

# PREA Facility Audit Report: Final

**Name of Facility:** Ocean View Residential Reentry Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 02/15/2023

**Date Final Report Submitted:** 08/03/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Barbara Jo Denison	<b>Date of Signature:</b> 08/03/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Denison, Barb
<b>Email:</b>	denisobj@sbcglobal.net
<b>Start Date of On-Site Audit:</b>	01/24/2023
<b>End Date of On-Site Audit:</b>	01/25/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Ocean View Residential Reentry Center
<b>Facility physical address:</b>	551 South 35th Street, San Diego, California - 92113
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Aisha Alvarado
<b>Email Address:</b>	aisha.alvarado@corecivic.com
<b>Telephone Number:</b>	619-991-0225

<b>Facility Director</b>	
<b>Name:</b>	Aisha Alvarado
<b>Email Address:</b>	aisha.alvarado@corecivic.com
<b>Telephone Number:</b>	619-991-0225

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Sharoll Damron
<b>Email Address:</b>	sharoll.damron@corecivic.com
<b>Telephone Number:</b>	O: 619-232-8600 266
<b>Name:</b>	Jaime Vargas
<b>Email Address:</b>	jaime.vargas@corecivic.com
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	499
<b>Current population of facility:</b>	292
<b>Average daily population for the past 12 months:</b>	163
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males

<b>Age range of population:</b>	18-75
<b>Facility security levels/resident custody levels:</b>	Low Security
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	58
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	3
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	CoreCivic, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	5501 Virginia Way, Suite 110, Brentwood, Tennessee - 37027
<b>Mailing Address:</b>	
<b>Telephone number:</b>	6152633000

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Damon T. Hininger
<b>Email Address:</b>	
<b>Telephone Number:</b>	6152633000

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

## 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:

3

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.231 - Employee training
- 115.288 - Data review for corrective action

#### Number of standards met:

38

#### 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:	2023-01-24
2. End date of the onsite portion of the audit:	2023-01-25

#### 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:	The Director of Sexual Assault Services of the Center For Community Solutions was contacted. Victims of sexual abuse have the option of requesting emotional support services by calling the TESSA Safe Line. Contact was made with a Confidential Victim Advocate of TESSA.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	499
15. Average daily population for the past 12 months:	163
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	217
<b>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:</b>	4
<b>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:</b>	2
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	14
<b>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:</b>	0

<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>4</p>
<p><b>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:</b></p>	<p>18</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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):</b></p>	<p>The above information was obtained in conversation with the QA Manager and the Facility Director and in reports provided for review.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>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:</b></p>	<p>57</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>The facility does not utilize the services of contractors or volunteers.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>11</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input type="checkbox"/> Age  <input type="checkbox"/> Race  <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>I did not take geographic diversity when I made my selection of random residents to interview.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>



<b>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):</b>	The majority of residents are employed in the community, so random residents from each housing unit who were not working were selected to be interviewed.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	10
<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>	
<b>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:</b>	2
<b>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:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>In conversation with the QA Manager, she verified there were no residents assigned to the facility identified in this category.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>In conversation with the QA Manager, she verified there were no residents assigned to the facility identified in this category.</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>In conversation with the QA Manager, she verified there were no residents assigned to the facility identified in this category.</p>
<p><b>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:</b></p>	<p>3</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>In conversation with the QA Manager, she verified there were no residents assigned to the facility who self-disclosed being LGBTI.</p>

<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>In conversation with the QA Manager, she verified there were no residents assigned to the facility who self-disclosed being transgender or intersex.</p>
<p><b>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:</b></p>	<p>4</p>
<p><b>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:</b></p>	<p>2</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Ocean View is a community confinement facility, so segregated housing/isolation does not apply to this facility.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>7</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p><b>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):</b></p>	<p>All Monitor staff scheduled to work during the onsite audit visit were interviewed.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>14</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	The Agency Head Designee and the PREA Coordinator were interviewed at the beginning of this reaccreditation cycle. The facility does not utilize the services of contractors or volunteers.

## 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.

<b>84. Did you have access to all areas of the facility?</b>	<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:

<b>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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>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).</b></p>	<p>A site review of the entire facility was conducted on the first day of the audit visit. I tested the residents' pay phone and used the Language Line to interview one limited English proficient resident.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>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?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

I reviewed 15 resident records for compliance with screening procedures and the requirements of PREA education. I also reviewed human resource files and training records for 18 employees. This number included four employees promoted, two employees transferred, and six new hires in the past 12 months and six employees employed for five years or more. I reviewed four investigative files of allegations reported the 12 months preceding the onsite audit visit. There were five allegations received during the corrective action period that were reviewed during the Post Onsite Audit phase.

## **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
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	4	0	4	0
<b>Total</b>	4	0	4	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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	2	1	1
<b>Total</b>	0	2	1	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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

4

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>4</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no sexual harassment allegations reported in the past 12 months.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></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><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></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 harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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 harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>There were no sexual harassment allegations reported in the past 12 months. Investigation files of the four sexual abuse allegations reported in the past 12 months were reviewed during the onsite audit visit. During the Post Onsite Audit Phase, there were five allegations of staff-on-inmate sexual abuse reported. All five investigation files were reviewed.</p>



## 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.**

- Yes  
 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

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <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>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.211 (a) CoreCivic’s policy 14-2 CC, <i>Sexual Abuse Prevention and Response</i>, is the agency’s written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency’s approach to preventing, detecting and responding to such conduct. Page 3 of the policy includes definitions of prohibited behaviors. Sexual activity between residents or employees, contractors and volunteers are strictly prohibited and subject to administrative and criminal disciplinary sanctions. CoreCivic’s policy 14-2 CC is comprehensive and clearly outlines the procedures to be followed to reduce and prevent sexual abuse and sexual harassment of residents. The policy addresses each standard as guidance to staff ensuring compliance to the PREA standards. Information about the zero-tolerance policy can be found on page 4, section A of policy 14-2 CC. All employees and contractors sign a <i>PREA Zero Tolerance Policy Acknowledgment</i> form (14-2J-CC) acknowledging the CoreCivic Zero Tolerance policy.</p> <p>115.211 (b): The agency employs a PREA Coordinator, who when interviewed at the beginning of this reaccreditation period, reported that he has sufficient time and</p>

	<p>authority to develop, implement and oversee CoreCivic’s efforts to comply with the PREA standards. The agency employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency’s organizational chart depicts the PREA Coordinator’s position within the agency. The PREA Coordinator oversees the agency’s efforts to comply with the PREA standards in all CoreCivic’s facilities. Page 4, section A-2 of policy 14-2 CC outlines the responsibilities of the PREA Coordinator. When interviewed, the PREA Coordinator stated he has sufficient time and authority to oversee the agency’s PREA program. The PREA Coordinator stated, " In CoreCivic community corrections, each Facility Director selects a PREA Compliance Manager. The PREA Office at the Facility Support Center (FSC) in Nashville consists of two individuals. I am the Senior Director and handle audits and compliance issues, including policy. Heather Baltz is a director and coordinates PREA investigations. We have Quarterly training sessions with PREA Compliance Managers via Teams and travel to the facilities for audits and training sessions. We are in contact with them daily on investigation and audit issues. CoreCivic has a comprehensive PREA program that includes a PREA policy (14-2 CC) for community corrections. This policy is reviewed and revised on a regular basis to ensure that facility procedures and practice meet the PREA standards and best practices."</p> <p>CoreCivic operates 63 facilities, and each facility has a designated PREA Compliance Manager. The responsibilities of the PREA Compliance Managers are found on Page 2 of policy 14-2 CC. The Assistant Facility Director is designated as the PREA Compliance Manager. The PREA Compliance Manager answers to the agency's Managing Director and indirectly to the agency’s PREA Coordinator. When interviewed, the PREA Compliance Manager stated he feels he has sufficient time to manage all of his PREA-related responsibilities. When asked how he coordinates the agency's efforts to comply with the PREA standards, he responded, he would consult with the corporate office for advice. When interviewed, the PREA Coordinator stated, "We works closely with PREA auditors and assists the facilities in developing corrective action plans. If the issue is a policy issue, we can undertake a policy revision if necessary. We can provide technical on-site assistance for training that can correct improper practices that may have developed due to a misunderstanding of PREA standards. We are also able to involve CoreCivic Managing Directors and Vice Presidents to elevate concerns that need to be addressed at their level."</p> <p>The agency policy was found to be very comprehensive and both the PREA Coordinator and the PREA Compliance Manager were very knowledgeable when interviewed. The facility was found to exceed in the requirements of this standard.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.212: CoreCivic is a private provider and does not contract with other agencies for the confinement of its residents; therefore, this standard is not applicable to this

	facility.
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115.213	Supervision and monitoring
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="280 439 564 472"><b>Auditor Discussion</b></p> <p data-bbox="280 512 1477 1301">115.213 (a) Based on policy 14-2 CC, pages 7 &amp; 8, section D, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the recent population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the number and placement of supervisory staff, programs occurring on a particular shift and the resources the facility has available to commit to ensure adequate staffing levels. The agency also considers generally accepted detention and correctional practices and any findings of inadequacy from federal investigative agencies, internal or external oversight bodies, any applicable state or local laws or regulations and any other relevant factors. When interviewed the PREA Coordinator stated, "Subsequent to the development of a safe plan for the deployment of staff, video cameras are placed throughout all CoreCivic facilities to supplement direct supervision and eliminate identified blind spots. Often in community corrections, the composition of the population includes both male and female residents. Staff rounds and presence is adjusted accordingly. Each facility uses Incident Reviews to identify any contributing factors related to staffing." In interview with the Facility Director, she confirmed what is considered when assessing staffing levels.</p> <p data-bbox="280 1339 1477 1957">115.213 (b): The facility makes every effort to comply with the approved PREA staffing plan and documents and justifies any deviations. The current staffing plan was predicted on a population of 499 residents. The average daily population since the last PREA audit was 163 residents. The current PREA Staffing Plan allocates one Monitor II and seven Monitor I's on each of the three security shifts. If there is deviation to the staffing plan, the PREA Compliance Manager is responsible for notifying the PREA Coordinator and documenting and describing the deviation on the 5-1B, <i>Notice to Administration</i> in IRD. In interview with the Facility Director and in information provided on the Pre-Audit Questionnaire, in the past 12 months there were no deviations to the staffing plan. The Facility Director stated she communicates with the Operations Supervisor and the Assistant Facility Director/ PREA Compliance Manager daily to ensure contract requirements are adhered to. To fill vacancies, monitor staff work overtime and Case Managers and Employment Specialists are cross trained and authorized to work overtime to assist monitoring staff.</p> <p data-bbox="280 1995 1442 2074">115.213 (c): The staffing plan is reviewed annually by the PREA Compliance Manager who completes an <i>Annual PREA Staffing Plan Assessment</i> (14-2I-CC) and</p>

	<p>forwards it to the Facility Director for review, who then forwards it to the PREA Coordinator. This annual review also includes assessments of the policy, physical plant, and video monitoring systems. The PREA Coordinator forwards the 14-2I-CC to the Vice President, Core Services for signature and approval of any recommendations made which would include changes to the policy and procedures, physical plant, video monitoring or the staffing plan. The <i>Annual PREA Staffing Plan Assessments</i> completed annually since the last PREA audit were provided for review. The last <i>Annual PREA Staffing Plan</i> completed on 8/9/22 noted the number of monitors was decreased from thirteen to eight. When interviewed the PREA Coordinator stated, "The agency PREA Coordinator is responsible for distributing the initial PREA staffing plan template for signing the final plan."</p>
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<b>115.215 Limits to cross-gender viewing and searches</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.215 (a): Based on review of policy 14-2 CC, pages 13-15, section J, cross-gender strip or cross-gender visual body cavity searches of residents shall not be conducted except in exigent circumstances. As stated on page 13, section J-4, according to the Federal Bureau of Prisons Statement of Work (SOW). Chapter 12, section 3, "Pat searches: Staff shall conduct random pat searches of residents as necessary. The facility shall not conduct cross-gender searches except in exigent circumstances or when performed by medical personnel. Any cross-gender searches must be approved in advance by the RRM (Residential Reentry Manager) or designated BOP staff. In the event the RRM is unavailable, then law enforcement should be contacted to conduct the search." In information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>115.215 (b): Pat searches of female residents by male staff are prohibited except in exigent circumstances. According to county agreement, "Cross-gender pat searches should only be performed in exigent circumstances. Any cross-gender pat search must be documented and receive written supervisor approval. Under no circumstances should body cavity searches be permissible for county residents". In interview of female residents, they reported female staff are always on duty to pat search them and random staff interviewed reported there is always a male and female on duty on every shift.</p> <p>115.215 (c): Whenever a cross-gender pat search of a female resident or a cross-gender strip search of any resident occurs, the searches will be documented in the 5-1 <i>Incident Report</i> using form 5-1B, <i>Notice of Administration</i>.</p> <p>115.215 (d): The facility has policies and procedures in place that enable residents</p>

to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks or genitalia. Staff of the opposite gender are required to announce their presence when entering a resident housing unit. Residents are informed they are to dress and change in the shower area only. They are also informed they must be fully clothed in their sleeping area and in all other areas of the facility. Signs above entry to the female dorm and the male dorms remind staff to make opposite gender announcements before entering (“Opposite Gender Must Announce Upon Entry”). The practice of opposite gender staff announcing their presence when they entered the housing units was observed during the site review of the facility. Residents interviewed confirmed announcements are made and shared they feel they have privacy when they shower, toilet and change clothing when opposite gender staff are in their dorm. Staff interviewed confirmed opposite gender announcements are being made.

115.215 (e): According to policy 14-2 CC, pages 14 & 15, section J-10-a-g, searches or physical examinations of transgender and intersex residents for the sole purpose of determining the resident’s genital status is prohibited. If the resident’s genital status is unknown, it may be determined during conversations with the resident, by reviewing the medical records, or, if necessary, by a medical examination conducted in private by a medical practitioner. In interview of random staff, they knew that this was prohibited by policy. At the time of the onsite audit visit, there were no transgender or intersex residents assigned to the Ocean View Residential Reentry Center.

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

<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

115.216 (a): Based on review of policy 14-2 CC, page 11, section H-6-8, residents are provided PREA education in formats accessible to all residents, including those who are deaf or hard of hearing, blind or have low vision, cognitive deficits or have limited reading skills. The facility will ensure information is effectively communicated orally if necessary. In interview with the Vice President, Core Services (agency head designee), he stated, "The CoreCivic's corporate office provides assistance to facilities to enable them to locate potential vendors and/or agencies to provide support services for residents with disabilities. The agency maintains a comprehensive contract with the Language Line and some even have an MOU with organizations in the local communities to provide translation services when needed. TTY phones are provided, and arrangements are also made to assist those residents who are blind". The TTY is stored in the Facility Director's office and is accessible to all staff. In information provided by the facility, at the time of the audit, there were no residents who were deaf, hard of hearing, blind or with low vision. There were four residents who were identified as having physical disabilities. Two of those residents were interviewed. They answered questions asked appropriately.

115.216 (b): The agency takes steps to ensure residents who are limited English proficient have access to all PREA information in a format they can understand. Residents receive a *Resident Handbook* and a *CoreCivic PREA Prevent, Detect, Respond* brochure, available in English and Spanish. Residents view the *PREA: What You Need to Know* video available in English and Spanish. A contract with Language Line Services is used for the translation of any language. At the time of the onsite audit visit, there was one resident assigned to the facility identified as limited English proficient. There were three LEP (Spanish) residents interviewed with translation provided by a staff member. One of the residents reported his Case Manager read PREA information to him because he could not read very well in English or Spanish. The other two residents reported receiving PREA information in Spanish and viewing the Spanish PREA video. All three LEP residents interviewed were knowledgeable of the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment.

115.216 (c): The agency prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. Staff translators or Language Line Services are utilized to convey information to limited English proficient residents. From information provided on the Pre-Audit Questionnaire, in the past 12 months, there have been no instances where residents were used for this purpose. Random and specialized staff interviewed knew the agency prohibits using residents for this purpose.

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

115.217 (a): Per policy 14-2 CC, pages 4 & 5, section B, the agency prohibits hiring or promoting anyone who may have contact with residents, or to enlist the services of any contractor, who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility or other institution. It also prohibits hiring or promoting anyone who has been convicted of engaging or attempting to engage in sexual activity in the community or who has been civilly or administratively adjudicated to engage in these activities.

115.217 (b): According to agency policy and in interview with the Human Resource Manager, CoreCivic considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The Human Resource Manager reported the Ocean View Residential Reentry Center does not utilize the services of contractors or volunteers.

115.217 (c): The agency requires that before hiring new employees a criminal background check be conducted. In interview with the Human Resource Manager, she explained the agency's process for conducting criminal background checks. For employees working with BOP residents, criminal background checks are conducted by BOP. For employees working with county residents, criminal background checks are conducted through the County of San Diego Probation Department. Employees who have shared positions with Ocean View and Boston Ave must have clearances from BOP, the County of San Diego Probation Department and CDRC (Boston Ave Residential Reentry Center's partner). According to information provided on the Pre-Audit Questionnaire, in the past 12 months there were 45 employee criminal background checks conducted. An effort is made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The *PREA Questionnaire for Prior Institutional Employers (3-20-2B)* is used to solicit prior employment information.

115.217 (d): CoreCivic performs criminal background checks before enlisting the services of any unescorted contractor who may have contact with residents. CoreCivic ensures criminal background checks are conducted at least every five years. Five-year background checks are conducted by the BOP for employees working with BOP residents are those employees with shared positions. In review of employee human resource files, county employees employed for greater than five years, did not have five-year background checks. In discussion with the Human Resource Manager, she reported she was not conducted five-year criminal background checks for county employees. She further stated she receives an e-mail alert from the County of San Diego Probation Department for any arrests from county employees. The Human Resource Manager was asked to contact the County of San Diego Probation Department to find out if continuous criminal background checks are conducted. The Human Resource Manager forwarded a post-audit e-mail stating once an employee is cleared by the county's background unit, they are constantly monitored for any new arrests. Employees complete a *Self-Declaration of Sexual Abuse/Sexual Harassment* form (14-2H-CC) as part of the hiring process, when an employee is being considered for a promotion, as a transfer



	and annually. Employees have a continuing affirmative duty to disclose any sexual misconduct.
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.218 (a): Based on policy 14-2 CC, page 8, section E, when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion or modification of existing facilities on the ability to protect residents from sexual abuse. In interview with the Vice President, Core Services (agency head designee) he stated "CoreCivic employs architects and other professionals who through experience, research and consulting have knowledge of the issues and needs presented by PREA. On new builds and renovations, the design staff will consult with the PREA Coordinator for recommendations and work to ensure that PREA is addressed. Real estate and design staff receive information from the field on privacy concerns in areas such as showers, restrooms, and any areas where inmate/residents may be in the state of undress. Blind spots are identified that can be corrected through video surveillance coverage. During acquisitions, the staff making the site visits develop a preliminary assessment and the PREA Coordinator is involved in the review of physical plant issues. At existing facilities, a form 7-1B <i>PREA Physical Considerations</i> Is used to ensure PREA is considered when initiating a renovation/new construction." According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, since the last PREA audit there were no expansions or modifications of the existing facility, and the facility has not acquired any new facilities.</p> <p>115.218 (b): When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect residents from sexual abuse. In interview the Vice President, Core Services stated, "Cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration to optimal coverage is addressed at the time of these upgrades. Camera placement also takes into consideration the privacy needs for cross gender viewing in areas like restrooms and shower areas. Technology is also discussed with the facility during the PREA Staffing Plan Assessment that is reviewed each year by facility staff and the FSC PREA Coordinator." In interview with the Facility Director, she stated since the last PREA audit, in 2020,nineteen new cameras were purchased and installed.</p>

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

115.221 (a): Based on policy 14-2 CC, page 25 & 26, section O, CoreCivic/Ocean View Residential Reentry Center are responsible for conducting administrative investigations of sexual abuse. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The San Diego Police Department is responsible for conducting criminal investigations of allegations of sexual abuse that appear to be criminal. The San Diego Police Department follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard. Random and specialized staff interviewed knew how to preserve evidence and knew their responsibilities if they were the first responder to an allegation of sexual abuse.

115.221 (b): The protocol is developmentally appropriate for youth where applicable and as appropriate, shall be adapted from or otherwise based on the most recent edition of the Department of Justice's Office on Violence Against Women publication. "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011.

115.221 (c): The Lieutenant of the San Diego Police Department's Sex Crime Unit was contacted during the Pre-Onsite Audit Phase. The San Diego Police Department would initiate a forensic exam for victim of sexual abuse if the abuse occurred within five days. The victim would be transported to the Palomar Medical Center where SANE exams are conducted. SANE exams and any other services provided to the victim are at no cost to the victim.

115.221 (d): Victim advocacy services are provided to resident victims of sexual abuse through Memorandum of Understanding (MOU) with the Center for Community Solutions. The MOU was renewed in March 2021. Contact was made with the Director of Sexual Assault Services on 1/19/23 to confirm and review the terms of the MOU. The Center for Community Solutions have advocates that upon the request of the victim accompany the victim through the forensic exam process. In interview with the agency's PREA Coordinator he stated, "Each community corrections facility attempts to enter in an MOU with a local rape crisis center or other community agency to provide an advocate. In addition to the MOU. the MOU with local law enforcement ensures that the crisis center or hospital advocate have access to the resident."

115.221 (e): In conversation from the Lieutenant of the Sex Crimes Unit of the San Diego Police Department, he stated as requested by the victim, an advocate from the Center for Community Solutions would be called upon to accompany the victim through the forensic exam process. The Director of Sexual Assault Services of the Center for Community Solutions when contacted confirmed the Center has 25 volunteer state certified advocates who are qualified to accompany victims of

	<p>sexual abuse through the forensic exam process. All services provided, including SANE services, are at no cost to the victim. On information provided on the Pre-Audit Questionnaire, there have been no forensic exams conducted in the past 12 months. This information was confirmed in interview with the Director of Sexual Assault Services of the Center for Community Solutions.</p> <p>115.221 (f): The facility has two trained investigators who are responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment. The facility provided copies of a certificates of completion of specialized investigative training. Criminal investigations are conducted by the San Diego Police Department who follow the requirements of the provisions of this standard.</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.222 (a): Policy 14-2 CC, pages 25 &amp; 26, sections N-1 &amp; O-1-3, outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The Facility Director is responsible for ensuring an administrative and/or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. Trained facility Investigators are responsible for conducting administrative investigations. The San Diego Police Department is responsible for conducting criminal investigations of allegations of sexual abuse that appear to be criminal. According to information reported on the Pre-Audit Questionnaire, in the past 12 months there were four allegations of employee-on-resident sexual abuse reported. Three allegations were referred to the San Diego Police Department. In interview with the Vice President, Core Services (agency head designee), he stated, "It is CoreCivic's policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies with the legal authority to conduct criminal investigations. All administrative investigations are investigated by CoreCivic investigators who have received specialized PREA investigative training and/or law enforcement officials. All allegations are reported in the CoreCivic Incident Reporting Database (IRD) system which triggers an investigation. This system requires multiple levels of administrative oversight and review. All allegations that could result, if substantiated, in criminal violations are referred to the appropriate law enforcement officials (or by contracted partner investigative entity). Our staff work with outside law enforcement upon request."</p> <p>115.222 (b): According to page 21, section M-9 of policy 14-2 CC, CoreCivic facilities do not conduct criminal investigations of allegation of sexual abuse. If an allegation of sexual abuse or sexual harassment appears to be criminal, the Facility Director, or the Administrative Duty Officer (ADO) will immediately report the allegation to the San Diego Police Department. All referrals are documented. The</p>

	<p>agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the CoreCivic website (<a href="http://corecivic.com/security-operations/prea">http://corecivic.com/security-operations/prea</a>). In interview with the facility investigators, they knew to refer any allegations that appear to be criminal to the San Diego Police Department for investigation.</p> <p>115.222 (c): Information about investigations published on the agency website describes the responsibilities of the agency and the investigating entity.</p>
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115.231	Employee training
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>115.231 (a): Policy 14-2 CC, pages 5 &amp; 6, section C-1-3, addresses the agency’s requirements of employee training. All CoreCivic employees receive training on the agency’s zero-tolerance policy (14-2 CC) for sexual abuse and sexual harassment at pre-service and annually at in-service. The <i>PREA Overview</i> curriculum was provided for review. The training, completed by employees during pre-service and annually in in-service training, was found to include information on the agency’s zero-tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities, the residents’ right to be free from sexual abuse and sexual harassment, the rights of residents and staff to be free from retaliation, the dynamics of sexual abuse in a confinement setting, the common reactions of victims, how to detect and respond to signs of threatened sexual abuse, signs of predatory behavior, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with LGBTI residents and how to comply with relevant mandatory reporting laws.</p> <p>115.231 (b): The training is tailored to meet the needs of male and female residents. Employees who are reassigned from facilities housing only one gender of residents are given additional training to meet the needs of the opposite gender population. Between trainings, employees are provided with quarterly PREA Refresher training provided by the PREA Resource Center. as well as corporate level training provided to staff via web training.</p> <p>115.231 (c): In information provided on the Pre-Audit Questionnaire, In the past 12 months, all assigned employees of the Ocean View Residential Reentry Center completed PREA training. In interview with the Learning and Development Manager, he reported <i>PREA Overview</i> training for employees is now online training. The training requirement timeframe is from June until the following June of each year.</p> <p>115.231 (d): Employees are required to sign a CoreCivic <i>PREA Training Acknowledgement</i> form (14-2A-CC) acknowledging they have completed and understood the PREA training provided. The facility was found to exceed in the</p>

	<p>requirements of this standard. The <i>PREA Overview</i> training curriculum was found to fully address each element of provision 115.231 (a) in detail. Employees not only have annual PREA training, but multiple training opportunities throughout the year through quarterly PREA refresher trainings and coporate level training opportunities. In review of 18 employee training records, documentation was complete with 14-2A-CC forms for each year since the last PREA audit as applicable.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.232 (a): CoreCivic policy 14-2 CC, page 7, section C-8, outlines the training requirements for contractors and volunteers. The objectives of the trainings ensure volunteers and contractors are trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection and response policies and procedures.</p> <p>115.232 (b): The level and type of training provided to contractors and volunteers is based on the services they provide. Per policy and standard requirements, all contractors and volunteers who have contact with residents are notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed of how to report such incidents. Contractors are given the <i>PREA Overview: Training for Contractors and Volunteers (14-2K-CC)</i> to read. The curriculum for the training was provided for review. Contractors sign the last page of the training acknowledging they have read and understand the contents of the training. They also sign a <i>PREA Zero Tolerance Policy Acknowledgement</i> form (14-2J-CC) and a <i>CoreCivic PREA Training Acknowledgement Pre-Service and In-Service</i> form (14-2A-CC).</p> <p>115.232 (c): The Ocean View Residential Reentry Center has not utilized the services of contractors or volunteers in the past 12 months.</p>

<b>115.233</b>	<b>Resident education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.233 (a): Based on CoreCivic’s policy 14-2 CC, page 11, section H-1-5, all residents receive information upon arrival to the facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. In information</p>

provided on the Pre-Audit Questionnaire, in the past 12 months 947 residents assigned to the Ocean View Residential Reentry Center received PREA information at intake. Residents receive a *CoreCivic PREA Prevent, Detect, Respond* brochure (14-2AA) and a *Resident Handbook* on day of arrival to the facility and sign a *Resident Acknowledgement* form acknowledging receipt of PREA information. It was noted that the *Resident Acknowledgement* form was an old form used before CoreCivic took ownership of the facility. It was recommended the facility discontinue use of this form and implement a CoreCivic form. When interviewed, Monitor's confirmed the written PREA information provided to residents upon arrival to the facility. Residents view the *PREA: What You Need to Know* video during a PREA class which is offered daily. PREA classes are facilitated by Employment Specialists, one Employment Specialist is responsible for the training of county residents and one for the BOP residents. Residents sign a *Prison Rape Elimination Orientation* form upon completion of the PREA orientation class acknowledging receipt and understanding of the PREA information.

115.233 (b): Residents who transfer from another community confinement facility receive the same PREA education as all residents assigned to the facility. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no residents who transferred from a different community confinement center.

115.233 (c): Residents are provided PREA information in formats accessible to all residents. Written PREA information and posted information is provided in both English and Spanish. The *PREA: What You Need to Know* video, shown during the PREA class, is available in English and Spanish. The facility has a contract with Language Line Services to provide translation of PREA information in any language. A TTY located at the Monitor's Station is available for residents who are deaf or hard of hearing.

115.233 (d): Six county and nine BOP resident records were reviewed to determine compliance to the requirements of PREA education for residents. Documentation of BOP residents reviewed were complete and timely. Three of the county records reviewed showed residents signed the *Resident Acknowledgement* forms on dates later than their arrival to the facility. Two of the county resident records showed the *Prison Rape Elimination Orientation* forms were signed much later than the residents' arrival to the facility; one five months later and one almost two months later. Due to this finding, the facility did not meet compliance to this standard and entered into a 60-day corrective action period. The following is the recommended corrective action plan:

**Recommended Corrective Action Plan:**

- Develop a spreadsheet of newly assigned county residents, include residents date of arrival to the facility, date the resident signed the *Resident Acknowledgement* form and the date they completed the PREA Orientation class and signed the *Prison Rape Elimination Orientation* form.
- After 60 days, forward the spreadsheet to me and the Director, Compliance

and Investigations for my selection of random county residents' PREA training files to review.

- Once a selection of resident records is made, forward documentation of PREA education for selected residents.

**Corrective Action Taken:**

- On 5/5/23, the Assistant Facility Director/PREA Compliance Manager forwarded a *PREA Tracker* spreadsheet. A column on the *PREA Tracker* is used to note the date the resident received PREA education. For 11 residents there were missing dates in this column.
- On 6/7/23, the Assistant Facility Director/PREA Compliance Manager forwarded an update *PREA Tracker* spreadsheet.
- In review of the spreadsheet, there were seven residents who did not have a date they received PREA education noted on the *PREA Tracker*. This documentation was requested and received on 6/16/23 showing all seven residents received PREA education.
- On 6/13/23, a video conference call was held to discuss the status of the CAP with the PREA Coordinator, Director, PREA Compliance and Investigations, Facility Director, Managing Director and the Assistant Facility Director/PREA Compliance Manager in attendance. The Assistant Facility Director/PREA Compliance Manager reported she is working with the county Case Managers and checking compliance on a weekly basis.
- On 6/16/23, the PREA Coordinator forwarded CoreCivic's *PREA Intake Education Acknowledgement* form to the facility and to me.
- On 7/26/23, another video conference call was held with the Director, PREA Compliance and Investigations, Managing Director, and the Facility Director/PREA Compliance Manager in attendance.
- On 7/27/23, the final *PREA Tracker*, *COATS PREA Completion* reports were forwarded to me. From this information nine resident records were requested and received. The new CoreCivic *PREA Intake Education Acknowledgement* form was implemented, and all documentation reviewed showed residents received PREA education at intake. In review of the final *PREA Tracker*, all other county residents assigned to the facility have received PREA education.

Due to this finding, the facility was found to achieve compliance to this provision and all provisions of this standard.

115.233 (e): In addition to providing PREA education to all residents upon intake, PREA information is posted in numerous locations throughout the facility in English and Spanish providing ongoing PREA information is continuously available to residents.

Random residents interviewed were aware of the zero-tolerance policy and the methods of reporting sexual abuse and sexual harassment available to them. They confirmed receiving PREA information at time of intake to the facility.

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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.234 (a): Based on CoreCivic’s policy 14-2 CC, page 6, section C-5, in addition to general training provided to all employees, CoreCivic ensures facility Investigators receive training on conducting sexual abuse investigations in confinement settings. The facility has two trained Investigators, they are the Facility Director and the Assistant Facility Director/PREA Compliance Manager. When interviewed, the Investigators confirmed completing specialized investigative training.</p> <p>115.234 (b): The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warning, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution as verified in review of the <i>Investigating Sexual Abuse in Confinement Settings</i> curriculum, a web based NIC training course, provided for review. When interviewed, the Investigators confirmed the topics addressed in the training.</p> <p>115.234 (c): The facility provided copies of certificates of completion of specialized training of the facility Investigators and documentation of general PREA training provided to all employees completed by the facility Investigators.</p> <p>When interviewed, the Investigators knew their responsibilities in conducting administrative investigations of sexual abuse and sexual harassment and their responsibility for referral of any allegations that appear to be criminal to the San Diego Police Department.</p>

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.235 (a): According to CoreCivic policy 14-2 CC, pages 6 &amp; 7, section C-6 &amp; 7, in addition to general training provided to all employees, CoreCivic ensures all full and</p>



	<p>part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work regularly in their facilities shall complete specialized medical and mental health training.</p> <p>The Ocean View Residential Reentry Center does not employ medical or mental health staff; therefore, this standard is not applicable to this facility. All medical and mental health services are provided by referral to off-site providers.</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.241 (a): Residents are screened for their risk of being sexually abused or sexually abusive towards others according to policy 14-2 CC, pages 9 - 11, section G. Upon admission to the Ocean View Residential Reentry Center, all residents are screened for their risk of being sexually abused or sexually abusive towards others. Security Monitors conduct initial risk assessments. When interviewed, Monitors explained the intake screening process.</p> <p>115.241 (b): At the Ocean View Residential Reentry Center intake screening is completed within 24 hours of arrival to the facility. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 947 residents assigned to the facility were screened upon arrival for their risk of sexual victimization and sexual abusiveness. Residents interviewed confirmed being screened on the first day of arrival to the facility. Fifteen resident screening records were reviewed. All initial risk screenings reviewed were conducted timely.</p> <p>115.241 (c): Residents are screened, using CoreCivic’s Sexual Abuse Screening Tool (14-2B-CC), an objective screening tool. The 14-2B-CC is completed electronically in the COATS system.</p> <p>115.241 (d): In review of the screening tool, it was found to consider all of the criteria required in this provision of this standard. The Monitors interviewed confirmed the information the <i>Sexual Abuse Screening Tool (14-2B-CC)</i> screening tool contains.</p> <p>115.241 (e): The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing residents for risk of being sexually abusive, as confirmed by interview of Monitors.</p> <p>115.241 (f): According to policy 14-2 CC, page 10, section G-11, between 23-30 days after arrival to the facility, residents are rescreened by Case Managers using the <i>Sexual Abuse Screening Tool (14-2B-CC)</i> to reassess the resident’s risk of victimization or abusiveness. According to information provided on the Pre-Audit</p>

Questionnaire, in the past 12 months 933 residents assigned to the facility whose length of stay was over 30 days were reassessed for their risk of victimization or abusiveness. In review of 15 resident records to determine compliance with screening procedures. The records reviewed included the records of six county residents and nine BOP residents. Reassessments of BOP residents were found to be completed within 30 days of the residents' arrival to the facility. Of the six county resident records reviewed, three of the county residents' whose length of stay at the facility was 30 days were found to be reassessment late: one ten days, one 33 days and one 146 days past the 30-day due date. Due to this finding, the facility did not meet compliance to this provision of this standard and entered into a 60-day corrective action period. The following is the recommended corrective action plan:

**Recommended Corrective Action Plan:**

- Provide training to county Case Managers on the requirements and procedures of conducting 30-day reassessment screenings.
- Have Case Managers sign an attendance roster showing the Case Managers completed this training.
- After 60 days, forward the spreadsheet to me and from this information, random resident records will be selected to be reviewed. Once the random records are selected, forward the initial *Sexual Abuse Screening Tool* (14-2B-CC) and the 30-day 14-2B-CC of the selected residents to me for my review.

**Corrective Action Taken:**

- The Facility Director provided a Training/Activity Attendance Roster (4-2A-CC) of training she conducted with county Case Managers on 3/29/23. The Assistant Facility Director/PREA Compliance Manager forwarded 4-2A-CC forms of Case Manager training she conducted on 5/2/23 and 6/7/23.
- On 5/5/23, the facility forwarded a *PREA Tracker* spreadsheet. In review of the spreadsheet, several non-compliance issues were noted and shared with the facility. Five of the initial risk assessments had dates missing, one was incomplete, and one was conducted two months after the resident's arrival to the facility. There were forty 30-day reassessment screenings that were conducted late. Due to this finding, I did not request any resident records to be forwarded for my review.
- On 6/7/23 the Assistant Facility Director/PREA Compliance Manager forwarded an updated *PREA Tracker* spreadsheet. In review of the updated spreadsheet, the facility was found to be compliant with the requirements of conducting initial risk screenings. In review of 30-day rescreenings, there were twenty-five 30-day reassessments conducted late.
- A video conference call was held on 6/13/23 to discuss the findings in review of the *PREA Tracker*, with the PREA Coordinator, Director, PREA Compliance and Investigations, Facility Director, Managing Director and the Assistant Facility Director/PREA Compliance Manager in attendance. The Assistant

	<p>Facility Director/PREA Compliance Manager stated she would be conducting weekly checks of screening information to ensure compliance.</p> <ul style="list-style-type: none"> <li>• Another video conference call was held on 7/26/23, with the Director, PREA Compliance and Investigations, Managing Director and the Facility Director/PREA Compliance Manager in attendance. Progress of the CAP was discussed in addition to what items were needed to finalize the CAP.</li> <li>• On 7/27/23, the Assistant Facility Director/PREA Compliance Manager forwarded the final <i>PREA Tracker</i>, the <i>COATS PREA Completion Reports</i> and the <i>PREA Alert Roster</i>. From this information nine resident records were requested and received.</li> </ul> <p>In review of the requested resident records and in review of the final <i>PREA Tracker</i>, the facility was found to achieve compliance to this provision and all provisions of this standard.</p> <p>115.241 (g): In interview of Case Managers, a resident’s risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness.</p> <p>115.241 (h): Residents are not disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the screening form.</p> <p>115.241 (i): The 14-2B-CC forms are stored electronically in COATS. The Case Managers maintain paper resident files in locked filing cabinets in their offices. To maintain confidentiality of screening information, access to these files is allowed to Case Managers, the Quality Assurance Manager, Assistant Facility Directors and the Facility Director.</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.242 (a): According to policy 14-2 CC, page 9, section G-1, residents are assessed during intake screening in order to obtain information relevant to make housing, bed, work and program assignments with the goal of separating residents at high risk of being sexually victimized from residents at high risk of being sexually aggressive. In interview with the PREA Coordinator he stated, "The goal is to separate actual and potential victims and abusers. Each facility uses the 14-2B-CC, risk screening instrument to identify victims and abusers and separate them accordingly in housing placement. To the extent possible in community corrections</p>

this is also considered in job placement and programming." Monitors and Case Managers interviewed explained how information from risk screenings is used.

115.242 (b): Page 12 of policy 14-2 CC, section I, addresses how individualized determinations on a case-by-case basis are made about how to ensure the safety of each resident. In interview with the Assistant Facility Director/PREA Compliance Manager, Monitors and Case Managers they explained how the facility utilizes information from the screening to keep residents safe from sexual abuse. Residents who score at risk for victimization or abusiveness are not housed together. Those who score as victims are housed in the front of the dorm or in camera view away from potential predators. Victims and predators are tracked on *PREA Alert Rosters* generated from screening information in COATS. In review of six county residents' screening information, it was found that two 30-day reassessment screenings showed a discrepancy in the residents' answers on the 14-2B-CC during their initial screenings and their 30-day reassessment screenings. Due to these discrepancies, one resident scored to be a Victim and one resident a Potential Predator. In review of the *PREA Alert Roster*, these changes were not made in COATS, so the residents were not being tracked on the *PREA Alert Roster*. In discussion with the Facility Director and in review of the residents' current housing assignments, in both cases it was not necessary to move the residents as they were housed appropriately for their safety. Due to this finding, the facility did not meet compliance to all provisions of this standard and entered into a corrective action period. The following is the recommended corrective action plan:

**Recommended Corrective Action Plan:**

- In the next 60 days review all initial and 30-day reassessments of newly assigned residents to ensure there are no discrepancies between information provided in answer to questions asked on the 14-2B-CC.
- If there are discrepancies between information provided in response to questions that change the resident's PREA alert code, ensure this information is changed in COATS to be reflected on the *PREA Alert Roster*.
- At the end of 60 days, provide a copy of the *PREA Alert Roster*.
- The *PREA Tracker* and screening information selected for review in the recommended corrective action plan for standard 115.241 will be used to verify that information on the *PREA Alert Roster* is accurate.

**Corrective Action Taken:**

- On 7/27/23, the Assistant Facility Director/PREA Compliance Manager forwarded the final *PREA Tracker*, the *COATS PREA Completion Reports* and the final *PREA Alert Roster*. A column on the *PREA Tracker* notes discrepancies between resident responses on the initial risk screenings and 30-day reassessments.
- In review of information on the *PREA Tracker* and the *PREA Alert Roster*, residents with PREA alert codes were found to be tracked appropriately. In the review of nine resident records selected for review, none of the residents

were found to be screened at risk for victimization or abusiveness during initial or 30-day screenings. (See the **Corrective Action Taken** section in the narrative of standard 115.241 for full details).

The facility was found to achieve compliance to this provision and all provisions of this standard.

115.242 (c): Guidelines on housing and program assignments for the management of transgender and intersex residents are outlined in policy 14-2 CC, page 12, section I-7. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, CoreCivic considers on a case-by-case basis whether the placement would ensure the resident's health and safety and whether the placement would present management or security problems. In interview with the PREA Coordinator he stated, "CoreCivic is a private company and the initial assignment of residents to each community facility is made by a partner agency. Once at a facility, a housing assignment for a transgender and/or intersex resident is made on an individual basis. Through the partner agency, and following discussion with the resident, the best facility, dorm or room assignment is selected."

115.242 (d): Transgender and intersex residents are reassessed at least twice a year to review placement and programming assignments and any threats to safety experienced by the resident. Case Managers interviewed were knowledgeable of this requirement. At the time of the onsite audit visit, there were no residents who self-disclosed being transgender or intersex.

115.242 (e): Transgender and intersex residents' own view of his or her safety is given serious consideration. Upon arrival to the facility, a transgender or intersex resident would meet with members of SART and a *Transgender/Intersex Assessment and Treatment Plan* (14-9A CC) form would be completed.

115.242 (f): According to agency policy, page 17, section J-10-h, transgender and intersex residents are given the opportunity to shower separately from other residents. Transgender and intersex residents are asked if they want accommodations for showering. If so, the showers would be closed, and a Monitor would stand outside of the shower area. In interview of the PREA Coordinator he stated, "Each facility has a plan for this based on the physical layout of the facility and shower areas. Most community facilities have individual shower stalls with curtains to ensure privacy." In interview with the Assistant Facility Director/PREA Compliance Manager, transgender and intersex residents would be offered the opportunity to shower alone at a scheduled time with Monitor staff in the dorm.

<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

115.251 (a): Policy 14-2 CC, pages 15 & 16, section K, outlines the procedures for resident reporting of allegations of sexual abuse and sexual harassment, retaliation by other residents or staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed of the zero-tolerance policy and methods of reporting in the CoreCivic brochure, *PREA Prevent, Detect, Respond*, in the *Resident Handbook* and on information posted throughout the facility on PREA bulletin boards in both English and Spanish. Residents are informed they can report allegations of sexual abuse or sexual harassment verbally to any employee, contact the Assistant Facility Director/PREA Compliance Manager or other supervisory staff or forward a letter, sealed and marked "confidential" to the Facility Director, Residents are also given the address to the agency's PREA Coordinator. They are also told family and friends can report an allegation on their behalf. Residents and staff interviewed were aware of resident reporting options available to them.

115.251 (b): Residents are also informed that they have options to report abuse or harassment to a public or private entity that is not part of the agency. Residents can dial 911 or call 619-531-2000 to reach the San Diego Police Department. USPO residents can call the United States Probation Office (619-557-5510). BOP residents are given the mailing address to the Federal Bureau of Prisons National PREA Coordinator Reentry Services Division and the address to the Federal Bureau of Prisons Office of Internal Affairs. During the site review it was noted that PREA posters informed residents of the reporting option to contact the Center for Community Solutions. This is number is a number to request emotional support services and not a reporting line. It was suggested the facility take the phone number for the Center for Community Solutions off the posters and add the BOP reporting line as an external reporting option.

115.251 (c): Employees must take all allegations of sexual abuse and harassment seriously whether they be made verbally, in writing, anonymously and from third parties and are required to promptly document all verbal reports as stated on page 17, section K-2-b of policy 14-2 CC. Staff interviewed knew the reporting options for residents and knew verbal reports must be documented. Staff who fail to report allegations may be subject to disciplinary action.

115.251 (d): According to policy 14-2 CC, page 17, section K-2-f, CoreCivic employees, contractors, volunteers and third parties may privately report sexual abuse and sexual harassment of residents in writing or may contact the CoreCivic's *Ethics and Compliance Hotline* at 1-800-461-9330 or report on CoreCivic's website at [www.corecivic.com/ethicsline](http://www.corecivic.com/ethicsline). Reporting methods can be found on the CoreCivic website and in the CoreCivic Code of Ethics, pages 16 & 17. Staff are informed of the Ethics Line on *Speak Up* posters. Employees can also report in writing to the Facility Director in a sealed envelope marked "Confidential".

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

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.252 (a): According to policy 14-2 CC, page 16, section K-1-d, CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse, unless specifically mandated by contract. Any PREA allegations received as a grievance are not processed through the facility grievance process. PREA related grievances received are immediately referred to the Assistant Facility Director/PREA Compliance Manager or to another designated facility Investigator. All resident grievances alleging sexual abuse or sexual harassment are to be documented through the 5-1 <i>Incident Reporting</i> procedure. In interview with the Assistant Facility Director/PREA Compliance Manager, he confirmed no grievances alleging sexual abuse or sexual harassment were received in the past 12 months.</p>

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.253 (a): Policy 14-2 CC, pages 8 &amp; 9, section F, outlines the agency's policy on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are given the telephone number to the Center for Community Solutions where residents can request victim advocacy and confidential emotional support services. In interview with random residents, they knew there were agency's that provided this service, but did not know the names of any agencies. It was recommended to Employment Specialists who facilitate resident education, they inform residents about the Center for Community Solutions and the services they provide during their PREA orientation classes.</p> <p>115.253 (b): Residents are informed prior to giving them access to outside victim advocates to the extent to which such communication will be monitored and to the extent which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Residents are informed calls to the Center for Community Solutions are not recorded and are not monitored. When interviewed, random residents believed they could remain anonymous upon request.</p> <p>115.253 (c): Emotional support services for residents of Ocean View Residential Reentry Center are provided by a Memorandum of Understanding (MOU) with the Center for Community Solutions. The MOU was renewed in March 2021. Contact was made with the Director of Sexual Assault Services on 1/19/23 to confirm and review the terms of the MOU. The Center for Community Solutions sexual assault services department is staffed with 25 volunteer state certified Advocates, 7 part-time Advocates, and 4 Permanent Advocates, along with the Director and a SART</p>

	<p>Manager. Residents are provided with a 24/7 confidential emotional support hotline which is not monitored or recorded. The line is provided in English and Spanish, and an interpreter line is used for any other languages. Other services provided are accompaniment during forensic exams, legal advocacy and information and referrals.</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.254 (a): The agency has a method to receive third-party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing to the PREA Coordinator or the Facility Director. Per CoreCivic policy 14-2 CC, page 17, section K-2-f, information on third party reporting is made available on CoreCivic’s website (<a href="http://www.corecivic.com/ethicsline">www.corecivic.com/ethicsline</a>) with instructions for outside parties to contact the Facility Director or the PREA Coordinator and the telephone number to reach the Ethics Line (1-800-461-9330) is provided.</p> <p>Residents, staff and visitors are made aware of third-party reporting and on <i>Speak Up</i> posters in various locations throughout the facility. Residents and staff interviewed were knowledgeable of this method of reporting.</p>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.261 (a): Based on agency policy 14-2 CC, page 17, section K-2, staff must take all allegations of sexual abuse and sexual harassment seriously, including verbal, anonymous and third-party reports. All staff are required to report immediately to designated supervisors any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against residents or staff who reported such an incident. Staff are to document all verbal reports promptly. Staff who fail to report allegations may be subject to disciplinary action. Random staff interviewed knew their reporting responsibilities. The <i>PREA Overview</i> training curriculum addresses staff reporting responsibilities during pre-service and in-service training. All staff carry with them a <i>First Responder Card</i> to remind them of their responsibilities if they receive an allegation of sexual abuse.</p> <p>115.261 (b): Apart from reporting to designated supervisors, staff shall not reveal</p>



	<p>any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. Staff interviewed confirmed this practice.</p> <p>115.261 (c): The Ocean View Residential Reentry Center does not have medical or mental health staff; therefore, this provision of the standard is not applicable to this facility.</p> <p>115.261 (d): The Ocean View Residential Reentry Center houses adult male and female residents, none of whom according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statue, as verified by interview with the Facility Director. If there is an allegation of a vulnerable adult, facilities are instructed to contact local law enforcement agencies responsible for conducting criminal investigations to be advised of any reporting requirements." In interview with the Assistant Facility Director/PREA Compliance Manager, he stated if there were an allegation from a resident who was considered to be a vulnerable adult, he would contact the Managing Director or Senior Director for guidance. When interviewed the PREA Coordinator stated, "Notifications are made in accordance with state law. CoreCivic community corrections facilities do not house offenders under the age of 18. For all others, the partner agency and local law enforcement are notified."</p> <p>115.261 (e): The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the Assistant Facility Director/PREA Compliance Manager. Interview with all specialized and random staff revealed staff is very knowledgeable of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary.</p> <p>115.261 (e): The facility shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the facility's Investigators.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.262 (a): Policy 14-2 CC, page 18, section M-1 requires that when it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident. In interview with the Vice President, Core Services (agency head designee), he stated, "Staff take immediate action to protect the resident by removing the resident from the area and/or individuals where risk may be stemming from, and an investigation is immediately initiated."</p> <p>In interview with the Facility Director and on information reporting on the Pre-Audit Questionnaire, in the past 12 months there were no instances where it was</p>

	<p>necessary for the facility to take immediate action in regard to a resident being at substantial risk of sexual abuse. The Facility Director stated she would house the resident in an isolation pod for his/her safety. Staff interviewed were aware of their responsibilities if they felt a resident was at risk for sexual abuse. They knew they are required to report this information to their supervisor. All staff carry with them a <i>First Responder Card</i> reminding them of the actions to take in the event they are a first responder to an allegation of sexual abuse. The <i>Sexual Abuse Incident Check Sheet</i> (14-2C-CC) is used to ensure all required steps and notifications are made.</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.263 (a): CoreCivic policy 14-2 CC, page 24, section M-16 was used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director shall notify the head of the facility where the sexual abuse was alleged to have occurred, with a copy of the statement of the resident forwarded as part of the notification. On information reported on the Pre-Audit Questionnaire and in interview of the Facility Director, in the past 12 months there has not been any reports by a resident of sexual abuse that occurred while confined to another facility.</p> <p>115.263 (b): This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation. In interview with the Vice President, Core Services (agency head designee) he stated, "The most common examples are allegations inmates make during the. In information provided on the <i>Pre-Audit Questionnaire</i> and in interview with the Facility Director, there were no notifications received that a resident was abused while confined to another facility.</p> <p>115.263 (c): The Facility Director is required to document on the 5-1B, <i>Notice to Administration</i> form that notification was provided.</p> <p>115.263 (d): The facility head or agency office that receives a notification will ensure that the allegation is investigated in accordance with the PREA standards. In interview with the Vice President, Core Services (agency head designee) he stated, "If the allegation was alleged to have occurred at another facility, the facility Warden receiving the information would notify the Warden at the other facility within 72 hours. If the allegation received was that an incident of sexual abuse allegedly occurred within the CoreCivic facility, both the partner agency and the investigative entity responsible for criminal investigations would be notified." In interview of the Facility Director, she stated if such a notification was received, she would immediately initiate an investigation if the allegation was not previously investigated.</p>

<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="280 338 1474 958">115.264 (a): CoreCivic policy 14-2 CC, pages 18 &amp; 19, sections M-2-6, outlines the procedures for first responders to allegations of sexual abuse by security and non-security staff. Per policy, upon learning of an allegation of sexual abuse, the first security responder is to keep the alleged victim safe with no contact with the alleged perpetrator and immediately escorted to a private area and ensure that the crime scene is preserved. If the abuse was alleged to have occurred within a period of time that allows for the collection of physical evidence, staff shall request the alleged victim to not wash, shower, remove clothing, use the restroom, eat, drink, smoke or brush his/her teeth and notify the highest supervisory authority on-site. Staff will ensure the alleged abuser does not take any actions that could destroy physical evidence. According to information reported on the <i>Pre-Audit Questionnaire</i> and in interview with the Assistant Facility Director/PREA Compliance Manager, in the past 12 months there were four allegations of sexual abuse reported and security staff were first responders to three of those allegations and the fourth allegation was reported to the Facility Director.</p> <p data-bbox="280 999 1461 1155">115.264 (b): Policy mandates that if the first responder to an allegation of sexual abuse is a non-security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence and then notify security staff immediately.</p> <p data-bbox="280 1196 1461 1603">All staff carry with them a <i>First Responder Card</i> that outlines the responsibilities in response to allegations of sexual abuse and sexual harassment. The <i>Sexual Abuse Incident Check Sheet</i> (14-2C CC) is used to ensure all required steps and notifications are made. Security and non-security staff are trained on first responder duties during pre-service and annual in-service training. Interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and preserve any physical evidence.</p>

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="280 1895 564 1928"><b>Auditor Discussion</b></p> <p data-bbox="280 1968 1474 2085">115.265 (a): CoreCivic policy 14-2 CC, page 17-24, sections L &amp; M, outlines the facility's coordinated response to an incident of sexual abuse. It is the responsibility of the Sexual Abuse Response Team (SART) to ensure coordination of the facility's</p>

	<p>coordinated response plan. The SART includes the Facility Director, Assistant Facility Director/PREA Compliance Manager, the Operations Supervisor and Case Manager Supervisor. In interview, the Facility Director confirmed the members of the SART.</p> <p>A <i>Sexual Abuse Incident Check Sheet</i> (14-2C-CC) is completed for all allegations of sexual abuse to ensure that all steps of the coordinated response plan are carried out and required notifications are made. All staff carry with them a <i>First Responder Card</i> to remind them of the steps to take in response to an allegation of sexual abuse. Interviews with members of the SART knew their responsibilities in carrying out the coordinated response plan.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.266 (a): CoreCivic policy 14-2 CC, page 29, section S-2-g &amp; h, was used to verify compliance to this standard. CoreCivic would not enter into any collective bargaining agreement or other agreement that would limit the agency’s ability to remove alleged employee sexual abusers from contact with residents pending the outcome of an investigation. Employees are subject to disciplinary sanctions up to termination for violating CoreCivic’s policies on sexual abuse and sexual harassment. In interview with the Vice President, Core Services (agency head designee), he stated “CoreCivic as an agency has entered into and/or renewed collective bargaining agreements since August 12, 2012. The agreements permit CoreCivic to remove alleged staff sexual abusers from contact with an inmate pending an investigation or disciplinary action.”</p> <p>According to information provided by the Facility Director and information reported on the Pre-Audit Questionnaire, since the last PREA audit, the Ocean View Residential Reentry Center has not entered into or renewed any collective bargaining agreements. There are no restrictions to keep the agency from removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation.</p>

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.267 (a): CoreCivic has as policy to protect residents who report sexual abuse or</p>

sexual harassment, pages 21 & 22, section M-14 of policy 14-2 CC. The Operations Supervisor is responsible for monitoring residents and employees for retaliation. Monitoring is documented on the 14-2D-CC, *PREA Retaliation Monitoring Report*.

115.267 (b): Multiple protection measures, such as housing changes, or transfers of resident victims or abusers, removal of alleged staff or resident abusers from contact with victims are taken. In interview with the Assistant Facility Director/ PREA Compliance Manager, he explained what protection measures are taken to protect residents and staff from retaliation and he would ensure everyone is protected from retaliation. In interview with the Vice President, Core Services (agency head designee), he stated, "For both inmates/residents and staff who have reported allegations of sexual abuse, we provide monitoring on a 30/60/90-day period (longer if needed) to ensure no retaliation has occurred. These reviews are documented on an attachment to our 14-2 policy. The review takes into consideration any action which may be perceived as retaliatory whether it be housing and/or job assignments and inmates/residents and shift changes, evaluations, etc. for staff. These reviews also occur for victims of sexual harassment/sexual abuse. Our policies and practices prohibit retaliation for any reason, and we include this expectation in training with staff. Any violations are acted upon accordingly."

115.267 (c): Monitoring is required 30/60/90 days following an allegation and can continue beyond 90 days if there is a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place. In interview with the Vice President, Core Services (agency head designee), he stated "Our policies and practices prohibit retaliation for any reason, and we include this expectation in training with staff. Any violations are acted upon accordingly." There were four allegations of sexual abuse reported in the past 12 months. In review of investigative files, retaliation monitoring was not required in two cases. In one case, the alleged victims named denied being victims and in one the alleged victim was transferred to another facility. The two remaining allegations required retaliation monitoring, but monitoring was not conducted. Due to this finding, the facility was found to not meet compliance to this provision of this standard and entered into a 60-day corrective action period. The following is the recommended corrective action:

**Recommended Corrective Action:**

- For any allegations of sexual abuse reported in the next 60 days, ensure retaliation monitoring is conducted and documented on the *Retaliation Monitoring Report* (14-2D-CC) form.
- Forward investigative files of any sexual abuse allegations reported during the Post Audit Phase for review for compliance to the requirements of retaliation monitoring.

**Corrective Action Taken:**

	<ul style="list-style-type: none"> <li>• During the corrective action period, there were five allegations of employee-on-inmate sexual abuse reported and investigated. The facility forwarded 14-2D-CC forms for 30-day retaliation monitoring conducted on three of the alleged victims. Retaliation monitoring was not conducted on one alleged victim who was discharged from the facility and one who escaped..</li> </ul> <p>The facility was found to achieve compliance to this provision and all provisions of this standard.</p> <p>115.267 (d): In addition to monthly monitoring, residents will also have periodic status checks and any relevant documentation will be reviewed.</p> <p>115.267 (e): If other individuals who cooperate with an investigation express a fear of retaliation, appropriate measures will be taken to protect that individual from retaliation.</p> <p>115.267 (f): The agency’s obligation to monitor shall terminate if the agency determines that the allegation is unfounded. According to documentation provided on the Pre-Audit Questionnaire and in interview with the Assistant Facility Director/ PREA Compliance Manager, no incidents of retaliation have occurred in the past 12 months.</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.271 (a): The agency/facility conducts an investigation immediately when notified of an allegation of sexual abuse and sexual harassment including third party and anonymous reports. The facility Investigators are responsible for conducting administrative investigations of all sexual abuse and sexual harassment allegations at the Ocean View Residential Reentry Center. Administrative investigations are required to be conducted promptly, thoroughly and objectively. The agency's policy on administrative investigations is outlined in CoreCivic’s policy 14-2 CC, pages 24 &amp; 25, section N, and criminal investigations are outlined on pages 25 &amp; 26, section O. According to policy 14-2 C, all allegations of sexual abuse and sexual harassment are reported in the CoreCivic 5-1 CC policy, Incident Reporting. In interview with the facility’s Investigators, they knew their responsibilities in the conduct of administrative investigations. They reported following an allegation of sexual abuse or sexual harassment, they would immediately initiate an investigation. On information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, there were four allegations of employee-on-resident sexual abuse reported and administratively investigated in the past 12 months.</p>

115.271 (b): Documentation provided showed facility Investigators completed *Investigating Sexual Abuse in a Confinement Setting*, a web-based training. A copy of their certificates of completion were provided for review. Investigators confirmed completing this training. Interviews of facility Investigators confirmed completing this training and confirmed the topics addressed in the training.

115.271 (c): The Investigators gathers and preserves direct and circumstantial evidence, including physical and DNA evidence and available electronic monitoring data. In interview of Investigators, they reported they interview the alleged victims, suspected perpetrators and witnesses and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Investigators when interviewed described what evidence they would collect when conducting an administrative investigation.

115.271 (d): Allegations involving staff or residents that appear to be criminal are referred to the San Diego Police Department. If the evidence appears to support criminal prosecution, compelled interviews will be conducted after consulting with prosecutors.

115.271 (e): The credibility of an alleged victim, suspect or witness is assessed on an individual basis and shall not be determined by the person's status as a resident or a staff. The agency does not require a resident who alleges sexual abuse to submit to a polygraph test. This was confirmed in interview with facility Investigators.

115.271 (f): The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation is documented on the 5-1G-CC, *Incident Investigation Report*. The report includes investigative facts, physical evidence and testimonial evidence, reasoning behind credibility assessments, investigative findings and whether actions and/or failures of staff to act contributed to the incident, including explanation as to what determined the conclusion. Facility Investigators stated they when completing the incident review, they would try to determine if staff actions or failure to act contributed to the abuse. They also confirmed what is included in the administrative investigation report.

115.271 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. In conversation with the Lieutenant of the Sex Crimes Unit of the San Diego Police Department, he stated the facility would not be allowed to have a copy of the criminal investigative report due to state restrictions on California public records.

115.271 (h): Substantiated allegations shall be referred for prosecution to the District Attorney's office. On information provided on the Pre-Audit Questionnaire, since the last PREA audit there were four allegations of sexual abuse reported. One allegation was determined to be substantiated and referred for prosecution.

115.271 (h): Substantiated allegations shall be referred for prosecution to the District Attorney office. In conversation with the Lieutenant of the Sex Crimes Unit

	<p>of the San Diego Police Department, upon the conclusion of the investigation, the case would be presented to the District Attorney for review and possible charges. On information provided on the Pre-Audit Questionnaire, since the last PREA audit there were no allegations of sexual abuse reported.</p> <p>115.271 (i): CoreCivic retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years as required by the <i>CoreCivic Retention Schedule (1-15 B)</i>.</p> <p>115.271 (j): If an alleged staff abuser or victim terminates employment before the conclusion of an investigation, the investigation continues. If a resident abuser or victim leaves the facility before the conclusion of the investigation, the investigation continues.</p> <p>115.271 (k): The San Diego Police Department conducts investigations as required in provisions (a) - (j) of this standard.</p> <p>115.271 (l): The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. In interview with the PREA Coordinator he stated, "The facility stays informed of the progress of the investigation through direct contact with the local law enforcement agency." In interview with the Facility Director she stated, she would attempt to contact the San Diego Police Department to find out the status of the investigation.</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.272 (a): Based on CoreCivic's policy 14-2 CC, page 25, section N-8, the agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When facility Investigators were asked what standard of evidence was used in determining if an allegation is substantiated, they confirmed the agency's policy and the standard requirement.

<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



	<p>115.273 (a): Policy 14-2 CC, pages 27 &amp; 28, section R, was used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of a resident, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. It is the responsibility of the Assistant Facility Director/PREA Compliance Manager to present the notice to the victim. In interview with the Assistant Facility Director/ PREA Compliance Manager he confirmed he would notify the resident of the outcome of the investigation.</p> <p>115.273 (b): If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident. In the past 12 months, there were no allegations of sexual abuse reported.</p> <p>115.273 (c): The policy further states that following a resident’s allegation that an employee has committed sexual abuse against the resident; the facility is required to inform the resident of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. The resident will be informed if the staff member is no longer posted within the resident’s unit, if the staff member was indicted on a charge related to sexual abuse or if the staff member has been convicted on a charge related to sexual abuse.</p> <p>115.273 (d): Following a resident’s allegation that another resident sexually abused him/her, the agency shall inform the resident of the outcome of the investigation. The resident is informed if the alleged abuser was indicted on a charge related to sexual abuse or the alleged abuser was convicted on a charge related to sexual abuse.</p> <p>115.273 (e): All notifications or attempted notifications shall be documented on the 14-2E-CC, <i>Resident Allegation Status Notification</i> form. The resident signs the 14-2E-CC and the form is filed in the corresponding investigative file. In information provided on the Pre-Audit Questionnaire, there were three 14-2E-CC's presented to alleged victims in the past 12 months. This was confirmed in review of investigative files.</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.276 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy 14-2 CC, page 29, section S-2-a-d.</p> <p>115.276 (b): Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse.</p>

	<p>115.276 (c): Disciplinary sanctions for violation of agency policies related to sexual abuse or sexual harassment shall commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and other sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>115.276 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>From information provided on the Pre-Audit Questionnaire, in review of investigative files and in interview with the Facility Director, in the past 12 months, there was one employee who violated the agency's sexual abuse policy. The employee was terminated as a result of the disposition of the investigation.</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.277 (a): Based on review of policy 14-2 CC, page 29, section S-2-e &amp; f, any volunteer or contractor who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies or licensing boards, unless the activity was clearly not criminal. The facility has not utilized the services of contractors or volunteers in the past 12 months.</p> <p>115.277 (b): Any other violation of CoreCivic's sexual abuse or sexual harassment policies by a volunteer or contractor will result in appropriate corrective action up to and including restricting contact with residents and removal from the facility.</p> <p>In interview with the Facility Director documentation provided on the Pre-Audit Questionnaire, in the past 12 months there were no volunteers or contractors assigned to the facility.</p>

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.278 (a): Per policy 14-2 CC, page 28, section S-1, residents will be subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Residents are informed of prohibited acts on</p>

	<p>pages 31 and 32 of the <i>Resident Handbook</i>.</p> <p>115.278 (b): Sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. In interview, the Facility Director confirmed this requirement.</p> <p>115.278 (c): The disciplinary process considers whether a resident’s mental disabilities or mental illness contributed to his behavior in determining what type of sanction, if any should be imposed. In interview with the Facility Director, she stated a resident’s mental disability or mental illness would be considered before sanctions were imposed. The Facility Director stated if a resident was found guilty of engaging in resident-on-resident sexual abuse, the resident would be removed from the program and face new criminal charges.</p> <p>115.278 (d): In the case of sexual abuse, the alleged perpetrator is offered mental health services. Mental health services are provided by referral to an offsite provider.</p> <p>115.278 (e): A resident may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct.</p> <p>115.278 (f): Residents who allege false claims of sexual abuse can be disciplined. A report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>115.278 (g): Sexual activity between residents is prohibited in all CoreCivic facilities and residents may be disciplined for such activity. Residents are informed that sexual misconduct is a violation against the facility’s rules and regulations and what constitutes sexual misconduct. All sexual activity between residents is prohibited and residents are informed they will be disciplined for violations.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.282 (a): All resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services determined by medical and mental health practitioners according to their professional judgement, according to CoreCivic policy 14-2 CC, page 22, section M-15-a-d.</p> <p>15.282 (b): The Ocean View Residential Reentry Center does not have medical or mental health practitioners on staff. Security staff first responders are required to</p>

	<p>take steps to protect the victim. Resident victims are referred to the Palomar Medical Center for medical services and to the Center for Community Solutions for emotional support services. Security and non-security staff confirmed their knowledge of the requirements to protect the victim.</p> <p>115.282 (c): Resident victims of sexual abuse are transferred to the Palomar Medical Center where SANE exams are performed. According to agency policy 14-2 CC, page 22, section M-15-c, resident victims of sexual abuse shall be offered timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care.</p> <p>115.282 (d): Medical and mental health treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.283 (a): Based on CoreCivic’s policy 14-2 CC, pages 22 &amp; 23 section M-15-e-j, the facility ensures medical and mental health evaluations and treatment to all residents who have been victimized by sexual abuse.</p> <p>115.283 (b): The evaluation and treatment include follow-up services, treatment plans and when necessary, referrals for continued care following their transfer or release from custody. In interview with the Director of Sexual Assault Services of the Center of Community Solutions, she stated an Advocate would follow-up by telephone with a resident victim within 48-72 hours after a forensic exam to offer crisis counseling and inform the victim of other services offered. The Center has a counseling department with referrals made as needed. Additional ongoing mental health services for BOP residents are provided by Dolan Mental Health. County residents are seen by their own mental health providers. Ongoing medical services are offered at the Palomar Medical Center.</p> <p>115.283 (c): Resident victims of sexual abuse are provided medical and mental health services consistent with the community level of care.</p> <p>115.283 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p>115.283 (e): Resident victims of sexually abusive vaginal penetration while incarcerated are offered referral for pregnancy tests. If pregnancy results, victims will receive timely access to information on lawful pregnancy-related medical services.</p>

	<p>115.283 (f): Resident victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate.</p> <p>115.283 (g): Treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation of the incident.</p> <p>115.283 (h): According to CoreCivic's policy 14-2 CC, page 11, section G-15, all known resident-on-resident abusers shall have a documented referral for a mental health evaluation within 60 days of learning of abuse history. Resident-on-resident abusers would be referred to community providers for a mental health evaluation.</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.287 (b): At least annually, the PREA Coordinator aggregates the incident-based sexual abuse data. In interview with the PREA Coordinator he stated, "The agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies and training. Data from all facilities is included in the process."</p> <p>115.287 (c): The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (DOJ).</p> <p>115.287 (d): The facility maintains, reviews and collects data as needed including reports, investigation files and sexual abuse incident reviews. The facility will ensure that incidents of sexual abuse and sexual harassment are reported on the Prison Rape Elimination Act (PREA) Reporting (5-1E) form. According to CoreCivic's policy 14-2 CC, page 31, section T-11, aggregated PREA sexual abuse data is retained for 10 years and PREA investigation files and written reports for 5 years after the resident is released or post-employment of alleged abusers according to the CoreCivic Retention Schedule (1-15B). In interview of the PREA Coordinator he stated, "Files and information relative to investigations of PREA allegations are retained in the CoreCivic 5-1 Incident Report Database. This is on a secured server. Hard copies of investigation files are secured at the facility. All annual reports are kept on the CoreCivic website. Everything is subject record retention schedules."</p> <p>115.287 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its residents.</p> <p>115.287 (f): Upon request, or no later than June 30, the agency provides aggregated data information for the previous calendar year to DOJ. According to information reported on the Pre-Audit Questionnaire, DOJ did not request this information in the previous calendar year.</p>

<b>115.287</b>	<b>Data collection</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1465 539">115.287 (a): Information on data collection is found on pages 31, sections T-1-3, of CoreCivic’s policy 14-2 CC. CoreCivic collects uniform data for every allegation of sexual abuse at all facility under their control. The facility ensures incidents of sexual abuse are entered into the 5-1 CC reporting system as required in CoreCivic policy 5-1 CC, <i>Incident Reporting</i>.</p> <p data-bbox="280 580 1474 779">115.287 (b): At least annually, the PREA Coordinator aggregates the incident-based sexual abuse data. In interview with the PREA Coordinator he stated, "The agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies and training. Data from all facilities is included in the process."</p> <p data-bbox="280 819 1458 936">115.287 (c): The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (DOJ).</p> <p data-bbox="280 976 1469 1464">115.287 (d): The facility maintains, reviews and collects data as needed including reports, investigation files and sexual abuse incident reviews. The facility will ensure that incidents of sexual abuse and sexual harassment are reported on the <i>Prison Rape Elimination Act (PREA) Reporting (5-1E)</i> form. According to CoreCivic’s policy 14-2 CC, page 31, section T-11, aggregated PREA sexual abuse data is retained for 10 years and PREA investigation files and written reports for 5 years after the resident is released or post-employment of alleged abusers according to the <i>CoreCivic Retention Schedule (1-15B)</i>. In interview of the PREA Coordinator he stated, "Files and information relative to investigations of PREA allegations are retained in the CoreCivic 5-1 <i>Incident Report Database</i>. This is on a secured server. Hard copies of investigation files are secured at the facility. All annual reports are kept on the CoreCivic website. Everything is subject record retention schedules."</p> <p data-bbox="280 1505 1417 1579">115.287 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its residents.</p> <p data-bbox="280 1619 1474 1818">115.287 (f): Upon request, or no later than June 30, the agency provides aggregated data information for the previous calendar year to DOJ. According to information reported on the Pre-Audit Questionnaire, DOJ requested this information for the previous calendar year. The <i>Survey of Sexual Victimization</i> for 2021 was provided for review.</p>

<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard

## Auditor Discussion

115.288 (a): Based on policy 14-2 CC, page 31, section T-4-6 & 8, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator prepares an annual report that provides problem areas and corrective actions for each facility and as the agency as a whole. When interviewed the Vice President, Core Services (agency head designee) stated, "A review of PREA data is made on a daily, monthly and annual basis. Incident data is provided daily to select FSC staff in a Daily PREA Report. Monthly and annually the data is reported as metrics in a format that can determine if there are trends at individual facilities or with inmate populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either physical plant, presence of staff/video coverage, or procedures would minimize the risks of incidents in those areas". The PREA Coordinator when interviewed stated, " The agency reviews data collected and aggregated pursuant to standard 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. Data from all facilities is included in the process." The annual reports provide an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities with data review and analysis and therefore, was found to exceed in the requirements of this standard.

115.288 (b): The annual report includes a comparison of the current year's data and corrective actions with those from the previous years and provides an assessment of the agency's progress in addressing sexual abuse.

115.288 (c): The PREA Coordinator forwards the annual report to the Chief of Corrections Officer for approval. The report is made public on CoreCivic's website and can be accessed at <http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>  
*/em>. Annual reports from 2013-2021 were found published on the agency's website.*

*115.288 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted. In interview with the PREA Coordinator, he stated, "The reports do not contain the identity or personal and medical information belonging to inmates or staff."*

*The annual reports prepared by the PREA Coordinator and posted on the agency's website were well written with easy-to-read tables according to the type of allegations and the investigative findings of all CoreCivic facilities, as well as a narrative overview of this information. The report provides a review of incident-based data with a comparison of aggregated data for the previous years in the audit cycle. The facility was found to exceed in the requirements of this standard.*

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

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.401 (a): Based on policy 14-2 CC, pages 31 &amp; 32, section U, CoreCivic ensures that an external audit of all of its facilities is conducted every three years to ensure compliance with the agency's policy, the PREA National Standards and federal law and regulations. The FSC Quality Assurance Department in conjunction with the PREA Coordinator ensures that a DOJ Certified PREA Auditor conducts the external audit.</p> <p>115.401 (b): According to the agency's PREA Coordinator, during the three-year period beginning on August 20, 2013, CoreCivic ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. The last PREA audit of this facility was conducted in 2020.</p> <p>115.401 (f): I received and reviewed all relevant agency-wide policies for the Ocean View Residential Reentry Center.</p> <p>115.401 (g): I reviewed a sampling of relevant documents and other records and information for the most recent one-year period.</p>



	<p>115.401 (h): During the audit, I was allowed access to all areas of the facility.</p> <p>115.401 (i): I was permitted to request and receive copies of any relevant documentation, including information that was stored electronically.</p> <p>115.401 (j): I have retained all documentation relied upon to make audit determinations. The documentation will be provided to the Department of Justice upon request.</p> <p>115.401 (k): I interviewed a representative sample of residents and staff, supervisors and administrators.</p> <p>115.401 (l): I reviewed camera monitors and electronically stored data.</p> <p>115.401 (m): I was permitted to conduct private interviews with residents and staff ensuring confidentiality to our conversation.</p> <p>115.401 (n): Residents and staff were notified on 12/5/22 through posted facility notices in both English and Spanish that they could send confidential correspondence to me and were given my name and mailing address. I did not receive correspondence from any resident or staff of the Ocean View Residential Reentry Center.</p> <p>115.401 (o): During the Pre-On-Site Audit Phase, I contacted the Director of Sexual Assault Services of the Center for Community Solutions. The agency/facility renewed an MOU with the Center for Community Solutions in March 2021.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.403 (a): Based on policy 14.2 CC, page 30, section U-4, each audit includes a certification by the auditor that no conflict of interest exists with respect to his/her ability to conduct a CoreCivic audit. No audit may be conducted by an auditor who has received financial compensation from CoreCivic within the three years prior to CoreCivic retaining the auditor. CoreCivic will not employ with or otherwise financially compensate the auditor for three years subsequent to CoreCivic's retention of the auditor, with the exception of contracting for subsequent PREA audits. I certify by my signature in the Auditor's Certification section of this report that no conflict of interest exists with my ability to conduct this audit.</p> <p>115.403 (b): Audit reports shall state whether company-wide policies and procedures comply with relevant PREA National Standards. In thorough review of CoreCivic's <i>Sexual Abuse Prevention, Response</i> policy (14-2 CC), the policy was found to be well written and comprehensive complying with the PREA National Standards.</p>

115.403 (c): For each standard, I made a determination of a finding of Exceeds Standard or Meets Standard. Standards 115.211, 115.231 and 115.288 were found to exceed in the requirements of the standard. Standards 115.233, 115.241, 115.242 and 115.267 were found to not meet compliance to all provisions of these standards. The facility entered into a 60-day corrective action period.

115.403 (d): This report describes the methodology, sampling sizes and basis for my conclusions as required.

115.403 (e): I have redacted any personal identifiable resident or employee information, but I can provide such information to the Department of Justice upon request.

115.403 (f): Per agency policy and standard requirements, CoreCivic ensures that this final report will be published on their website at <http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	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?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes



	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes



	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na



	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	na

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	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?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes



	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

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

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

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

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes



<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

<b>(c)</b>		
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	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
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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