Response, page 32 states that specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated. A review of the annual report confirmed that no personal identifying information was included in the report nor any security related information. The report did not contain any redacted information. The interview with the PC confirmed that the reports do not contain personal identifiers and/or medical information belonging to inmates or staff.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the CoreCivic Annual PREA Report, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.

115.89	Data storage, publication, and destruction
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Record Retention Schedule
4. CoreCivic Annual PREA Reports

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 14-2 Sexual Abuse Prevention and Response, page 33 states all case records associated with claims of sexual abuse, including incident reports, investigative reports, inmate/detainee information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-5 Retention of Records. The interview with the PREA Coordinator confirmed that files and information relative to investigations of PREA allegations are retained in the IRD which is on a secured server. He stated hard copy files are secured at each facility and all records are subject to record retention schedules.

115.89 (b): The PAQ states that the agency will 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 through other means. 14-2 Sexual Abuse Prevention and Response, page 33 states the CoreCivic Annual Report shall be approved by the company Chief Corrections Office and made available to the public through the CoreCivic website. A review of the website: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea> confirmed that the current annual report, which includes aggregated data, is available to the public online.

	<p>115.89 (c): 14-2 Sexual Abuse Prevention and Response, page 32 and the PAQ indicated that before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.</p> <p>115.89 (d): 14-2 Sexual Abuse Prevention and Response, page 33 and the PAQ indicates that the agency shall maintains sexual abuse data collected pursuant to 115.87 for at least ten years after the date of initial collection unless Federal, State or local law requires otherwise. A review of historical annual reports indicated that aggregated data is available from 2013 to present.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, CoreCivic Retention Schedule, CoreCivic annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.401 (a): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency’s facilities are audited each year.</p> <p>115.401 (b): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency’s facilities are audited each year. The facility is being audited in the first year of the three-year cycle.</p> <p>115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.</p>

	<p>115.401 (n): The auditor observed the audit announcement in each housing unit. The audit notices were printed on letter size paper and included the English and Spanish version on the same page. The auditor had a difficult time reading the audit announcement due to the font size. The audit noticed advised the inmates that correspondence with the auditor would remain confidential unless the inmate reported information such as sexual abuse, harm to self or harm to others. The inmates were able to send correspondence via special mail. The auditor received one letter from an inmate at the facility.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.403 (f): A review of the agency website confirmed that the agency has uploaded final reports for audited facilities during the current audit cycle and prior audit cycles.</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).)	yes
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).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
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).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
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.)	yes
	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	yes

	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.)	na
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.)	na
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.	yes
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).	na
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.)	na
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.)	yes
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.)	yes
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.)	na

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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with 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