

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: October 24, 2024 ☐ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: April 30, 2025

Auditor Information

Name: K. E. Arnold

Email: [REDACTED]

Company Name: KEA Correctional Consulting LLC

Mailing Address: P.O. Box 1472

City, State, Zip: Castle Rock, CO 80104

Telephone: [REDACTED]

Date of Facility Visit: August 20-22, 2024

Agency Information

Name of Agency: CoreCivic, Inc.

Governing Authority or Parent Agency (If Applicable): Same as above.

Physical Address: 5501 Virginia Way, Suite 110

City, State, Zip: Brentwood, TN 37027

Mailing Address: Same as Above

City, State, Zip: Same as Above

The Agency Is:

☐ Military

☒ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☐ State

☐ Federal

Agency Website with PREA Information: Click or tap here to enter text.

Agency Chief Executive Officer

Name: Damon T. Hininger

Email: NA

Telephone: [REDACTED]

Agency-Wide PREA Coordinator

Name: [REDACTED]

Email: [REDACTED]

Telephone: [REDACTED]

Reports to:

[REDACTED], VP Core Services

Number of Compliance Managers who report to the PREA Coordinator:

65 (Indirect)

Facility Information

Name of Facility: Eden Detention Center

Physical Address: 702 East Broadway Street

City, State, Zip: Eden, TX 76837

Mailing Address (if different from above):
Same

City, State, Zip: Same

The Facility Is:

☐ Military

☒ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☐ State

☐ Federal

Facility Type:

☐ Prison

☒ Jail

Facility Website with PREA Information: [Click or tap here to enter text.](#)

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

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

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: [Click or tap here to enter text.](#)

☒ N/A

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

NA

Warden/Jail Administrator/Sheriff/Director

Name:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Facility Characteristics

Designated Facility Capacity:

1504

Current Population of Facility:	1183	
Average daily population for the past 12 months:	1201	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-70	
Average length of stay or time under supervision:	NA	
Facility security levels/inmate custody levels:	Low, Medium, and High	
Number of inmates admitted to facility during the past 12 months:	4766	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	4689	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	3265	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	260	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	NA	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	94	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	94	

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	19
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	14
Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	2
Number of open bay/dorm housing units:	9
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	66
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No X <input type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes X <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	

Are medical services provided on-site?	X <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	X <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site X <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:		
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators X <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department X <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	3	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	X <input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) X <input type="checkbox"/> N/A	

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.31, 115.88

Standards Met

Number of Standards Met: 41

Standards Not Met

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

Post-Audit Reporting Information

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

7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
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Audited Facility Population on Day One of the Onsite Portion of the Audit	
<i>Inmates/Residents/Detainees</i>	
8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	Click or tap here to enter text.
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	Click or tap here to enter text.
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	Click or tap here to enter text.
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.

19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
<p align="center">Staff, Volunteers, and Contractors</p> <p align="center"><u>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</u></p>	
24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:	Click or tap here to enter text.
25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	Click or tap here to enter text.
26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	Click or tap here to enter text.
27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
Interviews	
Inmate/Resident/Detainee Interviews	

Random Inmate/Resident/Detainee Interviews

28. Enter the total number of RANDOM INMATES/ RESIDENTS/DETAINEES who were interviewed:	Click or tap here to enter text.
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	Click or tap here to enter text.
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	Click or tap here to enter text.

32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
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Targeted Inmate/Resident/Detainee Interviews

<p>33. Enter the total number of TARGETED INMATES/ RESIDENTS/DETAINEES who were interviewed:</p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/ resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p>Click or tap here to enter text.</p>
<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>Click or tap here to enter text.</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>Click or tap here to enter text.</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).</p>	<p>Click or tap here to enter text.</p>

36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:	Click or tap here to enter text.
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Click or tap here to enter text.
37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:	Click or tap here to enter text.
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Click or tap here to enter text.
38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:	Click or tap here to enter text.
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Click or tap here to enter text.
39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:	Click or tap here to enter text.

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>Click or tap here to enter text.</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>Click or tap here to enter text.</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p>	<p>Click or tap here to enter text.</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</p>	<p>Click or tap here to enter text.</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>Click or tap here to enter text.</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

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

Specialized Staff, Volunteers, and Contractor Interviews

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

50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	Click or tap here to enter text.
51. Were you able to interview the Agency Head?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	Click or tap here to enter text.

52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	Click or tap here to enter text.
53. Were you able to interview the PREA Coordinator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	Click or tap here to enter text.
54. Were you able to interview the PREA Compliance Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	Click or tap here to enter text.
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Agency contract administrator <input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/ residents in isolation <input type="checkbox"/> Staff on the sexual abuse incident review team <input type="checkbox"/> Designated staff member charged with monitoring retaliation <input type="checkbox"/> First responders, both security and non-security staff <input type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe) Click or tap here to enter text.
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	Click or tap here to enter text.

b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	Click or tap here to enter text.
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.

Site Review and Documentation Sampling

Site Review

PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

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

<p>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</p>	<p>Click or tap here to enter text.</p>
<p>62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>63. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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

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

<p>Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility</p>
<p>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</p>
<p><i>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.</i></p> <p><i>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.</i></p>

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

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

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

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

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

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

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.

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

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

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

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

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

Staff-on-inmate

sexual abuse Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

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

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

Ongoing Unfounded Unsubstantiated Substantiated

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

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

Staff-on-inmate

sexual abuse Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

Sexual Harassment Investigation Outcomes

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

71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit: <i>Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.</i> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Ongoing Referred for Prosecution Indicted/Court Case Filed Convicted/Adjudicated Acquitted </div> <div style="display: flex; justify-content: space-between;"> <u>Inmate-on-inmate</u> sexual harassment Click or tap here to enter text. Click or tap here to enter text. </div> <div style="display: flex; justify-content: space-between;"> text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. </div> <div style="display: flex; justify-content: space-between;"> <u>Staff-on-inmate</u> sexual harassment Click or tap here to enter text. Click or tap here to enter text. Click </div> <div style="display: flex; justify-content: space-between;"> or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. </div> <div style="display: flex; justify-content: space-between;"> Total Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. </div> <div style="display: flex; justify-content: space-between;"> enter text. Click or tap here to enter text. Click or tap here to enter text. </div>	
a. If you were unable to provide any of the information above, explain why this information could not be provided.	Click or tap here to enter text.
72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit: <i>Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.</i> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Ongoing Unfounded Unsubstantiated Substantiated </div> <div style="display: flex; justify-content: space-between;"> <u>Inmate-on-inmate</u> sexual harassment Click or tap here to enter text. Click or tap here to enter text. </div> <div style="display: flex; justify-content: space-between;"> text. Click or tap here to enter text. Click or tap here to enter text. </div> <div style="display: flex; justify-content: space-between;"> <u>Staff-on-inmate</u> sexual harassment Click or tap here to enter text. Click or tap here to enter text. Click </div> <div style="display: flex; justify-content: space-between;"> or tap here to enter text. Click or tap here to enter text. </div> <div style="display: flex; justify-content: space-between;"> Total Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. </div> <div style="display: flex; justify-content: space-between;"> enter text. Click or tap here to enter text. </div>	
a. If you were unable to provide any of the information above, explain why this information could not be provided.	Click or tap here to enter text.
<i>Sexual Abuse and Sexual Harassment Investigation Files Selected for Review</i>	
<i>Sexual Abuse Investigation Files Selected for Review</i>	
73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	Click or tap here to enter text.
a. If 0, explain why you were unable to review any sexual abuse investigation files:	Click or tap here to enter text.
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	Click or tap here to enter text.

76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
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77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
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Staff-on-inmate sexual abuse investigation files

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

Sexual Harassment Investigation Files Selected for Review

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

Inmate-on-inmate sexual harassment investigation files

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

Staff-on-inmate sexual harassment investigation files

86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	Click or tap here to enter text.
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87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.

Support Staff Information

DOJ-certified PREA Auditors Support Staff

90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	Click or tap here to enter text.

Non-certified Support Staff

91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	Click or tap here to enter text.

Auditing Arrangements and Compensation

92. Who paid you to conduct this audit?	<ul style="list-style-type: none"><input type="checkbox"/> The audited facility or its parent agency<input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)<input type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)<input type="checkbox"/> Other
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PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) X ☐ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) X ☐ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Pursuant to the Pre-Audit Questionnaire (PAQ), the Warden self reports the agency has a written policy

mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. According to the Warden, the policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those found to have participated in prohibited behaviors. Finally, a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of prisoners/detainees, is included in this policy.

The Zero Tolerance policy is clearly articulated in CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section A(1). Pages 1-31 of the same policy address all facets of the PREA program at the Eden Detention Center (EDC).

The auditor's review of one (completed in 2024) CORECIVIC PREAZERO TOLERANCE POLICY ACKNOWLEDGMENT, signed and dated by staff, reveals substantial compliance with 115.11(a). This document addresses understanding of the CoreCivic policy regarding zero tolerance for sexual abuse/harassment of prisoners/detainees and sexual abuse/harassment and reporting options. The document is signed and dated during initial orientation training.

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

115.11(b)

Pursuant to the PAQ, the Warden self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (PC) with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. According to the CC Organizational Chart, the agency-wide CCPC (Senior Director of PREA Compliance and Programs) is a full-time employee and she reports to the Vice President of Core Services (VPCS). The VPCS reports to the Chief Operating Officer (COO) who is a member of the CC executive staff.

The Warden asserts that the CCPC does have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

Pursuant to interview with the CC PREA Coordinator (CCPC), the auditor learned that she does feel she has sufficient time to manage all of her PREA related responsibilities. Each facility, inclusive of community confinement facilities, has a PREA Compliance Manager (PCM), numbering a minimum of 57.

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

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

The CCPC's primary focus is audit preparation and follow-up regarding corrective action plans. She is

able to provide technical on-site assistance and training protocols to correct practices that may have developed due to a misunderstanding of PREA standards. In her position, she is able to involve CC managing directors and vice presidents to address concerns requiring their intervention. Additionally, the CCPC coordinates all corrective action following each PREA audit.

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

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

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

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

115.12 (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 inmates.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.12(a and b)

Pursuant to the PAQ, EDC is a private facility, under contract with the United States Marshal Service (USMS)

with a contractual rider for housing Immigration and Customs Enforcement (ICE) prisoners/detainees designated to its care, custody, and control. CC, the parent company, contracts with the USMS and ICE by virtue of the previously mentioned contractual rider, housing prisoners/detainees from those jurisdictions. None of the EDC prisoners/detainees are housed at other non-CC facilities.

The auditor finds no deviations from the requirements of 115.12 and accordingly, EDC is substantially compliant with 115.12.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? X ☐ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? X ☐ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? X ☐ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? X ☐ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? X ☐ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? X ☐ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? X ☐ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? X ☐ Yes ☐ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or

standards? X ☐ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? X ☐ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? X ☐ Yes ☐ No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? X ☐ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? X ☐ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? X ☐ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? X ☐ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? X ☐ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? X ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.13(a)

Pursuant to the PAQ, the Warden self reports CC requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect prisoners/detainees against sexual abuse. The Warden further self reports since the last PREA audit, the average daily number of prisoners/detainees is 1069. The staffing plan is predicated upon an average daily number of 1200 prisoners/detainees.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 7, section D(3)(a)(i-xi) addresses 115.13(a).

The auditor's review of the December 2, 2022; April 10, 2023; and January 22, 2024 Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(a and c). All requisite criteria are addressed in the Annual PREA Staffing Plan Assessments and the same are reviewed and approved by the EDC PCM, Warden, and CCPC. The auditor finds the Annual Staffing Plans and Assessments to be compliant with 115.13(a).

The Warden asserts the facility does have a staffing plan. Adequate staffing levels and video monitoring to protect prisoners/detainees against sexual abuse are considered in the plan. The marriage between staffing and electronic surveillance is sufficient to facilitate prisoner/detainee sexual safety.

During the facility tour, the auditor noted that one detention officer (DO) is assigned to each of the 10 open bay units and at least one DO is assigned to each of the two cell blocks (segregation and female unit) within the facility. Staff generally work two 12-hour shifts. A correctional counselor [sergeant (Sgt.)] is also assigned to each unit and three unit managers oversee four dormitories apiece. According to the Warden, 126 cameras, in total, are used to surveil both the interior and exterior of the facility.

Generally, each unit is linear, by design, and three to four cameras are positioned in the living area for supervision. One camera is generally positioned in the toilet/ shower area however, pixillation precludes monitoring inmates while showering or toileting. The auditor observed the pixillation process during his observation of surveillance monitor(s). Showers are separated by walls and shower curtains ensure privacy on the front end of each shower. Nearly all showers were operational, adorned with shower curtains, while those that were not operational were not adorned with shower curtains. Toilets were separated by half or full walls with a canvas covering or curtain for privacy. Sufficient privacy was also noted with respect to urinals.

In the women's unit, prisoners were assigned to cells, equipped with a combination sink/toilet fixture and a shower. The shower was covered by a shower curtain and a curtain was available for use with respect to the toilets.

The auditor notes that a sign was posted on the wall in the shower area, admonishing prisoners/detainees to

dress prior to departure from the shower. The poster was readily visible and the auditor noted consistency with respect to posting in each shower area.

Two staff are assigned to the central control center and other DOs supervise the ICE housing unit. Several DOs advised the auditor that rounds are made throughout the pods at least every 30 minutes at irregular intervals. Of note, the DOs desks are located with an open front, allowing for surveillance of the unit while seated at the desk.

Minimally, cameras are located and positioned in all housing areas, hallways, food service, receiving and discharge (R&D), the laundry, commissary, recreation, barber shop, library, RHU recreation cages, and the big recreation yard. Several prisoner/ detainee interviewees advised the auditor that they are directed to change clothes in the shower area to ensure their personal privacy.

The staffing plan is documented, forwarded to, and maintained electronically at corporate. Additionally, a hard copy is maintained in the Warden's Office and the quality assurance (QA) office. Electronic copies are maintained in a privileges accessible system, accessible to the chief of security (COS), the aforementioned unit manager (UM), and AWOs. Additionally, administrative duty officer (ADO) staff have access to the same. In essence, the staffing plan is determined by both corporate and the customers (USMS and ICE).

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

- a. Considerations regarding generally accepted detention and correctional principles are generally guided by American Correctional Association (ACA) standards and center on an analysis of the areas to which prisoners/detainees have access, blind spots, lighting, whether camera/mirror surveillance is adequate, areas of prisoner/detainee concentration, line of sight considerations, and window blockage(s). The staffing plan is largely determined by the individual contract and CC requirements however, additional staffing can be requested through corporate to address prisoner/ detainee sexual safety, as well as, general safety concerns. In addition to ACA Best Practices, CC and annual customer inspections also provide "Best Practices" snapshots. CC leadership is very much in tune with "Correctional Best Practices" and views audits/monitoring visits as opportunities to enhance "all things PREA";
- b. Zero judicial findings of inadequacy during this audit period;
- c. Zero findings of inadequacy from federal investigative agencies during this audit period;
- d. Zero findings of inadequacy from internal or external oversight bodies during this audit period;
- e. Housing unit and unit camera placements are addressed above. Blind spots and line of sight are addressed during MBWA rounds by executive staff, ADO staff, and routine rounds facilitated by line staff. Egress and exit areas are closely monitored;
- f. Ethnically, the predominant race is Hispanic (80%) with the remaining 20% comprised of Caucasian and Black prisoners/detainees. Of course, the ICE population is comprised of prisoners/detainees representing Hispanic, African, Arabic, and Pakistani cultures, to name a few.

A heavy gang member and associate population is evident (Paisa). Additionally, a sprinkling of white supremacist and black gangs are represented at EDC. Although management concerns are minimal based on the racial imbalance and gang influence, staff are trained to communicate with management

regarding gang groupings, activities, and PREA concerns.

The LGBTI population is minimal and is not a significant concern. Neither age disparity nor exploitation of prisoner/detainee physical disabilities have been an issue at EDC.

g. A shift commander [captain (Capt.), lieutenant (Lt.), and one Sgt. are present on each shift and this staffing strategy is adequate for an institution of this size and mission. The Sgt. and above are considered supervisory staff and accordingly, sufficient supervisory presence and benefits are realized. Sgts. are pivotal in the strategic supervision of the facility as their duties are primarily centered in the units and program/operational areas. Lts. and Capt. facilitate a more generalized role as the second layer of supervision.

Of note, a unit management concept is employed at EDC and the same is critical to effective facility management. Correctional counselors (C Couns.) are Sgts. who are assigned to each specific unit. They provide services to prisoners/detainees and maintain a continual presence. As previously indicated, UMs are also assigned to specific units and they maintain a continual presence.

Supervision is strategically placed throughout the facility to address potential "hot spots", as well as, facilitation of sexual safety rounds. Daily supervisory tours of the facility across all shifts facilitate knowledge of and interaction with both staff and prisoners/detainees.

- h. The majority of the minimal programming is facilitated on the first shift(6:00AM-6:00PM) in view of staffing accessibility. Programming is closely monitored by the security threat group coordinator (STG) in terms of numbers and other key indicators. If additional staffing is required for a special event, the area in which the event is being conducted may be saturated with staff. If an increase in prisoner/ detainee presence is noted during programming, staffing is adjusted to compensate.
- i. The facility is subject to CC policies and United States Code (USC) statute(s).
- j. The prevalence, locations, etc. of substantiated and unsubstantiated incidents of sexual abuse are closely monitored and considered in the staffing plan/any corresponding requests for increased staffing/or electronic surveillance modification(s). Of note, only 14 sexual abuse/harassment investigations were facilitated at EDC during the last 12 months.
- k. None.

In regard to daily checks for compliance with the staffing plan, the COS conducts a daily staffing roster review with the master scheduler (MS), taking into consideration the PREA Staffing Plan. The Capt. fills in for the COS on weekend and holiday days. A live roster review is also conducted on a weekly basis wherein ADO staff (Warden, AW(s), and Chiefs, UMs physically observe staff and compare against the daily roster. Capt., Lts., and the Sgt(s). update the daily roster, ensuring that changes are accurately noted on the same. The COS also provides updates to the Warden on a daily basis.

The Warden asserts that zero deviations from the PREA Staffing Plan occurred during the last 12 months. If a deviation had occurred, the same would be reported, in writing, to the CCPC and Managing Director (MD), with a justification for the vacancy and how the same was addressed. Roster vacancies may be filled with overtime or roster adjustments. ADO staff may also fill any vacancy temporarily pending arrival of another DO. Mandatory posts are never left vacant.

The auditor notes that the PCM provided essentially the same responses in terms of the above.

Accordingly, the Warden's interview synopsis is also applicable to the PCM.

As previously mentioned, the auditor's observations of staffing and video surveillance validate the above statements. Staff presence in the units was acceptable and cameras are vigorously monitored. Camera placements are abundant and placements are strategic. The presence of supervisory staff throughout the facility was impressive.

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

115.13(b)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section D(3)(e) and (f) addresses 115.13(b). This policy requires that the COS review both the EDC Staffing Plan and daily staffing roster to determine staffing strength and compliance with the PREA Staffing Plan. If a mandatory post is vacated for some reason, the PCM will issue a 5-1B report explaining the vacancy and measures taken to address the same.

The Warden asserts all instances of non-compliance with the PREA Staffing Plan would be documented. The Warden further self reports zero instances of staffing plan non-compliance have been noted during the last 12 months. If staffing plan non-compliance was to occur, a report would be completed and forwarded to the CCPC, MD, and other corporate staff. The report would address the reasons for the vacancy, as well as, corrective action(s) Implemented.

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

115.13(c)

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

Whether adjustments are needed to the staffing plan; The deployment of monitoring technology; and

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

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

The auditor's review of the December 2, 2022; April 10, 2023; and January 22, 2024 Annual PREA

Staffing Plan Assessments reveals substantial compliance with 115.13(a) and (c).

The CCPC asserts she is consulted regarding any assessments of, or adjustments to, the staffing plan for EDC. Specifically, she is a reviewer and co-signer for the EDC Annual Staffing Plans pursuant to policy. Additionally, if circumstances warrant a change to the PREA Staffing Plan outside the annual review, she is consulted regarding the same.

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

115.13(d)

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

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

The auditor's random PAQ review of eight pages of 2023 and 2024 unit/dormitory logs EDC Unannounced PREA Rounds log entries reveals requisite 115.13(d) tours were completed on both shifts on different dates. Additionally, the auditor's random review of unit log books in two units during the facility tour reveals substantial compliance with 115.13(d).

The intermediate or higher facility level staff interviewee states he facilitates unannounced sexual safety rounds throughout the facility during every shift he works. He documents unannounced sexual safety rounds in red ink in the unit log book.

During unannounced sexual safety rounds, he tours all dormitories, checking the sexual safety of every prisoner/detainee. He has not had to admonish staff to refrain from announcing his rounding. He splits the unannounced sexual safety rounds with a lieutenant.

The interviewee asserts he varies times for the conduct of his rounds, varies his path for the conduct of rounds as he may facilitate half of the rounds at one time and half at another time, and he may double back. No patterns or routines are established.

During the facility tour and as previously mentioned, the auditor reviewed log books in various housing units, pods, and other areas, finding documented times for supervisory unannounced PREA rounds across all three shifts.

In view of the above, the auditor finds EDC substantially compliant with 115.13(d).

Accordingly, the auditor finds EDC substantially compliant with 115.13.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.14(a-c)

Pursuant to the PAQ, the Warden self reports the facility prohibits placing youthful prisoners/detainees in a housing unit in which a youthful prisoner/detainee will have sight, sound, or physical contact with any adult prisoner/detainee through use of a shared dayroom or other common space, shower area, or sleeping quarters. The Warden further self reports youthful prisoner(s)/detainee(s) are not housed at EDC and that in the last 12 months, zero youthful prisoner(s)/detainee(s) were housed at EDC.

During the facility tour and subsequent rounds throughout the facility, as well as, review of documentation, the auditor did not find any youthful prisoner(s)/detainee(s) housed at EDC.

In view of the above, the auditor finds EDC substantially compliant with 115.14.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

115.15 (c)

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

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No ☐ NA
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks,

or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? X ☐ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? X ☐ Yes ☐ No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.15(a)

Pursuant to the PAQ, the Warden self reports cross-gender strip or cross-gender visual body cavity searches of prisoners/detainees are not conducted at EDC. However, the existence of exigent circumstances dictates whether the same can be conducted pursuant to governing policy. The Warden further self reports that zero cross-gender strip or cross-gender visual body cavity searches of prisoners/detainees were facilitated at EDC during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section (J)(3) reveals substantial compliance with 115.15(a). Policy Change Notice (PCN) 14-2(02) entitled Sexual Abuse Prevention and Response, page 2, section J(3) provides clarity in terms of 115.15(a) requirements.

According to the non-medical staff involved in cross-gender strip or visual searches of prisoners/detainees interviewee, female staff do not generally conduct cross-gender strip or visual searches of prisoners/detainees at EDC. However, when questioned regarding circumstances wherein cross-gender strip or visual searches might be warranted, the interviewee stated when a prisoner/detainee is suspected (reasonable suspicion) of being in possession of hard contraband [e.g. a weapon(s), drugs] secreted in his/her rectum, the same would constitute an exigent circumstance.

Additionally, a transgender woman who requests strip and/or pat searches by a female staff member may be a basis for cross-gender strip or visual search.

Strip searches may generally conducted in the intake area, as well as, private areas in other parts of the facility. The auditor's review of the intake area reveals no conditions of alarm in terms of privacy.

Pursuant to the auditor's review of PAQ information and random on-site conversations with staff and prisoners/detainees, the auditor did not discover any violation(s) of 115.15(a).

In view of the above, the auditor finds EDC substantially compliant with 115.15(a).

115.15(b)

Pursuant to the PAQ, the Warden self reports the facility does not permit cross-gender pat-down searches of female prisoners/detainees, absent exigent circumstances. The Warden further self reports that zero pat-down searches of female prisoners/ detainees were conducted by male staff at EDC during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section (J)(1) reveals substantial compliance with 115.15(b).

Pursuant to the auditor's review of the CC website and on-site observations, both male and female USMS prisoners are housed at EDC. Female ICE detainees are not housed at EDC.

Both random female prisoner interviewees state they have not been denied the opportunity to participate in activities outside their cell because female staff were unavailable to facilitate search procedures following contact with members of the public.

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

115.15(c)

Pursuant to the PAQ, the Warden self reports facility policy requires that all cross- gender strip searches

and cross-gender visual body cavity searches are documented. Additionally, policy requires documentation of cross-gender pat searches of female prisoners/detainees. However, pursuant to supplemental memorandum signed by the Warden, he asserts that, in practice, cross gender pat searches are not facilitated at EDC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section J(5) addresses 115.15(c).

The auditor notes that all strip searches are logged in the EDC Cross-Gender Strip Search Log and on a Form 5-1B. He finds no violation of 115.15(c) requirements pursuant to random review of the aforementioned logs. Cross-gender pat searches of female prisoners, although none were conducted during the last 12 months, would be logged in the captain's log, as well as, the control center log.

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

115.15(d)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, sections J(6) and (7) address 115.15(d).

During the facility tour, the auditor reviewed facility cameras and at the time of the tour, female staff were assigned to the area(s) where the monitors are maintained. The auditor's review of camera angles validated the premise that cameras do not capture unshielded shower/toilet areas, as well as, the dirty cell in Receiving and Discharge (R&D) and the Holding Area in the Medical Department. Toilets and showers in all areas are shielded either by block wall or PREA curtains and camera images are pixilated in these areas. Prisoners/detainees change clothing in the shower areas to ensure privacy.

Of note, the auditor observed a memorandum poster wherein prisoners/detainees are advised to change clothes in the shower or rest room area to avoid any viewing.

During the facility tour and throughout the onsite visit, the auditor noted no instances wherein opposite gender staff failed to announce themselves when entering dormitory and cell areas. This practice appears to be institutionalized at EDC.

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

Eighteen of 22 random prisoner/detainee interviewees state that cross gender staff announce their

presence when entering opposite gender housing units. Of note, two of the four interviewees who state that cross gender staff do not announce their presence when entering opposite gender housing units, did volunteer that they announce approximately 80% of the time. In regard to query as to whether prisoners/detainees are ever naked or in full view of opposite gender staff while toileting, showering, or changing clothing, all 22 random prisoner/detainee interviewees state they are not.

All 12 random staff interviewees state that cross-gender staff announce their presence when entering a dormitory wherein opposite gender prisoners/detainees are housed. Furthermore, all 12 random staff interviewees state prisoners/detainees are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

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

115.15(e)

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

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

All 12 random staff interviewees assert the facility prohibits staff from searching or physically examining a transgender or intersex prisoner/detainee for the sole purpose of determining the prisoners'/detainee's genital status. Similarly, all 12 interviewees were aware of the policy governing the same.

The one transgender prisoner interviewee states she has not been placed in a housing area only for transgender or intersex prisoner(s)/detainee(s). Furthermore, she has no reason to believe that she has been strip-searched for the sole purpose of determining her genital status.

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

115.15(f)

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

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

The auditor's review of pre-service participation rosters dated July 17, 2023, August 7, 2023, and May 6, 2024 reveals that 23 incoming staff participated in the "Body Searches" training conducted on these

dates. Staff printed their names and also affixed their signatures to the same.

All 12 random staff interviewees state the facility provides training regarding cross- gender pat-down searches of female prisoners/detainees and professional and respectful searches of transgender/intersex prisoners/detainees and all 12 of these interviewees completed the same. Ten of 12 interviewees state they completed such training during 2024. The training is presented in a Power Point Presentation (PPT) format with lecture and a video. Some interviewees self reported a demonstration was also provided. The auditor notes that pursuant to his review of training files related to the two interviewees who did not know the date or cited a date in 2017 wherein this training was provided, revealed both employees completed the training during 2024.

The auditor's onsite review of 10 of 15 random staff training files reveals compliance with 115.15(f) during the 2024 PREA annual refresher training (ART- inservice). The remaining five staff completed the class as part of the pre-service curriculum. The auditor's review of the training file for the one random staff interviewee who states he did not receive 115.15(f) training reveals he did complete the same in January, 2024.

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

Accordingly, the auditor finds EDC substantially compliant with 115.15.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? X ☐ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? X ☐ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? X ☐ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? X ☐ Yes ☐ No

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

115.16 (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 inmates who are limited English proficient? X ☐ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? X ☐ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? X ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.16(a)

Pursuant to the PAQ, the Warden self reports there are established procedures to provide disabled prisoner/ detainees 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.

PCN CC Policy 14-2(03) entitled Sexual Abuse Prevention and Response, pages 1 and 2, section H(7) (a) and (b) addresses 115.16(a).

Within the PAQ information, a photograph of a TTY machine is present and the same is reportedly available in the offices of the chief of security (COS) and quality assurance manager (QAM). This equipment is available for use by deaf prisoners/ detainees so they can converse with other individuals similarly situated. The auditor notes that the CC PREA trifold pamphlet entitled Prevent, Detect. Respond. reveals the same is presented in both English and Spanish.

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

According to the Agency Head interviewee, the agency has established procedures to provide prisoners/ detainees with disabilities and prisoners/detainees who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically, VOYCE Interpretation Services is used, when necessary, to communicate with limited English proficient (LEP) prisoners/detainees. Generally speaking, staff translators can also be used. TTY units are available in every facility and arrangements are provided to assist those prisoners/detainees who are blind.

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

Four Spanish speakers (translation accomplished by a bilingual UM) of the six Limited English Proficient prisoners/detainees interviewees stated the facility provides information about sexual abuse and sexual harassment they are able to understand. The remaining two interviewees spoke Arabic and the auditor interviewed them with the assistance of VOYCE Interpretation Services. Both interviewees stated information about sexual abuse and sexual harassment was not presented in terms or language they were able to understand.

The auditor's review of both the Receiving Checklists and the sexual victimization/ aggressor screenings reveals no evidence of understanding and comprehension issues. The prisoners/detainees both signed and dated the Checklists, indicating receipt of requisite materials. Zero notations regarding understanding and comprehension issues were noted on these forms.

Educational posters were noted to be posted in areas easily accessible to and observable by the prisoner/detainee population (e.g. pods, program areas, operational areas). Posters appear to be written in language understandable by the prisoner/detainee population.

The intake staff interviewee states that the CC PREVENT. DETECT. RESPOND tri-fold pamphlet is captured in both English and Spanish. In the event of a blind prisoner/ detainee, she reads materials to them. In the event of a deaf prisoner/detainee, sign language is available pursuant to VOYCE Interpretation Services. In the event of a Limited English Proficient (LEP) prisoner/detainee (other than Spanish speaking), she accesses VOYCE Interpretation Services to translate for non-English speakers or if Spanish speaking staff are not available. She would use mental health staff resources to assist with cognitively impaired prisoners/detainees.

The auditor notes that the PCM asserts that zero physically disabled, deaf or hard of hearing, blind or low vision, cognitively impaired, low reading, were not housed at EDC during the onsite audit and accordingly, those interviews could not be facilitated. During the facility tour and interaction with the prisoner/detainee population and staff, the auditor did not detect anything indicating otherwise.

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

115.16(b)

Pursuant to the PAQ, the Warden self reports the agency has established procedures to provide Limited English Proficient (LEP) prisoners/detainees equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12, section k(8) addresses 115.16(b).

The auditor reviewed the contract between CC and VOYCE Interpretation Service for provision of services to LEP prisoners/detainees. Services for 100 plus languages, inclusive of sign language, are provided pursuant to this service. According to the PCM, VOYCE Services can be accessed from any staff telephone and are generally accessed by staff.

The auditor notes that the CC PREA trifold pamphlet is presented in both English and Spanish. The PCM reports that over 30 percent of staff are bilingual and they are available across all shifts, in intake/ medical/asylum/ and unit management. Finally, the auditor's review of three PAQ victimization/aggressor screening tools reveals that the subject prisoner/detainee was not English proficient and accordingly, a VOYCE translator provided assistance.

The auditor did test the VOYCE Interpretation Service on August 21, 2024 pursuant to telephone call originated on a unit manager's cell phone. The call was originated to facilitate two interviews with detainees who speak Arabic. The call was successfully made, the CC contract number was entered, and the auditor heard the type of translation required prompt. The auditor then facilitated the interviews with the assistance of the VOYCE interpreter.

As previously mentioned, a staff interpreter translated for four LEP interviewees and they (the prisoners/detainees) stated they had received initial PREA educational materials and understood the same.

Four Spanish speakers (translation accomplished by a bilingual UM) of the six Limited English Proficient prisoners/detainees interviewees stated the facility provides information about sexual abuse and sexual harassment they are able to understand. The remaining two interviewees spoke Arabic and the auditor interviewed them with the assistance of VOYCE Interpretation Services. Both interviewees stated information about sexual abuse and sexual harassment was not presented in terms or language they were able to understand.

The auditor's review of both the Receiving Checklists and the sexual victimization/ aggressor screenings reveals no evidence of understanding and comprehension issues. The detainees both signed and dated the Checklists, indicating receipt of requisite materials. Zero notations regarding understanding and comprehension issues were noted on these forms.

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

115.16(c)

Pursuant to the PAQ, the Warden self reports agency policy prohibits use of prisoner/ detainee interpreters, prisoner/detainee readers, or other types of prisoner/detainee assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the prisoner's/detainee's safety, the performance of first-response duties under 115.64, or investigation of the prisoner's/ detainee's allegations. The Warden further self reports that the facility documents the limited circumstances in individual cases where prisoner/detainee interpreters, readers, or other types of prisoner/detainee assistants are used. Reportedly, there was zero instances, within the last 12 months, wherein prisoner/ detainee interpreters, readers, or other types of prisoner/detainee assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the prisoner's/ detainee's safety, the performance of first-response duties, or the investigation of the prisoner's/detainee's allegations.

All 12 random staff interviewees assert, to the best of their knowledge, prisoner/ detainee interpreters, prisoner/detainee readers, or other types of prisoner/detainee assistants have not been used in relation to sexual abuse or sexual harassment allegations during the last 12 months. It is noted that all 12 interviewees identified further physical injury to the victim and/or impeding an investigation/loss of evidence as legitimate reason(s) to invoke 115.16(c) procedures. Finally, all 12 interviewees state that agency policy prohibits use of prisoner/detainee interpreters, prisoner/ detainee readers, or other types of prisoner/detainee assistants for translation of a sexual abuse report, except in limited circumstances

where an extended delay in obtaining an effective interpreter could compromise the prisoner's/detainee's safety, the performance of first-response duties under §115.64, or investigation of the prisoner's/detainee's allegations.

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

Accordingly, the auditor finds EDC substantially compliant with 115.16.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.17(a)

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

Has engaged in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution;

Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet.

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

The auditor's review of two contractors and two newly hired staff (all hired/selected during 2024) Self Declaration of Sexual Abuse/Sexual Harassment forms (14-2H) that were included in the PAQ materials reveals compliance with 115.17(a) to the extent the three questions are specifically asked, and staff responded, in writing, to complete the form. Of note, the 115.17(b) question regarding sexual harassment is also included on the form. In each case, responses to the four questions were negative.

The auditor's on-site random review of seven random staff Human Resources (HR) files relative to staff selected during the last 18 months reveals that the 14-2H questions were facilitated in a timely manner (uploaded into OAS materials). In all seven cases (three of which were also promotions) criminal background record checks were likewise completed in a timely manner with no evidence of 115.17(a) or (b) violations. Additionally, the auditor's review of two contractor files relative to contractors selected during the same time frame reveals substantial compliance with 115.17(a) and (b).

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

115.17(b)

Pursuant to the PAQ, the Warden self reports agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any

contractor, who may have contact with prisoners/detainees.

The auditor's on-site random review of seven random staff Human Resources (HR) files relative to staff selected during the last 18 months reveals that the 14-2H questions were facilitated in a timely manner (uploaded into OAS materials). In all seven cases (three of which were also promotions) criminal background record checks were likewise completed in a timely manner with no evidence of 115.17(a) or (b) violations. Additionally, the auditor's review of two contractor files relative to contractors selected during the same time frame reveals substantial compliance with 115.17(a) and (b).

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

The auditor notes that while there is a question regarding sexual harassment on the 14-2H form, there is no method for validation of the employee's or contractor's response as reflected on the same. The HR interviewee states that the 115.17(a) and (b) questions are asked on the PREA Questionnaire for Prior Institutional Employers form (03-20-02B) which is forwarded to prior institutional employer(s), and the auditor validated the same.

As none of the seven applicable random HR files reviewed included any staff with prior institutional employment, such documents were not generated and therefore, the documents were not available for review. However, the auditor's review of six completed PAQ 03-20-02B forms reveals substantial compliance with 115.17(a),(b), and (c). The auditor found no evidence of sexual harassment with respect to any of the affected staff.

The HR interviewee states the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with / prisoner(s)/detainee(s). EDC staff forward the 03-20-02B form to prior institutional employers (applies to staff applicants only) for completion. The form includes a question regarding sexual harassment of prisoners/ detainees.

The 14-2H form [comprised of four questions- three 115.17(a) and one 115.17(b)] is administered to the prospective employee as an applicant, at hiring, and subsequently on an annual basis and the same is administered to contractors.

Substantiating information regarding previous incidents of sexual harassment may be gleaned pursuant to previous institutional employer inquiries.

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

115.17(c)

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

The Warden further self reports during the last 12 months, 147 applicants who may have contact with prisoners/detainees have had criminal background record checks completed. This equates to 100% of staff hired during this time frame.

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

According to the HR interviewee, criminal background record checks are performed or pertinent civil or administrative adjudications are considered for all newly hired employees and contractors who may have contact with prisoners/detainees. With respect to internal promotion applicants, a new criminal background record check is not completed as a vouchering process is utilized. As that employee has been under the continuous employ of EDC pursuant to these circumstances, contact with the employee's current supervisor, review of any sexual abuse/harassment allegations and investigations, as well as, the employment record is deemed appropriate. The auditor concurs with this process.

A conditional offer of employment triggers a criminal background record check by First Advantage (vendor). The request for criminal background record check is initiated by human resources (HR) staff. According to the interviewee, First Advantage investigators facilitate a 48 state review of upper and lower court data bases. Since USMS and ICE no longer complete criminal background record checks, CC has intensified this criminal background record check process with First Advantage.

Of note, a new criminal background record check is completed for any CC institution to institution transfers.

The auditor's review of all seven applicable staff and one of two applicable contractor criminal background record checks relative to staff and contractors hired during the last 18 months reveals substantial compliance with 115.17(c). Criminal background record checks were completed prior to the date of hire in all but the one case referenced above.

As none of the seven applicable random staff HR files reviewed included any evidence of prior institutional employment, such documents were not generated and therefore, the documents were not available for review. However, as previously mentioned, the auditor's review of six completed PAQ 03-20-02B forms reveals substantial compliance with 115.17(a),(b), and (c).

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

115.17(d)

Pursuant to the PAQ, the Warden self reports agency policy requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with prisoners/detainees. The Warden further self reports criminal background record checks were conducted with respect to zero contractors who may have contact with prisoners/detainees, during the last 12 months however, the auditor did find that criminal background record checks were facilitated in the cases of two contractors selected during the last 18 months.

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

According to the HR interviewee, criminal background record checks are performed or pertinent civil or administrative adjudications are considered for all newly hired employees and contractors who may have contact with prisoners/detainees. With respect to internal promotion applicants, a new criminal background record check is not completed as a vouchering process is utilized. As that employee has been under the continuous employ of EDC pursuant to these circumstances, contact with the employee's current supervisor, review of any sexual abuse/harassment allegations and investigations, as well as, the employment record is deemed appropriate. The auditor concurs with this process.

A conditional offer of employment triggers a criminal background record check by First Advantage (vendor). The request for criminal background record check is initiated by human resources (HR) staff. According to the interviewee, First Advantage investigators facilitate a 48 state review of upper and lower court data bases. Since USMS and ICE no longer complete criminal background record checks, CC has intensified the criminal background record check process with First Advantage.

The auditor's review both contractor criminal background record checks relative contractors hired during the last 18 months reveals substantial compliance with 115.17(c). In both cases, the criminal background record check was completed prior to the date of hire.

The auditor notes that an EDC spreadsheet tracking record reflects dates associated with the hiring process for both staff and contractors. The document is uploaded into OAS.

In view of the above, the auditor finds EDC substantially compliant with 115.17(d).

115.17(e)

Pursuant to the PAQ, the Warden self reports that criminal background record checks are conducted at five-year employment intervals for current employees and contractors who may have contact with prisoners/detainees.

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

According to the HR interviewee, the background investigator (BI) (EDC staff) maintains a log/spread sheet to track five-year criminal background record reinvestigations. The BI forwards requests for reinvestigation electronically through the HR Director and the HR Director forwards the same to First Advantage.

As previously mentioned, a PAQ spread sheet reveals several dates germane to the date of hire approval, the five-year reinvestigation date, and various bench marks. The spread sheet is a tool to assist in timely management of the criminal background record check and reinvestigation processes.

The auditor's on-site random review of all four applicable staff and both applicable contractors (hired during 2019 or prior) files reveals a current five-year criminal background record check was completed and there is no evidence of a criminal record.

In view of the above, the auditor finds EDC substantially compliant with 115.17(e).

115.17(f)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(5) addresses 115.17(f).

The auditor's on-site review of eight applicable random staff (staff hired during the last 18 months) HR files reveals they completed the annual 14-2H form during the last 12 months. Promotion 14-2Hs for three staff promotions, as well as, initial 14-2Hs for two contractors and annual 14-2Hs for two additional contractors also substantiate compliance with 115.17(f). Accordingly, the auditor finds EDC substantially compliant with 115.17(f).

Pursuant to the HR interviewee, the relevant questions are asked both in the on-line application and the 14-2H. Additionally, the 14-2H is administered during the applicant stage, subsequent to hire, and annually thereafter. The annual certification also addresses promotion actions.

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

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

115.17(g)

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

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

The auditor notes there is a caveat within the 14-2H wherein substantiation of the 115.17(g) requirement is achieved. As previously noted, the employee signs and dates the document, signifying their understanding of the caveat at application, selection, and annually thereafter.

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

115.17(h)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(9) addresses 115.17(h).

The HR interviewee asserts when a former employee applies for work at another institution and upon request from that institution, EDC provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law. She provides the request to the PCM who makes the decision regarding release.

In view of the above, the auditor finds EDC substantially compliant with 115.17(h).

Accordingly, in view of the evidence articulated throughout this narrative, the auditor finds EDC substantially compliant with 115.17.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.18(a)

Pursuant to the PAQ, the Warden self reports the facility has made substantial expansions or modifications to existing facilities since the last PREA audit.

Specifically, A/B housing areas were divided in half, facilitating better supervision and safety.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section E(1) and (2) addresses 115.18(a) in totality.

According to the Agency Head interviewee, when designing, acquiring, or planning substantial modifications to facilities, CC commences the process through land purchase(s) and then subsequent construction. A design team facilitates most of the preparation and standards compliance work.

Architects are well versed in PREA and collaboration with the CCPC provides a global picture of PREA concerns and needs.

Lines of sight and blind spots or potential blind spots are assessed to enhance prisoner/detainee sexual/ personal safety and camera surveillance needs. Privacy concerns in areas such as showers, restrooms, and any areas where prisoners/ detainees may be in a state of undress are addressed with facility staff. The same protocol is utilized with regard to expansion and renovations. Requests for changes must be approved by the design team. The design team is part of the Real Estate Group.

During acquisitions, the staff making the site visits develop a preliminary assessment and the CCPC is involved in the review of physical plant issues. A Form 7-1B (PREA Physical Plant Considerations) is used to ensure PREA is considered when initiating a renovation/new construction.

According to the Warden, substantial expansions or modifications were added to the facility since the last PREA audit. Specifically, as articulated in the Form 7-1B, A/B housing areas were divided in half in follow-up to USMS request, facilitating better supervision and safety.

In view of the above, the auditor finds EDC substantially compliant with 115.18(a).

115.18(b)

Pursuant to the PAQ, the Warden self reports the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. The PCM confirms the same pursuant to a memorandum dated July 2, 2024.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section E(3) addresses 115.18(b).

The Agency Head interviewee asserts that cameras are used to support direct/indirect staff supervision.

Better quality systems have been installed and consideration for optimal coverage is addressed at the time of these upgrades. Camera placement also takes into consideration the privacy needs relative to cross-gender viewing in areas like restrooms and shower areas. Technology is discussed with facility staff during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the CCPC.

In view of the above, the auditor finds EDC substantially compliant with 115.18(b).

Accordingly, the auditor finds EDC substantially compliant with 115.18.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- 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? X ☐ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? X ☐ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? X ☐ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? X ☐ Yes ☐ No

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.21(a)

Pursuant to the PAQ, the Warden self reports the facility is responsible for conducting any administrative sexual abuse investigations (including prisoner/detainee-on-prisoner/detainee sexual abuse or staff sexual misconduct cases that have been released for administrative investigation). However, Concho County Sheriff's Department (CCSD) investigator(s) facilitate criminal investigations of sexual abuse at EDC. When conducting administrative investigations, EDC PREA investigator(s) follow a uniform evidence protocol. Of note, pursuant to the MOU between CC and CCSD, they (CCSD) are responsible for training investigators regarding sexual abuse investigations in a confinement setting.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section (O)(4)(a and b) addresses 115.21(a).

All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Eleven of the 12 interviewees state they are responsible for preservation of physical evidence. Similarly, eleven of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted that all interviewees were in possession of a CC laminated card bearing the instructions as required by Standard 115.64(a). The auditor notes that both the security and non-security first responder interviewees clearly articulated the above first responder responsibilities.

Eleven of 12 interviewees state the facility investigator facilitates administrative sexual abuse investigations and nine of 12 interviewees state that CCSD investigator(s) facilitate criminal sexual abuse investigations at EDC.

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

115.21(b)

Pursuant to the PAQ, the Warden self reports that zero youthful prisoners/detainees are housed at EDC and therefore, protocol applicability to juveniles or youthful offenders is not applicable to EDC. The Warden further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

CC Policy 13-79 entitled Sexual Assault Response, page 3, section (B)(7) addresses 115.21(b). This policy citation is commensurate with the provision.

Of note, the auditor's review of the CC protocol for obtaining usable physical evidence by EDC staff and the EDC investigator reveals substantial compliance with 115.21(b). EDC staff preserve the crime scene and follow-up on physical evidence that may be on the victim/perpetrator pursuant to 115.64(a). CCSD investigators utilize their protocol in terms of evidence collection in criminal matters and pursuant to the Memorandum of Understanding (MOU) between EDC and CCSD, the same is commensurate with this provision.

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

115.21(c)

Pursuant to the PAQ, the Warden asserts that all prisoners/detainees who experience sexual abuse are afforded access to forensic medical examinations off-site and the same are conducted pursuant to an MOU with Shannon Medical Center (SMC). Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Nurse Examiners (SANEs). Efforts to provide SANEs are documented as reflected above. In the last 12 months, zero forensic medical examinations were conducted relative to an EDC prisoner/detainee who alleged sexual abuse.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, section 13 addresses 115.21(c). The auditor notes that consultation regarding facilitation of a forensic examination occurs with either the CCSD investigator or the Warden.

The SANE Nurse interviewee states she is one of a team of seven certified SANE nurses and four SANEs in training (all of whom are PRNs with the exception of the interviewee. These SANEs are responsible for conducting all forensic medical examinations at Shannon Hospital. Forensic examinations for EDC prisoners/ detainees are generally conducted at SMC.

The interviewee advises that a 40 hour adult didactic training [on-line International Association of Forensic Nurses (IAFN)] is provided to SANEs, followed by trainee observation, the conduct of supervised (by experienced SANEs) in-person patient examinations, and finally, the conduct of solo forensic examinations. Certification is granted by the Texas Office of the Attorney General with respect to this program and the veracity of evidence collection protocols. SANEs are available on a 24/7 basis given the number of full-time and on-call staff however, in the unlikely event of unavailability, the forensic examination would be delayed, commensurate with the established threshold for evidence preservation (120 hours).

SANE examinations include an offer of one-time prophylaxis for certain STDs. Tests are included in the hospital forensic protocol. Additionally, urinary pregnancy tests are offered to each female victim of sexual abuse. A general medical screening precedes the conduct of a forensic examination.

In view of the above, the auditor finds EDC substantially compliant with 115.21(c).

115.21(d)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 1, sections 14 and 15 addresses 115.21(d) and (e).

The PCM asserts that if requested by the victim, victim advocates (VAs) are presently activated by Open Arms Rape Crisis Center and LGBT + Services.

Despite the fact that the CC and Open Arms Rape Crisis Center and LGBT + Services MOU reveals that Open Arms Rape Crisis Center and LGBT + Services provides VA services during investigatory interviews and forensic examinations, there has been some disparity between the limitations of service provision the State of Texas allows Open Arms Rape Crisis Center and LGBT + Services to provide (see the explanation in the narrative for 115.53). Accordingly, the CCPC has provided VA training to specific staff at EDC with this training mirroring the Impact Justice and PRC VA training. Given this added measure of properly trained VAs, the auditor finds EDC substantially compliant with 115.21(d) and (e). Of note, pursuant to conversation with an official at Open Arms Rape Crisis Center and LGBT + Services, while services exclude one category if prisoners/detainees as the result of State of Texas imposed restrictions, the majority of prisoners/detainees at EDC can be served pursuant to the MOU.

Both prisoners/detainees who reported a sexual abuse state they were not allowed to contact a VA following their reports of sexual abuse. According to the investigations facilitated in each case, both prisoners/detainees declined VA assistance.

The fact patterns reflected in both investigations did not warrant the conduct of a forensic examination.

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

115.21(e)

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

The PCM asserts that if requested by the victim, victim advocates (VAs) are presently activated by Open Arms Rape Crisis Center and LGBT + Services.

Despite the fact that the CC and Open Arms Rape Crisis Center and LGBT + Services MOU reveals that Open Arms Rape Crisis Center and LGBT + Services provides VA services during investigatory interviews and forensic examinations, there has been some disparity between the limitations of service provision the State of Texas allows Open Arms Rape Crisis Center and LGBT + Services to provide (see the explanation in the narrative for 115.53). Accordingly, the CCPC has provided VA training to specific staff at EDC with this training mirroring the Impact Justice and PRC VA training. Given this added measure of properly trained VAs, the auditor finds EDC substantially compliant with 115.21(d) and (e).

Of note, pursuant to conversation with an official at Open Arms Rape Crisis Center and LGBT + Services, while services exclude one category if prisoners/detainees as the result of State of Texas imposed restrictions, the majority of prisoners/detainees at EDC can be served pursuant to the MOU.

Both prisoners/detainees who reported a sexual abuse state they were not allowed to contact a VA following their reports of sexual abuse. According to the investigations facilitated in each case, both prisoners/detainees declined VA assistance.

The fact patterns reflected in both investigations did not warrant the conduct of a forensic examination.

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

115.21(f)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section O(4)(a-c) addresses 115.21(f).

The auditor's review of the MOU between EDC and CCSD clearly addresses the tenets of 115.21.

In view of the above, the auditor finds EDC substantially compliant with 115.21(f).

115.21(h)

Pursuant to the PAQ, the Warden self reports that a qualified agency staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

Two program facilitators and one assistant warden have been selected and trained to serve as VAs at EDC. According to the Acting PCM, their experience in working with the prisoner/detainee population, communication skills, demonstration of empathy during performance of their daily duties, and positions encumbered outside the security ranks served as the basis for selection as VAs.

Of note, the PCM states that he has not inquired of VA qualifications and training regarding Open Arms Rape Crisis Center and LGBT + Services VAs. The auditor did determine that Open Arms Rape Crisis Center and LGBT + Services VAs receive initial VA training and frequent training subsequent to the same. Techniques, legal requirements, and general responsibilities are some of the training topics.

In view of the above, the auditor finds EDC substantially compliant with 115.21(h).

Given the findings articulated throughout the above narratives, the auditor finds EDC substantially compliant with 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) X ☐ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.22(a)

Pursuant to the PAQ, the Warden self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Fourteen administrative/criminal sexual abuse/ harassment investigations were opened and all were completed during the last 12 months. The auditor finds that three investigations were referred for criminal investigation.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section (N)(1) addresses 115.22(a and b) in totality.

The auditor's on-site review of eight of nine random sexual abuse/harassment investigations validates the above statement regarding investigation opening and completion. The auditor also notes that one allegation was referred to the EDC Warden from a Warden at another facility as the alleged incident arose at EDC.

According to the Agency Head interviewee, an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Administrative investigations are completed by a PREA specialty trained CC investigator and criminal investigations are completed by CCSD investigator(s).

In regard to the protocol relative to administrative/criminal sexual abuse or sexual harassment investigations, the Agency Head interviewee asserts the allegation triggers the rest of the investigative process. All allegations are reported in the CC Incident Reporting Database. This system requires multiple levels of administrative oversight and review. Allegations that could result, if substantiated, in criminal violations are referred to appropriate law enforcement officials. CC staff work with outside law enforcement, upon request.

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

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

115.22(b)

Pursuant to the PAQ, the Warden self reports the agency has a policy that requires allegations of sexual abuse and sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The Warden further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of sexual abuse or sexual harassment allegations for criminal investigation. The auditor's review of the CC website validates that the policy is maintained on the same, as well as, a narrative regarding both administrative and criminal sexual abuse/harassment investigations.

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

The investigative staff interviewee states agency policy requires that allegations of sexual abuse or sexual harassment be referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Criminal matters are referred to CCSD investigator(s) for criminal investigation. CCSD investigator(s) subsequently release allegations for administrative investigation when deemed appropriate.

Of note, referrals for criminal investigations are documented in the CC Incident Reporting Database.

In view of the above, the auditor finds EDC substantially compliant with 115.22(b).

115.22(c)

The auditor's review of the aforementioned policy reveals that the same clearly articulates investigative responsibilities for both CCSD, as well as, the EDC investigator. Additionally, the MOU between EDC and CCSD clearly addresses investigative responsibilities for both entities.

In view of the above, the auditor finds EDC substantially compliant with 115.22(c).

Accordingly, based on the evidence articulated throughout this narrative, the auditor finds EDC substantially compliant with 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.31(a)

Pursuant to the PAQ, the Warden self reports the agency trains all employees who may have contact with prisoners/detainees regarding the ten topics listed in 115.31(a) as follows:

The agency's zero-tolerance policy for sexual abuse and sexual harassment;

How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

The right of prisoners/detainees to be free from sexual abuse and sexual harassment; The right of prisoners/detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

The dynamics of sexual abuse and sexual harassment in confinement; The common reactions of sexual abuse and sexual harassment victims;

How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with prisoners/detainees;

How to communicate effectively and professionally with prisoners/detainees, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming prisoners/detainees; and

How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

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

The auditor's limited review of the CC Inservice PREA Overview Facilitator and Participant's Guides, as well as slides, reveals substantial compliance with 115.31(a) in terms of the 10 required topics. Slides reveal that all requisite training topics [as applied to 115.31(a)] are available at EDC. In addition to the above, the CC Facility Support Center (FSC) distributes PREA Refreshers and other PREA Resource Center (PRC) materials periodically. The auditor's review of in-service slides reveals substantial compliance with 115.31(a).

The auditor's PAQ review of two 2023 Orientation and four 2024 Annual Refresher Training (ART) staff training records (CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms) reveals substantial compliance with 115.31(a). The auditor's PAQ review of two 2024 Orientation Sign-in Sheets (includes staff's printed names, signature, and date) reveals 12 staff completed PREA Orientation training and two 2023 sign-in sheets reflect that 35 staff completed PREA Orientation training. Additionally, the auditor's onsite review of seven 2023 and 2024 random staff training records (CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms) reveals compliance with 115.31(a). These random files pertained to staff hired during 2023 and 2024.

The signed and dated CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms reflect receipt and understanding of training, therefore establishing compliance with 115.31(a) and (d). Attendees print and sign the document, signifying completion of the same and understanding of the subject-matter presented.

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

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

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

115.31(b)

Pursuant to the PAQ, the Warden self reports training is tailored to both the male and female genders of the prisoners/detainees assigned to the facility. The Warden further self reports employees, who are reassigned from facilities housing the opposite gender, are given additional training.

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

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

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

115.31(c)

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

The auditor's on-site review of nine of 16 CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms dated in 2024 reveals the affected staff completed PREA ART. These files pertained to staff hired prior to June, 2023.

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

115.31(d)

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 5, section C(3) addresses 115.31(d).

The auditor's review of CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms located in randomly selected employee training files, confirms that the "I understand" caveat is present on the forms and the employee signs and dates the same or provides an electronic signature.

The auditor's PAQ review of two 2023 Orientation and four 2024 Annual Refresher Training (ART) staff training records (CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms) reveals substantial compliance with 115.31(a). Additionally, the auditor's onsite review of seven 2023 and 2024 random staff training records (CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms) reveals compliance with 115.31(a). These random files pertained to staff hired during 2023 and 2024.

In addition to the above, the auditor's on-site review of nine CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms dated in 2024 reveals the affected staff completed PREA ART. These files pertained to staff hired prior to June, 2023.

In view of the above, the auditor finds that EDC is substantially compliant with 115.31(d).

Accordingly, the auditor finds EDC substantially compliant with 115.31.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.32(a)

Pursuant to the PAQ, the Warden self reports all contractors, who have contact with prisoners/detainees, have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Warden further self reports that 16 contractors who have contact with prisoners/detainees, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Of note, zero volunteers are currently utilized at EDC. Contractors [food service (Trinity) and medical] receive the same training as all other facility employees. Additionally, Trinity provides PREA training to food service staff at EDC.

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

The two food service contractor interviewees state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participated (in person) in the CC PREA Orientation, along with CC staff prior to assumption of duties with prisoners/detainees. Additionally, the assistant food service director and food service director provide Trinity staff PREA training both at employment initiation and on an annual basis. PREA ART is generally completed online.

The auditor's review of two CORECIVIC TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE documents reveals random contractors completed PREA Orientation during 2023 or 2024. Additionally, contractors review, sign, and date a comprehensive CC PREA Overview: Training for Contractors and Volunteers form (14-2K-CC). Two completed examples are provided in the OAS uploads.

The two medical contractor interviewees state that they received PREA training during 2023 or 2024 and the same was presented in an in-person or on-line format. The PREA Orientation training was provided prior to contact with prisoners/detainees. PREA ART is generally provided in an online format.

The training encompasses, but is not limited to, the agency's zero tolerance policy against sexual abuse/harassment of prisoners/detainees, reporting options, description(s) of what sexual abuse/harassment looks like in a confinement setting, warning signs of the same, and the impact(s) of sexual abuse/harassment on the facility population.

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

115.32(b)

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

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

Trinity Food Service and medical contractors participate in the same PREAART as staff. Accordingly, the auditor finds substantial compliance with 115.32(b).

The auditor's review of two CORECIVIC TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE documents reveals random contractors completed PREA Orientation during 2023 or 2024. Additionally, contractors review, sign, and date a comprehensive CC PREA Overview: Training for Contractors and Volunteers form (14-2K-CC). Two completed examples are provided in the OAS uploads.

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

115.32(c)

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

The auditor's PAQ review of two completed 2024 CORECIVIC PREA TRAINING ACKNOWLEDGMENT PRESERVICE AND INSERVICE documents reveals that two contractors completed Pre-Service PREA training. Each contractor signed and dated the form and each form contains the "I understand" caveat. Additionally, the auditor's review of two completed 2024 PREA Overview: Training for Contractors and Volunteers reveals substantial compliance with 115.32(c).

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

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

Accordingly, the auditor finds EDC substantially compliant with 115.32.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? X ☐ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? X ☐ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? X ☐ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? X ☐ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? X ☐ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? X ☐ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? X ☐ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? X ☐ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? X ☐ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? X ☐ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? X ☐ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? X ☐ Yes ☐ No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.33(a)

Pursuant to the PAQ, the Warden self reports prisoners/detainees receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Warden further self reports 4766 prisoners/detainees admitted to EDC during the last 12 months were given this information at intake.

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

The intake staff interviewee states she provides prisoners/detainees with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/harassment. Specifically, she issues the CC PREVENT. DETECT. RESPOND. tri- fold pamphlet (presented in English and Spanish), the ICE EDC Detainee Handbook and the USMS EDC Prisoner Handbook (presented in Spanish and English) to all incoming prisoners/detainees. If the prisoner/detainee is non-English speaking, either bi-lingual staff translators or VOYCE Interpretation Services is contacted to provide translation services. Mental health staff are utilized to translate for cognitively impaired prisoners/detainees. Additionally, the PREA video (English and Spanish) is displayed for prisoners/detainees while waiting for processing in the holding area of Receiving and Discharge (R&D).

All 22 random prisoner/detainee interviewees report they received at least one or more of the USM EDC Prisoner Handbook/ICE EDC Detainee Handbook, the aforementioned CC tri-fold pamphlet, and the PREA video at intake (day of arrival). PREA education generally concludes with provision of another tri-fold pamphlet facilitated by the correctional counselor within 30 days of arrival at EDC.

The auditor's on-site review of 15 of 16 random prisoner/detainee files pertaining to prisoners/detainees received at EDC during the last 12 months reveals that the aforementioned USMS EDC Prisoner Handbook/ICE EDC Detainee Handbook, CC PREVENT. DETECT. RESPOND tri-fold pamphlet, and the PREA video were received by arriving prisoners/detainees on the date of arrival. The remaining file pertained to a prisoner/detainee received at EDC during the last 24 months.

As reflected in the narrative for 115.33(f), reporting information is inaccurate as currently presented in the Handbooks, minimally. Accordingly, prisoners/detainees are not provided the information they need to properly report sexual abuse/ harassment incidents. Accordingly, the rationale for 115.33(a) non-compliance, due date for completion of corrective action, and corrective action steps are likewise applicable to 115.33(a).

In view of the above, the auditor finds EDC non-compliant with 115.33(a).

May 1, 2025 Update:

This update is entered into the record as the result of re-write of the interim report due to closure of the OAS system. The auditor notes that the corrective action documentation and evidence is only inaccessible through OAS.

Prior to termination of OAS, the auditor reviewed updated USMS and ICE Handbooks and he now finds the same to be accurate. Likewise, the auditor's review of applicable posters reveals that congruent information is provided in prisoner/detainee educational resources.

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

115.33(b)

Pursuant to the PAQ, the Warden self reports 3265 prisoners/detainees were admitted to EDC during the last 12 months whose length of stay was 30 days or more.

According to the Warden, all of those prisoners/detainees received comprehensive PREA education within 30 days of intake.

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

According to the intake staff interviewee, much of the requisite information can be gleaned from the aforementioned packet of materials as described in the narrative for 115.33(a). Such education regarding the prisoner's/detainee's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents is generally provided in the intake materials, as well as, the PREA video and the aforementioned USMS and ICE EDC Prisoner/Detainee Handbooks. Additionally, correctional counselors follow-up with each prisoner/detainee within 30 days following arrival at EDC.

Thirteen of 22 random prisoner/detainee interviewees report they were informed of the following when they were first admitted to EDC:

Their right not to be sexually abused/harassed; How to report

sexual abuse/harassment; and

Their right not to be punished for reporting sexual abuse/harassment.

One prisoner/detainee states he was not informed regarding his right not to be punished for reporting sexual abuse/harassment. Five prisoners/detainees state they were informed regarding the above issues on the day of arrival and one prisoner/ detainee was not yet due for receipt of comprehensive PREA education given the proximity of his arrival at EDC.

PREA education generally concludes with PREA orientation facilitated by the correctional counselor, inclusive of showing the PREA video and provision/discussion of the CC Prevent. Detect. Respond tri-fold pamphlet.

The auditor has not been provided any documentation validating provision of comprehensive PREA education to the same 15 random prisoners/detainees received at EDC during the last 12 months plus one prisoner/detainee file pertaining to a prisoner/detainee who was received at EDC during the last 24 months.

In view of the above, the auditor finds EDC non-compliant with 115.33(b) and accordingly, a 180-day corrective action period is imposed wherein the PCM and EDC staff will demonstrate compliance with and institutionalization of 115.33(b) requirements. The due date for completion of corrective action is February 14, 2025.

To demonstrate compliance with and institutionalization of 115.33(b) requirements, the PCM will provide training to all stakeholders who are responsible for provision of 115.33(b) comprehensive PREA education. The training will encompass PREA standard and policy requirements surrounding provision of comprehensive PREA education, as well as, tips to ensure timeliness. Upon completion of this training, the PCM will upload the training syllabus, as well as, training documentation memorializing the attendee's completion of the training. Minimally, the auditor recommends that the C Couns receive this training.

The auditor recommends that both the comprehensive PREA training is completed within a 21-27 day range from the date of arrival. The same can coincide with the date on which the 30-day victimization/ aggressor screening (115.41) is completed. If a new form must be completed to document completion of the comprehensive prisoner/detainee PREA training, the same must also be addressed in the training session.

Subsequent to completion of the above, the PCM will provide to the auditor a roster of all prisoners/detainees received at EDC between the date of this interim report and February 14, 2025. This roster must reflect the date of arrival and housing assignment, minimally. The auditor will select a random sample of names and the PCM will upload both evidence validating provision of PREA education on the date of arrival and the 30-day comprehensive PREA education. Subsequently, the auditor will make a determination regarding compliance with 115.33(b).

In view of the above, the auditor finds EDC non-compliant with 115.33(b).

May 1, 2025 Update:

This update is entered into the record as the result of re-write of the interim report due to closure of the OAS system. The auditor notes that the corrective action documentation and evidence is only inaccessible through OAS.

Prior to termination of OAS, the auditor reviewed the training syllabus and staff training roster regarding the requisite training. Of note, the training roster reflects the attendee's printed name and signature.

In addition to the above, the auditor's review of 23 of 24 signed and dated receipts for initial PREA educational materials entitled EDC Receiving and Discharge Checklist, as well as, a new form entitled PREA Education Acknowledgment (includes the prisoner's/detainee's signature and date) and he finds EDC substantially compliant with 115.33(b). The latter form reflects receipt of comprehensive PREA education within 30 days of arrival at EDC.

In view of the above, the auditor now finds EDC substantially compliant with 115.33(b).

115.33(c)

Pursuant to the PAQ, the Warden self reports that all prisoners/detainees received within the last 12 months who remained at the facility for 30 days or more have been educated within 30 days of intake. The Warden further self reports agency policy requires that prisoners/detainees who are transferred from one facility to another are educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures for the new facility differ from those of the previous facility.

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

Given the finding articulated in the narrative for 115.33(a) and (b) above, the auditor likewise finds EDC non-compliant with 115.33(c). The same corrective action is applicable to 115.33(b).

May 1, 2025 Update:

This update is entered into the record as the result of re-write of the interim report due to closure of the OAS system. The auditor notes that the corrective action documentation and evidence is only inaccessible through OAS.

Prior to termination of OAS, the auditor reviewed the training syllabus and staff training roster regarding the requisite training. Of note, the training roster reflects the attendee's printed name and signature.

In addition to the above, the auditor's review of 23 of 24 signed and dated receipts for initial PREA educational materials entitled EDC Receiving and Discharge Checklist, as well as, a new form entitled PREA Education Acknowledgment (includes the prisoner's/detainee's signature and date) and he finds EDC substantially compliant with 115.33(b). The latter form reflects receipt of comprehensive PREA education within 30 days of arrival at EDC.

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

115.33(d)

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

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

Within the PAQ information, a photograph of a TTY machine is present and the same is reportedly available in the offices of the chief of security (COS) and quality assurance manager (QAM). This equipment is available for use by deaf prisoners/ detainees so they can converse with other individuals similarly situated. The auditor notes that the CC PREA trifold pamphlet entitled Prevent, Detect. Respond. is presented in both English and Spanish.

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

The intake staff interviewee states that the CC PREVENT. DETECT. RESPOND. tri-fold pamphlet is captured in both English and Spanish. In the event of a blind prisoner/ detainee, she reads materials to him/her. In the event of a deaf prisoner/detainee, sign language is available pursuant to VOYCE Interpretation Services. In the event of a Limited English Proficient (LEP) prisoner/detainee (other than Spanish speaking), she accesses VOYCE Interpretation Services to translate for non-English speakers or if Spanish speaking staff are not available. She would use mental health staff resources to assist with cognitively impaired prisoners/detainees.

According to the Agency Head interviewee, the agency has established procedures to provide prisoners/ detainees with disabilities and prisoners/detainees who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically, VOYCE Interpretation Services is used, when necessary, to communicate with limited English proficient (LEP) prisoners/detainees. Generally speaking, staff translators can also be used. TTY units are available in every facility and arrangements are provided to assist those prisoners/detainees who are blind.

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

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

115.33(e)

The auditor's review of three completed PAQ documents entitled Receiving and Discharge Checklist (signed and dated by the prisoner/detainee at intake) and an EDC Sexual Abuse and Assault Prevention and Intervention Acknowledgment Form, reveals substantial compliance with 115.33(e) in that documentary resources are available as applicable to 115.33(a).

The auditor's on-site review of fifteen random prisoner/detainee files pertaining to prisoners/detainees received at EDC during the last 12 months reveals that the aforementioned USMS PREA tri-fold pamphlet, USMS EDC Prisoner Handbook/ICE EDC Detainee Handbook, CC PREVENT. DETECT. RESPOND tri-fold pamphlet, and the PREA video were received by arriving prisoners/detainees on the date of arrival. The one remaining file pertained to a prisoner/detainee received within the last 24 months.

The auditor has not been provided any documentation validating provision of comprehensive PREA education to the same 15 random prisoners/detainees received at EDC during the last 12 months plus one prisoner/detainee file pertaining to a prisoner/detainee who was received at EDC during the last 24 months.

In view of the above, the auditor finds EDC non-compliant with 115.33(e) and accordingly, a 180-day corrective action period is imposed wherein the PCM and EDC staff will demonstrate compliance with and institutionalization of 115.33(e) requirements. The due date for completion of corrective action is February 14, 2025.

To demonstrate compliance with and institutionalization of 115.33(e) requirements, the PCM will provide training to all stakeholders who are responsible for provision of 115.33(b) comprehensive PREA education. The training will encompass the PREA standard and policy requirements surrounding provision of comprehensive PREA education, as well as, tips to ensure timeliness. If a new form must be completed to document completion of the comprehensive prisoner/detainee PREA training, the same must also be addressed in the training session. Upon completion of this training, the PCM will upload the training syllabus, as well as, training documentation memorializing the attendee's completion of the training. Minimally, the auditor recommends that the C Couns receive this training.

Subsequent to completion of the above, the PCM will provide to the auditor a roster of all prisoners/detainees received at EDC between the date of this interim report and February 14, 2025. This roster must reflect the date of arrival and housing assignment, minimally. The auditor will select a random sample of names and the PCM will upload both evidence validating provision of initial PREA education on the date of arrival and the 30-day comprehensive PREA education. Subsequently, the auditor will make a determination regarding compliance with 115.33(b) and (e).

In view of the above, the auditor finds EDC non-compliant with 115.33(e).

May 1, 2025 Update:

This update is entered into the record as the result of re-write of the interim report due to closure of the OAS system. The auditor notes that the corrective action documentation and evidence is only inaccessible through OAS.

Prior to termination of OAS, the auditor reviewed the training syllabus and staff training roster regarding the requisite training. Of note, the training roster reflects the attendee's printed name and signature.

In addition to the above, the auditor's review of 23 of 24 signed and dated receipts for initial PREA educational materials entitled EDC Receiving and Discharge Checklist, as well as, a new form entitled PREA Education Acknowledgment (includes the prisoner's/detainee's signature and date) and he finds EDC substantially compliant with 115.33(b). The latter form reflects receipt of comprehensive PREA education within 30 days of arrival at EDC.

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

115.33(f)

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

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

Sexual abuse/harassment reporting options, as articulated in the USMS Prisoner Handbook during pre-audit review of materials uploaded into OAS, include the following:

Verbally telling any employee, including the chaplain;

Submitting a request to meet with health services and/or reporting to medical staff during sick call;

Forwarding a letter to the Warden/Administrator, sealing it, and marking it "Confidential";

Calling or writing to someone outside the facility who can notify facility administrative staff;

Forwarding a letter to security staff, sealing, and marking it "Confidential";

Writing the victim advocate services/ rape crisis center at Open Arms Rape Crisis Center, 2402 College Hills Blvd #3, San Angelo, Texas 76904;

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

Or calling the following toll-free telephone numbers; USMS Prisoner/

Detainee- 1-800-869-4499

Alliance Against Family Violence- 1-800-644-1441; and Call facility

PREA Hotline.

As noted above, the Open Arms Rape Crisis Center is identified as a sexual abuse/ harassment reporting source. Although the MOU between CC and Open Arms Rape Crisis Center clearly addresses sexual abuse/harassment reporting procedures, the same is not a legitimate reporting source based on a

Department of Justice Frequently Asked Question (FAQ) dated January 14, 2015. Specifically, in view of federal funding matters associated with non-profit rape crisis centers, they cannot serve in the capacity of a 115.51(a) reporting source.

In addition to the USMS EDC Prisoner Handbook, the ICE EDC Detainee Handbook reflects that the Concho Valley Rape Crisis Center is a 115.51(a) sexual abuse reporting source. Again, the same information is inaccurate in view of the aforementioned FAQ.

In view of the above, the auditor finds EDC non-compliant with 115.51(a) and consequently 115.33(f), imposing a 180-day corrective action period wherein the PCM will demonstrate substantial compliance with and institutionalization of 115.51(a) and (b) requirements. The corrective action due date is February 14, 2025.

To demonstrate compliance with and institutionalization of 115.51(a) and 115.33(f) requirements, the PCM will update the USMS EDC Prisoner Handbook, deleting Open Arms Rape Crisis Center as a 115.51(a) reporting source, and the ICE EDC Detainee Handbook, deleting Concho Valley Rape Crisis Center as a 115.51(a) sexual abuse reporting source. Open Arms Rape Crisis Center can only be used as an external emotional support service [victim advocacy (VAs)] and must be so designated in any prisoner/detainee educational materials. Accordingly, in addition to the USMS EDC Prisoner Handbook and ICE EDC Detainee Handbook, any and all applicable posters, pamphlets, handouts, must be amended and updated accordingly. Additionally, any prisoner/detainee handouts must be updated.

Finally, the PCM will post an informational memorandum, minimally articulated in English and Spanish, addressing the noted changes regarding Open Arms Rape Crisis Center as an emotional support service and not a sexual abuse reporting source.

Photographs of postings will likewise be uploaded into OAS.

Upon completion of the USMS EDC Prisoner Handbook and ICE EDC Detainee Handbook updates, minimally, the PCM will upload any and all updated materials into OAS. Subsequent to the auditor's review, he will assess whether EDC is substantially compliant with 115.51(a).

On August 22, 2024, the auditor tested the posted ICE Office of the Inspector General (OIG) Hotline telephone number from a prisoner/detainee telephone. Initially, the auditor was under the impression that the USMS and ICE OIG Hotlines were intended to serve as the 115.51(b) reporting sources. When he attempted the telephone call, the telephone was operable however, the process was long from menu selection to provision of a verbal report. The auditor finds that the process was not user-friendly. Of note, CC contracts with the USMS with an ICE rider to the contract and OIG does not meet muster as a 115.51(b) reporting source.

On August 20, 2024, the auditor tested the USMS OIG Hotline telephone number. An automated system is utilized and the same did not require the prisoner's pin number, initially. However, the test could not be completed as the USMS call menu requires the input of the prisoner's pin number and at that point anonymity is lost. Prisoners only need to key *94 into the system to initiate the program.

In view of the above, it is clear that the USMS OIG Hotline is neither a legitimate 115.51(a) or (b) reporting source. While the ICE OIG Hotline is a legitimate 115.51(a) reporting source, the USMS Hotline is clearly not

anonymous and therefore not a legitimate 115.51(a) reporting source.

The auditor finds that the ICE OIG Hotline is compliant with 115.51(a). Given the absence of anonymity with the USMS Hotline, the same is not even a valid 115.51(a) reporting resource. The auditor notes that the contract with the USMS (ICE rider) requires that both numbers be published for prisoner/detainee consumption.

In view of the above and the inaccurate information reflected in the USMS EDC Prisoner Handbook, the auditor finds EDC non-compliant with 115.51(a) and 115.33(f), imposing a 180-day corrective action period wherein the PCM will demonstrate substantial compliance with and institutionalization of 115.51(a) and 115.33(f) requirements. The corrective action due date is February 14, 2025

To demonstrate substantial compliance with 115.51(a) requirements, the PCM will amend the USMS EDC Prisoner Handbook, ensuring that prisoners are admonished regarding requisite provision of identifying information when they report sexual abuse/harassment to the USMS OIG and that therefore, anonymity is negated. The auditor notes that the same is necessary to establish compliance with this standard provision. Likewise, poster(s) and any other educational materials will be similarly amended.

The above amended materials will be uploaded to OAS. Additionally, a memorandum will be posted in all housing units, captured in English and Spanish, addressing the aforementioned updates. Photographs of the posted memorandums will likewise be uploaded into OAS.

While the PCM asserts that prisoners/detainees can report sexual abuse/harassment to the USMS or ICE OIG as a public or private entity or office that is not part of the agency, the same is not authorized pursuant to 115.51(b) as articulated above.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 16 and 17, section K(1)(c and d) addresses 115.51(b). Pursuant to this controlling policy, prisoners/detainees can report sexual abuse/harassment to CCSD by dialing *93 or

*94. Additionally, the CCSD mailing address is articulated in this policy provision.

Since only policy addresses the telephone number and address for CCSD [a legitimate source for receipt of 115.51(b) sexual abuse/harassment reports], the auditor finds that reporting to CCSD is neither implemented nor, of course, institutionalized.

Accordingly, the auditor finds EDC non-compliant with 115.51(b) and 115.33(f) and he imposes a 180-day corrective action period wherein EDC will demonstrate compliance with and institutionalization of 115.51(b) and 115.33(f) requirements.

The due date for corrective action completion is February 14, 2025.

To demonstrate compliance with 115.51(b) requirements, the PCM will assess existing procedures to determine the best course forward. Specifically, if use of *93 and/or

*94 to contact CCSD is the best option, coordination with the telephone provider must be accomplished. Updating of the USMS EDC Prisoner Handbook and the ICE EDC Detainee Handbook, as well as, all posters throughout the facility and the tablets will follow. Of course, all materials must specify that the new procedures apply to reporting to an outside source, not associated with the facility. If amendment of the MOU with CCSD is required, the same must be accomplished.

Finally, the PCM will post an informational memorandum, minimally articulated in English and Spanish, addressing the noted changes regarding the CCSD direct dial telephone number(s). Photographs of postings will likewise be uploaded into OAS.

If EDC and CCSD officials agree to reporting via regular mail, the auditor highly recommends that the MOU with CCSD be amended to include language regarding the turnaround time for advising the Warden of the report and how the advisement will occur. Additionally, the above documents and processes must be updated/amended to advise of this change.

Once the above corrective actions are complete, the PCM will upload the amended educational materials to OAS for the auditor's review. He will then determine if corrective action is sufficient or additional action(s) for implementation is/are necessary.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 8 and 9, sections F(3, 4, and 6) addresses 115.53(a). Pursuant to controlling policy, 115.53(a) (emotional support services) are available through Open Arms Rape Crisis Center and LGBT + Services and the address/telephone number are articulated therein.

The above policy clearly reflects that Open Arms Rape Crisis Center and LGBT + Services is an emotional support service (VA). Based on both the USMS EDC Prisoner Handbook and the ICE EDC Detainee Handbook, Open Arms Rape Crisis Center and LGBT + Services and the Concho Valley Rape Crisis Center are mentioned as reporting sources. There is no mention of Open Arms Rape Crisis Center and LGBT + Services as an emotional support service pursuant to 115.53(a).

During the pre-audit phase at another facility located in the State of Texas, the auditor learned that within the State of Texas, many Rape Crisis Centers (RCCs) are unable to provide VA services to prisoners, detainees, inmates as the result of federal funding (VOCA and VAWA) distribution issues. According to the auditor's understanding, unknown State of Texas official(s) stipulate that such funding cannot be used by RCC staff to provide follow-up VA services to prisoners, detainees, inmates, etc.

The auditor notes that he did contact an official from Open Arms Rape Crisis Center and LGBT + Services regarding the above. Open Arms Rape Crisis Center and LGBT + Services can provide VA services to prisoners/detainees, with the exception of one category. While the same constitutes a better scenario, it is not comprehensive for all prisoners/detainees housed at EDC.

In view of the inaccurate information and omissions reflected in the USMS EDC Prisoner Handbook and the ICE EDC Detainee Handbook, the auditor finds EDC non-compliant with 115.33(f). Specifically, the USMS EDC Prisoner Handbook and ICE EDC Detainee Handbook are absent any reference to Open Arms Rape Crisis Center and LGBT + Services as an external support services (VA) agency. Accordingly, the auditor imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.53(a) requirements. The corrective action due date is February 14, 2025.

To demonstrate compliance with and institutionalization of 115.33(f) and 115.53(a) requirements, the PCM will amend both the USMS and ICE Handbooks to reflect accurate information. Open Arms Rape Crisis Center and LGBT + Services must be clearly identified as an emotional support service (VA) with no

reference to sexual abuse reporting. Prisoners/detainees must be able to review the applicable handbook and understand the support service (VA) mission of Open Arms Rape Crisis Center and LGBT + Services, their address, and telephone number. Since both handbooks are captured in both English and Spanish, all amendments must likewise be captured in English and Spanish. Copies of these documents will be uploaded into OAS.

Finally, the PCM will post an informational memorandum in language(s) understood by the majority of prisoners/detainees housed at EDC, explaining this change. A copy of the informational memorandum, as well as, photographs of the same will be uploaded into OAS.

In view of the above, the auditor finds EDC non-compliant with 115.33(f).

May 1, 2025 Update:

This update is entered into the record as the result of re-write of the interim report due to closure of the OAS system. The auditor notes that the corrective action documentation and evidence is only inaccessible through OAS.

Prior to termination of OAS, the auditor reviewed updated USMS and ICE Handbooks and he now finds the same to be accurate. Likewise, the auditor's review of applicable posters reveals that congruent information is provided in prisoner/detainee educational resources.

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

Given the corrective action noted in the narratives for 115.33(a), (b), (c), (e), and (f), the auditor now finds EDC substantially compliant with 115.33.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) X ☐ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) X ☐ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) X ☐ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) X ☐ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) X ☐ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) X ☐ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.34(a)

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

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

The administrative investigative staff interviewee states she has completed training specific to investigating sexual abuse in confinement settings. Specifically, she has completed a 40 hour PREA investigation course facilitated by the CCPC, inclusive of the web based National Institute of Corrections (NIC) training

course entitled PREA: Conducting Investigations of Sexual Abuse in a Confinement Setting through CC. This course included scenarios and the topics listed in the narrative for 115.34(b), as well as, a testing component. Additionally, the same was completed prior to assuming duties as investigator.

The auditor's review of the CC certificate provided to her reveals that the administrative investigator completed the requisite NIC web-based course on November 17, 2021. A CC Certificate for the NIC course reveals that two additional EDC staff members are also certified to facilitate such investigations and their certificates were issued on March 25, 2020 and March 27, 2020.

The auditor's review of the lesson plan from the PREA: Conducting Investigations of Sexual Abuse in a Confinement Setting course reveals discussions regarding techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

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

115.34(b)

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

The investigative staff interviewee states that specialized training included:

Techniques for interviewing sexual abuse victims; Proper use of
Miranda and Garrity warnings;

Sexual abuse evidence collection in confinement settings; and

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

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

115.34(c)

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing investigator(s) have completed the required training.

The Warden further self reports EDC currently employs three administrative PREA investigators and they completed the requisite training. As mentioned in the narrative for 115.34(a), the administrative investigative interviewee and two additional administrative investigators have completed requisite training, as validated by their certificates.

The auditor's review of the CC certificate provided to the administrative investigative interviewee reveals she completed the requisite NIC web-based course on November 17, 2021. A CC Certificate for the NIC

course reveals that two additional EDC staff members are also certified to facilitate such investigations and their certificate were issued on March 25, 2020 and March 27, 2020.

In addition to the above, two of the three EDC PREA investigators signed and dated Forms 14-2A1 on April 12, 2021 and April 13, 2021. This form is entitled CORECIVIC PREA TRAINING ACKNOWLEDGMENT SPECIALTY TRAINING and the same captures completion of specialty investigative training. The auditor's review of the administrative investigative interviewee's electronic training record reveals that she completed the requisite specialty training course in February, 2023.

In view of the above, the auditor finds EDC substantially compliant with 115.34(c).

Accordingly, the auditor finds EDC substantially compliant with 115.34.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (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 medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
☐ Yes ☐ No ☒ NA

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.35(a)

Pursuant to the PAQ, the Warden self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. According to the Warden, all 44 medical and mental health care practitioners who work regularly at the facility, have received the requisite training.

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

The auditor's cursory review of the National Institute of Corrections (NIC)/PREA Resource Center (PRC) PREA Medical Standards random slides reveals substantial compliance with 115.35(a). The four requisite topics are addressed.

According to the medical/mental health staff interviewees, both completed specialized training regarding sexual abuse and sexual harassment by virtue of a three-hour on-line class that addressed the following:

How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse;
How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The auditor's review of electronic training rosters (PREA Training Acknowledgment Log) reveals that 41 of the 44 CC and contract medical/mental health practitioners who provide services to the EDC prisoner/detainee population have completed specialty PREA medical and mental health training. Additionally, the EDC medical and mental health staff completed requisite PREAART training pursuant to 115.31.

In view of the above, the auditor finds EDC substantially compliant with 115.35(a).

115.35(b)

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

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

115.35(c)

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

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

The auditor's review of electronic training rosters (PREA Training Acknowledgment Log) reveals that 41 of the 44 CC and contract medical/mental health practitioners who provide services to the EDC prisoner/detainee population have completed specialty PREA medical and mental health training. Additionally, the EDC medical and mental health staff completed requisite PREAART training pursuant to 115.31.

In view of the above, the auditor finds EDC substantially compliant with 115.35(c).

115.35(d)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section C(1 and 2)(a-j) addresses 115.35(d).

The auditor's review of nine pre-service and one inservice Form 14-2As entitled CORE CIVIC PREA TRAINING ACKNOWLEDGMENT PREA SERVICE AND IN-SERVICE reveals that employee and contract medical/mental health practitioners who provide services to the EDC prisoner/detainee population have completed either pre-service or PREA ART training pursuant to 115.31.

In view of the above, the auditor finds EDC substantially compliant with 115.35(d).

Accordingly, the auditor finds EDC substantially compliant with 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? X ☐ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? X ☐ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? X ☐ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? X ☐ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? X ☐ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? X ☐ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? X ☐ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? X ☐ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? X ☐ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? X ☐ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? X ☐ Yes ☐ No

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? X ☐ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? X ☐ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? X ☐ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? X ☐ Yes ☐ No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.41(a)

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness towards other prisoners/detainees.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section G(1) addresses 115.41(a).

The staff who performs initial screening for risk of victimization and abusiveness interviewee (C Couns.) states she does screen prisoners/detainees upon admission to EDC for risk of sexual abuse victimization or sexual abusiveness (victimization/ abusiveness screening) towards other prisoners/detainees. The interviewee states that screenings are facilitated one-on-one and away from other prisoners/detainees. She reads the questions to the prisoners/detainees and documents responses, inclusive of targeted question responses.

Initial screenings are conducted in the Receiving and Discharge area in an office and behind a closed door. She does review the USM-129 form and/or additional historical information prior to the prisoner's/ detainee's arrival.

While the auditor did observe the area in which victimization/aggressor screenings are conducted, he did not observe an actual assessment. As reflected above, the auditor asked specific questions of the interviewee from which to determine protocol and effectiveness in the screening process. He also reviewed completed initial assessments and 30-day reassessments to determine comprehensiveness.

Eighteen of 22 random prisoner/detainee interviewees state they did receive an initial PREA assessment screening on the day of arrival. The auditor's review of one file related to a random prisoner/detainee interviewee who stated he was not asked if he had ever been in jail or prison before; whether he had ever been sexually abused; whether he identifies as gay or bisexual; and whether he thinks he might be in danger of sexual abuse at EDC, reveals that all of these questions were asked on the day of arrival.

The auditor's PAQ review of eight initial victimization/aggressor assessments reveals that screening was completed on the date of arrival. This screening appears to be comprehensive, addressing all requisite questions, minimally.

The auditor's on-site review of 16 random prisoner/detainee files reveals that the initial victimization/aggressor screening was completed on the date of arrival in all cases. Screenings appear to be comprehensive, addressing all requisite questions, minimally.

In view of the above, the auditor finds EDC substantially compliant with 115.41(a).

115.41(b)

Pursuant to the PAQ, the Warden self reports policy requires prisoners/detainees to be screened for risk of sexual victimization or risk of abusing other prisoners/detainees within 24 hours of their intake unless the contract allows for screening within 72 hours of arrival at the facility. In the last 12 months, the Warden self reports 4689 prisoners/detainees entered the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other prisoners/detainees, within 72 hours of entry into the facility. The auditor notes that pursuant to the facility information section reflected in this report, 4689 prisoners/detainees were received at the facility during the last 12 months (either through intake or transfer) whose length of stay in the facility was 72 hours or more. Accordingly, based on the Warden's assertion, all prisoner/detainee commitments were initially screened within 72 hours of arrival at EDC. This equates to 100% of those screened pursuant to the criteria specified in the preceding sentence.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section G(2) addresses 115.41(b). According to this provision, prisoners/detainees are screened within 24 hours of arrival at the facility unless contracting agency policy allows for screening within 72 hours of arrival at the facility.

The auditor's review of all eight PAQ initial victimization/aggressor screenings reveals substantial compliance with 115.41(a and b). Screenings were completed on the date of arrival in all cases. Screenings appear to be comprehensive, addressing all requisite questions, minimally.

The auditor's on-site review of 16 random prisoner/detainee files reveals that the initial victimization/aggressor screening was completed on the date of arrival in all cases. Screenings appear to be comprehensive, addressing all requisite questions, minimally.

The staff who performs screening for risk of sexual victimization and abusiveness interviewee states she screens prisoners/detainees for risk of sexual victimization or risk of sexually abusing others on the day of arrival (following the security intake process), within a 24 hour period of time.

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

115.41(c)

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

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

The auditor's on-site review of the 16 previously mentioned initial screening documents and accompanying printouts facilitated during this audit period reveals the same do reflect the questions articulated in 115.41(d) and (e). The weighting system is clearly articulated on page 2 of the sample screening document uploaded into OAS. Pursuant to the same, prisoners/detainees are classified as either Potential Victims (PVs)/Known Victims (KVs) or Potential Aggressors (PAs)/Known Aggressors (KAs). Unrestricted classifications are assessed whenever the prisoner/detainee meets none of the aforementioned classifications. Of note, the weighting system is contingent upon the responses to

specific question(s).

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

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

115.41(d)

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

Whether the prisoner/detainee has a mental, physical, or developmental disability; The age of the prisoner/detainee;

The physical build of the prisoner/detainee;

Whether the prisoner/detainee has previously been incarcerated;

Whether the prisoner's/detainee's criminal history is exclusively nonviolent;

Whether the prisoner/detainee has prior convictions for sex offenses against an adult or child;

Whether the prisoner/detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or

gender non-conforming (question is asked by the screener, as well as, assessed pursuant to observation);

Whether the prisoner/detainee has previously experienced sexual victimization; The prisoner's/detainee's own perception of vulnerability; and

Whether the prisoner/detainee is detained solely for civil immigration purposes.

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

History of sexual victimization (both institutional and community); LGBTI status (questions

prisoner/detainee and observes);

Mental health issues; and Sexual

offenses in prison; History of

violence;

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

115.41(e)

Pursuant to the PAQ, the Warden asserts that the initial screening shall consider prior acts of sexual abuse,

prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing prisoners/detainees for risk of being sexually abusive.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 9, section G(5) reveals that 115.41(e) questions are addressed in the screening instrument.

Pursuant to the auditor's review of the screening instrument, he finds that the requisite questions are addressed in the same.

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

115.41(f)

Pursuant to the PAQ, the Warden self reports policy requires that the facility reassess each prisoner/detainee's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the prisoner's/detainee's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. In the last 12 months, the Warden self reports 3265 prisoners/detainees entered the facility (either through intake or transfer) whose length of stay in the facility was 30 days or more who were screened for risk of sexual victimization or risk of sexually abusing other prisoners/detainees, within 30 days of entry into the facility. The auditor again notes that pursuant to the facility information section reflected in this report, 3265 prisoners/detainees were received at the facility during the last 12 months (either through intake or transfer) whose length of stay in the facility was 30 days or more.

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

The auditor's review of eight PAQ 2023 and 2024 initial victimization/aggressor assessments reveals that all initial assessments were completed on the date of arrival at EDC. The corresponding reassessments were also completed within 30-days of arrival at EDC in six of the eight cases.

The staff responsible for risk screening interviewee states within 30 days of arrival at EDC, a reassessment is facilitated.

Thirteen of 22 random prisoner/detainee interviewees state they were asked screening questions again since their date of arrival at the facility. Two reassessments for prisoners/detainees who have not been at EDC for 30-days were not yet due.

The auditor's on-site review of 15 of 16 randomly selected prisoner/detainee files (accompanying files for prisoners/detainees who were initially screened at EDC) reveals reassessments were both timely and comprehensive.

In view of the above, the auditor finds EDC substantially compliant with 115.41(f).

115.41(g)

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

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

The auditor's review of one screening document generated in follow-up to a substantiated sexual abuse allegation reveals substantial compliance with 115.41(g). The same is uploaded into OAS.

The staff who performs screening for risk of victimization and abusiveness interviewee states that the PCM, investigator, or unit managers direct reassessments based on additional information (e.g. substantiated finding regarding sexual abuse). Generally, the C Couns. facilitates such reassessments.

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

115.41(h)

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

Whether or not the prisoner/detainee has a mental, physical, or developmental disability;

Whether or not the prisoner/detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;

Whether or not the prisoner/detainee has previously experienced sexual victimization; and

The prisoner's/detainee's own perception of vulnerability.

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

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

The PCM states that zero prisoners/detainees have been disciplined for failure or refusal to provide response(s) to the above questions

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

115.41(i)

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

According to the CCPC, EDC PCM, and the staff who performs screening for risk of victimization and abusiveness interviewees, the agency has outlined who should have access to a prisoner's/detainee's risk assessment within the facility in order to protect sensitive information from exploitation. According to the EDC PCM, such information consumption is generally limited to the C Couns., UMs, ADO staff, AWs, and Warden.

The CCPC asserts that access is generally limited to the case manager and treatment personnel. Assessments and reassessments generated electronically are password protected. The staff responsible for risk screening interviewee states access to assessments/reassessments is limited to the PCM, medical and mental health staff, unit management staff, and the Warden.

The auditor notes that victimization/aggressor assessments are maintained in prisoner/detainee files in locked file cabinets in a separate secure building within the inner facility perimeter. The building is secured by a slow down fence and razor wire. Access is granted only by Records staff assigned to the area.

During the facility tour, the auditor did observe the same. Access to electronic documentation can be accessed only by those staff who have been granted system privileges.

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

Based on the information presented throughout the narrative for this standard, the auditor finds EDC substantially compliant with 115.41.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? X ☐ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? X ☐ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? X ☐ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? X ☐ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? X ☐ Yes ☐ No

115.42 (b)

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

115.42 (c)

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

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? X ☐ Yes ☐ No

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.42(a)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9 section (G)(1) and page 12, section I(1) address 115.42(a).

The PCM and the staff responsible for risk screening interviewee assert that the screener keys response and response values into the Offender Management System (OMS) and the same assigns PV, KV, PA,

KA, and Unrestricted status for each initial and reassessment screening. Victims and aggressors are not housed in the same cell or immediate bunk area however, prisoners/detainees classified as unrestricted can be housed with either victims or aggressors. In open dorms, Vs are housed in a separate area in comparison to As. Housing notes and flags are entered by the screener(s) and reviewed by the unit manager(s) during the housing and bed assignment process to address any sexual safety concerns. Victims are not housed with aggressors. Surveillance equipment and unit physical features are also considered in terms of the housing/bed assignment process.

Pursuant to the auditor's observations during the facility tour, the minimal program and work assignments are supervised by staff.

The auditor's review of a PREA Alert Roster reveals that a system is in place to track victims and aggressors to guard against housing together. In view of the above, the auditor finds EDC substantially compliant with 115.42(a). The auditor's limited review of the same reveals no evidence of housing contrary to the above strategy.

In view of the above, the auditor finds EDC substantially compliant with 115.42(a).

115.42(b)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12, section I(4) addresses 115.42(b). Additionally, CC Policy 14-9 entitled Management of Transgender and Intersex Inmates in Prison and Jail Facilities, pages 6-8, sections F(1-17) and G(1-5) address 115.42(b) and (c) minimally. These policies reflect the following:

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

In deciding whether to house a transgender/intersex prisoner/detainee in a male or female pod or dormitory within the facility subsequent to arrival, or, when making other housing and programming assignments for such prisoners/detainees, the facility will consider whether placement would ensure the prisoner's/detainee's health and safety and whether the placement would present management or security problems.

The PCM and the staff responsible for risk screening interviewee assert that the screener keys response and response values into the Offender Management System (OMS) and the same assigns PV, KV, PA, KA, and Unrestricted status for each initial and reassessment screening. Victims and aggressors are not housed in the same cell or immediate bunk area however, prisoners/detainees classified as unrestricted can be housed with either victims or aggressors. In open dorms, Vs are housed in a separate area in

comparison to As. Housing notes and flags are entered by the screener(s) and reviewed by the unit manager(s) during the housing and bed assignment process to address any sexual safety concerns. Victims are not housed with aggressors. Surveillance equipment and unit physical features are also considered in terms of the housing/bed assignment process

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

115.42(c)

Pursuant to the PAQ, the Warden self reports the facility makes housing and program assignments for transgender and intersex prisoners/detainees in the facility on a case-by-case basis however, designation to EDC is accomplished by the USMS and ICE officials.

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

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

In deciding whether to house a transgender/intersex prisoner/detainee in a male or female pod or dormitory within the facility subsequent to arrival, or, when making other housing and programming assignments for such prisoners/detainees, the facility will consider whether placement would ensure the prisoner's/detainee's health and safety and whether the placement would present management or security problems.

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

The auditor's review of a PAQ Transgender/Intersex Assessment and Treatment Plan facilitated pursuant to referral from intake, reveals substantial compliance with 115.42(c). However, the same was completed approximately seven plus months following her date of arrival at ETC and accordingly, the same was not completed in a timely manner, thereby negating the intent of policy. Additionally, there is no evidence that any subsequent PAQ Transgender/Intersex Assessment and Treatment Plans have been completed since the aforementioned Plan. Accordingly, the auditor finds EDC non-compliant with 115.42(c) and (d).

In view of the above, the auditor imposes a 180-day corrective action period wherein the PCM will

demonstrate substantial compliance with and institutionalization of 115.42(c) and (d) requirements. The due date for corrective action completion is February 14, 2025.

To demonstrate compliance with 115.42(c) and (d), the PCM will provide training to all stakeholders (members of the SART team at EDC) regarding the nuances of 115.42(c) and (d). This training will include a complete overview of the standard and provision requirements. If development of procedures for referral of transgender/intersex prisoners/detainees for SART review is required, a copy of those procedures will also be included in the training plan. A copy of the training plan, as well as, evidence of stakeholder completion of the training will be uploaded into OAS.

Between the date of this interim report and February 14, 2025, the PCM will upload all completed Transgender/Intersex Assessment and Treatment Plans regarding transgender/intersex prisoners/detainees received at EDC. Additionally, all completed Transgender/Intersex Assessment and Treatment Plans [(applicable 115.42(d) requirements)] regarding transgender/intersex prisoners/detainees currently confined at EDC will be uploaded. The auditor will subsequently review the same for compliance with 115.42(c) and (d).

The PCM asserts housing assignments for transgender/intersex prisoners/detainees are determined pursuant to review of the screening results and the SART protocol (Form 14-9A). Transgender/intersex prisoners/detainees are dispersed throughout the facility, dependent upon security and safety concerns. Transgender/intersex prisoners/detainees are not placed in specific pods or areas but rather, the safest environment based on historical and current information. All programming areas are supervised by staff. If a serious security threat is realized with respect to the prisoner/detainee, the Warden would work with the USMS or ICE to remove the individual from EDC.

Members of the SART meet with the transgender/intersex prisoner/detainee to address management preferences and needs. The agency considers whether the placement will ensure the prisoner's/detainee's health and safety. Additionally, the agency considers whether the placement would present management or security problems.

The transgender prisoner interviewee states staff have followed-up with her regarding her personal safety. In fact, they ask her very frequently. Additionally, the interviewee states she has not been placed in a housing area only for transgender/intersex prisoners/detainees. Furthermore, she has no reason to believe that she was strip-searched for the sole purpose of determining genital status.

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

In view of the above, the auditor now finds EDC substantially with 115.42(c).

May 1, 2025 Update:

This update is entered into the record as the result of re-write of the interim report due to closure of the OAS system. The auditor notes that the corrective action documentation and evidence is only inaccessible through OAS.

Prior to termination of OAS, the auditor reviewed the training syllabus and staff training roster regarding the requisite training. Of note, the training roster reflects the attendee's printed name and signature.

In view of some misunderstanding, a second Transgender/Intersex Assessment and Treatment Plan Meeting should have been facilitated during 2024 with respect to the only transgender prisoner/detainee housed at EDC. Of note, this individual is the transgender prisoner/detainee about whom the initial corrective action pertained. Given the training provided, the auditor agreed to a mock exercise involving the requisite meeting. The meeting was convened on April 14, 2025 and represents a comprehensive snapshot of the procedure required by CC. Accordingly, the auditor accepts this as evidence of corrective action.

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

115.42(d)

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

The PCM asserts placement and programming assignments for each transgender/ intersex prisoner/ detainee are reassessed a minimum of two times per year for any threats to safety experienced by the prisoner/detainee. This assessment is managed by the SART team.

The staff member responsible for risk screening interviewee states that placement and programming assignments for each transgender or intersex inmate are reassessed at least twice per year to review threats to safety experienced by the prisoner/detainee. However, prisoners/detainees are generally not housed at EDC for extended periods of time. Informal checks are conducted often.

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

The auditor's review of a PAQ Transgender/Intersex Assessment and Treatment Plan facilitated pursuant to referral from intake, reveals substantial compliance with 115.42(c). However, the same was completed approximately seven plus months following her date of arrival at ETC and accordingly, the same was not completed in a timely manner, thereby negating the intent of policy. Additionally, there is no evidence that any subsequent PAQ Transgender/Intersex Assessment and Treatment Plans have been completed since the aforementioned Plan. Accordingly, the auditor finds EDC non-compliant with 115.42(c) and (d).

In view of the above, the auditor imposes a 180-day corrective action period wherein the PCM will demonstrate substantial compliance with and institutionalization of 115.42(c) and (d) requirements. The due date for corrective action completion is February 14, 2025.

To demonstrate compliance with 115.42(c) and (d), the PCM will provide training to all stakeholders (members of the SART team at EDC) regarding the nuances of 115.42(c and (d). This training will include

a complete overview of the standard and provision requirements. If development of procedures for referral of transgender/intersex prisoners/detainees for SART review is required, a copy of those procedures will also be included in the training plan. A copy of the training plan, as well as, evidence of stakeholder completion of the training will be uploaded into OAS.

Between the date of this interim report and February 14, 2025, the PCM will upload all completed Transgender/Intersex Assessment and Treatment Plans regarding transgender/intersex prisoners/detainees received at EDC. Additionally, all completed Transgender/Intersex Assessment and Treatment Plans [(applicable 115.42(d) requirements)] regarding transgender/intersex prisoners/detainees currently confined at EDC will be uploaded. The auditor will subsequently review the same for compliance with 115.42(c) and (d).

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

May 1, 2025 Update:

This update is entered into the record as the result of re-write of the interim report due to closure of the OAS system. The auditor notes that the corrective action documentation and evidence is only inaccessible through OAS.

Prior to termination of OAS, the auditor reviewed the training syllabus and staff training roster regarding the requisite training. Of note, the training roster reflects the attendee's printed name and signature.

In view of some misunderstanding, a second Transgender/Intersex Assessment and Treatment Plan Meeting should have been facilitated during 2024 with respect to the only transgender prisoner/detainee housed at EDC. Of note, this individual is the transgender prisoner/detainee about whom the initial corrective action pertained. Given the training provided, the auditor agreed to a mock exercise involving the requisite meeting. The meeting was convened on April 14, 2025 and represents a comprehensive snapshot of the procedure required by CC. Accordingly, the auditor accepts this as evidence of corrective action.

In view of the above, the auditor now finds EDC substantially compliant with 115.42(d).

115.42(e)

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

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

The auditor notes that his review of the 14-9A, as previously discussed, reveals substantial compliance with 115.42(e). Additionally, the 14-2B addresses the prisoner's/detainee's self assessment of her sexual safety at EDC.

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

115.42(f)

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

The PCM and staff responsible for risk screening assert transgender/intersex prisoners/detainees are given the opportunity to shower separately from other prisoners/detainees. At EDC, each shower is separate with shower curtains. Separate showers may be initiated by request to the SART team with the PCM having final approval. Separate showers may be accommodated either in RHU or a vacant dormitory.

The auditor's review of a 14-9A dated July 1, 2024 reveals that the transgender prisoner/detainee interviewee did not request separate showers.

The transgender prisoner/detainee interviewee states she has not requested separate showering.

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

115.42(g)

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

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

The PCM asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex prisoners/detainees.

The transgender prisoner/detainee interviewee states staff have followed-up with her regarding her personal safety. In fact, they ask very frequently. Additionally, the interviewee states she has not been placed in a housing area only for transgender/ intersex prisoners/detainees. Furthermore, she has no reason to believe that she was strip-searched for the sole purpose of determining genital status.

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

Based on the completed corrective action as noted in the narratives for 115.42(c) and (d), as well as,

evidence cited throughout the 115.42 narrative, the auditor now finds EDC substantially compliant with 115.42.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? X ☐ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? X ☐ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? X ☐ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? X ☐ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? X ☐ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? X ☐ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) X ☐ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) X ☐ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) X ☐ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? X ☐ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? X ☐ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? X ☐ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? X ☐ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? X ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.43(a)

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

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

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

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

115.43(b)

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

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

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

Programs (prisoners/detainees can request main library services and chaplaincy services, recreation in the recreation pens);

Privileges (Telephone, commissary unless restricted, and visitation are available to prisoners/detainees);

Education (education is not available at EDC); and

Work opportunities (orderly positions may be available).

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

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

115.43(c)

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

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

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

The staff member who supervises prisoners/detainees in RHU interviewee states that sexual abuse victims are not placed in RHU unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody, however. She further states that the longest placement would generally be less than one week.

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

115.43(d)

As previously indicated in the narrative for 115.43(a), the Warden self reports zero prisoners/detainees at risk for sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of assessment. Pursuant to random review of sexual abuse/harassment investigations, the auditor has not discovered any 115.43 violations and accordingly, requisite 115.43(d) documentation is not available.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section (I)(8)(e) addresses 115.43(d). If a prisoner/detainee was held in RHU pursuant to 115.43(a), a statement regarding the basis for facility's concern for the inmate's safety and the reason or reasons why alternative means of separation could not be arranged, would be written.

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

In view of the above, the auditor finds EDC substantially compliant with 115.43(d).

115.43(e)

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

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

The staff member who supervises prisoners/detainees in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed every seven days to determine whether general population return is feasible.

In view of the above, the auditor finds EDC substantially compliant with 115.43(e).

Accordingly, the auditor finds EDC substantially compliant with 115.43.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? X ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? X ☐ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? X ☐ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) X ☐ Yes ☐ No ☐ NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.51(a)

Pursuant to the PAQ, the Warden self reports the agency has established procedures allowing for multiple internal ways for prisoners/detainees to report privately to agency officials about:

Sexual abuse or sexual harassment;

Retaliation by other prisoners/detainees or staff for reporting sexual abuse and sexual harassment of prisoners/detainees; and

Staff neglect or violation of responsibilities that may have contributed to such incidents.

Reporting options, as articulated in the USMS Prisoner Handbook during pre-audit review of materials uploaded into OAS include the following:

Verbally telling any employee, including the chaplain;

Submitting a request to meet with health services and/or reporting to medical staff during sick call;

Forwarding a letter to the Warden/Administrator, sealing it, and marking it "Confidential";

Calling or writing to someone outside the facility who can notify facility administrative staff;

Forwarding a letter to security staff, sealing, and marking it "Confidential";

Writing the victim advocate services/ rape crisis center at Open Arms Rape Crisis Center, 2402 College Hills Blvd #3, San Angelo, Texas 76904.

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

Or calling the following toll-free telephone numbers; USMS Prisoner/

Detainee- 1-800-869-4499

Alliance Against Family Violence- 1-800-644-1441; and Call facility

PREA Hotline.

As noted above, Open Arms Rape Crisis Center is identified as a sexual abuse/ harassment reporting source. Although the MOU between CC and Open Arms Rape Crisis Center clearly addresses sexual abuse/harassment reporting procedures, the same is not a legitimate reporting source based on a

Department of Justice Frequently Asked Question dated January 14, 2015. Specifically, in view of federal funding matters associated with non-profit crisis centers, they cannot serve in the capacity of a 115.51(a) reporting source.

In addition to the USMS EDC Prisoner Handbook, the ICE EDC Detainee Handbook reflects that the Concho Valley Rape Crisis Center is a 115.51(a) sexual abuse reporting source. Again, the same information is inaccurate for the same reason.

In view of the above, the auditor finds EDC non-compliant with 115.51(a) and imposes a 180-day corrective action period wherein the PCM will demonstrate substantial compliance with and institutionalization of 115.51(a) and (b) requirements. The corrective action due date is February 14, 2025.

To demonstrate compliance with and institutionalization of 115.51(a), the PCM will update the USMS Prisoner Handbook, deleting Open Arms Rape Crisis Center as a 115.51(a) reporting source, and the ICE Detainee Handbook, deleting Concho Valley Rape Crisis Center as 115.51(a) sexual abuse reporting sources. Open Arms Rape Crisis Center can only be used as an external emotional support service [victim advocacy (VAs)] and must be so designated in any prisoner/detainee educational materials. Accordingly, in addition to the USMS Prisoner Handbook and ICE Detainee Handbook, any and all applicable posters, pamphlets, handouts, must be amended and updated. Additionally, any prisoner/detainee handouts must be updated.

Finally, the PCM will post an informational memorandum, minimally articulated in English and Spanish, addressing the noted changes regarding Open Arms Rape Crisis Center as an emotional support service. Photographs of posting will likewise be uploaded into OAS.

Upon completion of the USMS Prisoner Handbook and ICE Detainee Handbook updates, minimally, the PCM will upload any and all updated materials into OAS. Subsequent to the auditor's review, he will assess whether EDC is substantially compliant with 115.51(a).

Reporting options, as articulated in the ICE Detainee Handbook during pre-audit review of materials uploaded into OAS include the following:

Verbally telling any staff member you trust, to include housing officers, deportation officers, chaplains, medical staff or supervisors. Staff members will keep your information confidential and only discuss it with the appropriate officials on a "need to know" basis;

Writing a letter to the Warden, sealing, and marking it "CONFIDENTIAL";

Calling or writing someone outside the facility who can notify administrative staff;

Call at no expense to you the ICE Office of the Inspector General (OIG) at the phone number 1-800-323-8603;

Writing OIG at the following address:

Office of the Inspector General ATTN:

245 Murray Lane SW Washington, DC

20528

Writing a letter to security or unit management staff, sealing, and marking it "CONFIDENTIAL"; and

Writing to the Managing Director, Facility Operations at the following address; 5501 Virginia Way,

Suite 110

Brentwood, TN 37027

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

The auditor did discuss mailing procedures at EDC with a unit manager. The interviewee stated that a locked mail receptacle is located on the compound and a locked receptacle is located in each housing unit (auditor observed the same). Mail Room staff collect all outgoing mail on a daily basis, Monday through Friday, excluding Saturdays, Sundays, and federal holidays. Outgoing mail to the above agencies is treated as legal mail and the same is not opened unless something suspicious is observed (e.g. an item secreted therein, odd writing on the envelope suggesting a code, or the legal mail is partially opened). Of note, the prisoner/ detainee seals outgoing legal mail prior to deposit in the locked mail depositories. If an irregular condition is observed by the mail room officer, a supervisory or management staff observes the same, as well as, the accompanying search by mail room staff.

In the RHU, prisoners/detainees can deposit outgoing mail in the locked depository located within the unit. Outgoing mail is then processed as articulated above.

All 12 random staff interviewees were able to cite at least two methods for prisoners/ detainees to report sexual abuse/harassment, retaliation, and staff neglect or violation of responsibilities at EDC. Specifically, prisoners/detainees can report:

Via verbal report(s) to staff; Submission of a

written report;

Reporting via the USMS or ICE Office of the Inspector General (OIG) Hotlines; The internal facility

hotline;

Report via tablet; Third party

report; and

Submission of an emergency grievance.

All 22 random prisoner/detainee interviewees were able to cite at least one method of reporting sexual abuse/ harassment at EDC. Methods of reporting cited are as follows:

USMS or ICE OIG PREA Hotline; EDC PREA

Hotline;

Report via tablet; Written

report; and Verbal to staff;

On August 22, 2024, the auditor tested the posted ICE OIG Hotline telephone number, as posted, from a detainee telephone. Initially, the auditor was under the impression that the USMS and ICE OIG Hotlines were intended to serve as the 115.51(b) reporting sources. When he attempted the telephone call, the telephone was operable however, the process was long from menu selection to provision of a verbal report. The auditor finds that the process was not user-friendly. Additionally, CC contracts with ICE and accordingly, they may or may not meet muster as a 115.51(b) reporting source.

On August 20, 2024, the auditor tested the USMS OIG Hotline telephone number. An automated system is utilized and the same did not require the prisoner's pin number, initially. However, the test could not be completed as the call menu requires the input of the prisoner's pin number and at that point anonymity is lost. Prisoners only need to key *94 into the system to initiate the program.

On the same date, a unit manager keyed *91 into the system to access the internal PREA Hotline. Connection was made and she left a voice mail regarding the test call. A prisoner number or pin number was not necessary with this Hotline. Of note, the unit manager subsequently received a text regarding the test call and the same was received in close proximity to effectuation of the call. The unit manager and other ADO staff, inclusive of the Warden, receive such texts.

In view of the above, it is clear that the USMS and/or ICE OIG Hotlines are not legitimate 115.51(b) reporting sources. While the USMS and ICE OIG Hotlines are legitimate 115.51(a) reporting sources, in theory, the USMS Hotline is clearly not anonymous. The auditor finds that the ICE OIG Hotline is compliant with 115.51(a). Given the absence of anonymity with the USMS Hotline, the same is not even a valid 115.51(a) reporting resource. The auditor notes that the contract with the USMS (ICE rider) requires that both numbers be published for prisoner/detainee consumption.

In view of the above, the auditor finds EDC non-compliant with 115.51(a) and imposes a 180-day corrective action period wherein the PCM will demonstrate substantial compliance with and institutionalization of 115.51(a) requirements. The corrective action due date is February 14, 2025

To demonstrate substantial compliance with 115.51(a) requirements, the PCM will amend the USMS Prisoner Handbook, ensuring that prisoners are admonished regarding requisite provision of identifying information when they report sexual abuse/harassment to the USMS OIG and therefore, anonymity is negated. The auditor notes that the same is necessary to maintain compliance with this standard provision. Likewise, poster(s) and any other educational materials will be similarly amended.

The above amended materials will be uploaded to OAS. Additionally, a memorandum will be posted in all housing units, captured in English and Spanish, and addressing the aforementioned updates. Photographs of the posted memorandums will likewise be uploaded into OAS.

While numerous reporting resources are available to the prisoner/detainee population, the auditor must still find EDC non-compliant with 115.51(a).

May 1, 2025 Update:

This update is entered into the record as the result of re-write of the interim report due to closure of the OAS system. The auditor notes that the corrective action documentation and evidence is only inaccessible through OAS.

Prior to termination of OAS, the auditor reviewed updated USMS and ICE Handbooks and he now finds the same to be accurate. Likewise, the auditor's review of applicable posters reveals that congruent information is provided in prisoner/detainee educational resources.

In view of the above, the auditor finds EDC substantially compliant with 115.51(a).

115.51(b)

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

The Warden further self reports the agency does have a policy requiring that ICE detainees detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. The auditor notes that ICE detainees are housed at the the facility as part of a rider to the USMS contract.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 16 and 17, section K(1)(c and d) addresses 115.51(b). Pursuant to this controlling policy, prisoners/detainees can report sexual abuse/harassment to CCSD by calling *93 or

*94. Additionally, the CCSD mailing address is articulated in this policy provision.

While the PCM asserts that prisoners/detainees can report sexual abuse/harassment to the USMS or ICE OIG as a public or private entity or office that is not part of the agency, the same is not authorized pursuant to 115.51(b) as articulated above.

Specifically, on August 22, 2024, the auditor tested the posted ICE OIG Hotline telephone number, as posted, from a prisoner/detainee telephone. Initially, the auditor was under the impression that the USMS and ICE OIG Hotlines were intended to serve as the 115.51(b) reporting source. When he attempted the telephone call, the telephone was operable however, the process was long from menu selection to provision of a verbal report. The auditor finds that the process was not user-friendly.

On August 20, 2024, the auditor tested the USMS OIG Hotline telephone number. An automated system is utilized and the same did not require the prisoner's pin number, initially. However, the test could not be completed as the call menu requires the input of the prisoner's pin number. At that point anonymity is lost. Prisoners only need to key *94 into the system to initiate the program.

The auditor notes that although required for publication by virtue of the contract, neither the USMS or

ICE OIG information meets muster as external reporting sources as required pursuant to 115.51(b). They are parties to the contract and therefore, they are not separate and distinct reporting sources.

Since only policy addresses the telephone number and address for CCSD [a legitimate source for receipt of 115.51(b) sexual abuse/harassment reports], the auditor finds that reporting to CCSD is neither implemented nor, of course, institutionalized.

Accordingly, the auditor finds EDC non-compliant with 115.51(b) and he imposes a 180-day corrective action period wherein EDC will demonstrate compliance with and institutionalization of 115.51(b) requirements. The due date for corrective action completion is February 14, 2025.

To demonstrate compliance with 115.51(b), the PCM will assess existing procedures to determine the best course forward. Specifically, if use of *93 and/or *94 to contact CCSD is the best option, coordination with the telephone provider must be accomplished. Updating of the USMS Prisoner Handbook and the ICE Detainee Handbook, as well as, all posters throughout the facility and the tablets will follow. Of course, all materials must specify that the new procedures apply to reporting to an outside source, not associated with the facility. If amendment of the MOU with CCSD is required, the same must be accomplished.

Finally, the PCM will post an informational memorandum, minimally articulated in English and Spanish, addressing the noted changes regarding Open Arms Rape Crisis Center as an emotional support service. Photographs of postings will likewise be uploaded into OAS.

If EDC and CCSD officials agree to reporting via regular mail, the auditor highly recommends that the MOU with CCSD be amended to include language regarding the turnaround time for advising the Warden of the report and how the advisement will occur. Additionally, the above documents and processes must be updated/amended to advise of this change.

Once the above corrective actions are complete, the PCM will upload the amended educational materials to OAS for the auditor's review. He will then determine if corrective action is sufficient or additional action(s) or time for implementation is necessary.

Nineteen of 22 random prisoner/detainee interviewees were able to cite at least one method of reporting sexual abuse/harassment to sources outside EDC. Methods of reporting cited are as follows:

USMS or ICE OIG PREA Hotline; Third party;

Thirteen of 22 random prisoner/detainee interviewees state they are allowed to make a report without giving their name.

As of the date of the onsite visit, the auditor neither discovered nor was he provided any evidence of a legitimate 115.51(b) reporting source. Accordingly, he finds EDC non-compliant with 115.51(b).

May 1, 2025 Update:

This update is entered into the record as the result of re-write of the interim report due to closure of the OAS system. The auditor notes that the corrective action documentation and evidence is only inaccessible

through OAS.

Prior to termination of OAS, the auditor reviewed updated USMS and ICE Handbooks and he now finds the same to be accurate. Likewise, the auditor's review of applicable posters reveals that congruent information is provided in prisoner/detainee educational resources.

In view of the above, the auditor finds EDC substantially compliant with 115.51(b).

115.51(c)

Pursuant to the PAQ, the Warden self reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The Warden further self reports staff are required to immediately document verbal reports of sexual abuse/harassment received from prisoners/detainees.

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

All 12 random staff interviewees state when a prisoner/detainee alleges sexual abuse or sexual harassment, he/she can do so verbally, in writing, anonymously, and from third parties. Similarly, 10 of 12 random staff interviewees state they immediately document verbal reports of sexual abuse and sexual harassment.

Twenty of 22 random prisoner/detainee interviewees state they can make reports of sexual abuse or sexual harassment both in person or in writing. Seventeen of 22 random prisoner/detainee interviewees state that friends or family members can make such reports without giving the prisoner/detainees name.

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

115.51(d)

Pursuant to the PAQ, the Warden self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of prisoners/ detainees.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section K(2)(h) addresses 115.51(d).

All 12 random staff interviewees state staff can privately report sexual abuse and sexual harassment by any of the following methods:

Submission of a written report to the Warden/PCM/ADO/supervisory staff;

Closed door verbal report(s) to the same staff;

Call Ethics Hotline;

Call USMS or ICE OIG Hotline; Call internal

Hotline;

Written report; and

Contact supervisor via telephone.

In view of the above, the auditor finds EDC substantially compliant with 115.51(d).

Based on the corrective action noted in the narratives for 115.51(a) and (b) and the evidence cited throughout the 115.51 narrative, the auditor now finds EDC substantially compliant with 115.51.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No X ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No X ☐ NA

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☒ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (e)

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

115.52 (f)

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

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.52(a-g)

Pursuant to the PAQ, the Warden self reports the agency does not have an administrative procedure for dealing with prisoner/detainee grievances regarding sexual abuse. As reflected in the following policy citation, there is no policy but rather, a practice, in terms of processing sexual abuse reports.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(1)(e)(1 and 2) addresses 115.52. All sexual abuse/harassment issues submitted as a grievance are immediately forwarded to the facility investigator or ado for investigation pursuant to this policy.

Clearly, sexual abuse/harassment matters are managed pursuant to the facilitation of an investigation as defined throughout these provisions. Accordingly, the auditor finds that EDC is exempt from 115.52(a-g).

In view of the lack of contradictory evidence, the auditor finds EDC substantially compliant with the intent of 115.52.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? X ☐ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) X ☐ Yes ☐ No ☐ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? X ☐ Yes ☐ No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.53(a)

Pursuant to the PAQ, the Warden self reports the facility provides prisoners/detainees with access to outside victim advocates for emotional support services related to sexual abuse by:

Giving prisoners/detainees mailing addresses and telephone numbers (including toll- free Hotline numbers where available) for local, state, or national advocacy or rape crisis organizations;

Giving prisoners/detainees mailing addresses and telephone numbers (including toll- free Hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; and

Enabling reasonable communication between prisoners/detainees and these organizations in as confidential manner as possible.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 8 and 9, sections F(3, 4, and 6) addresses 115.53(a). Pursuant to controlling policy, 115.53(a) services are available through Open Arms Rape Crisis Center and LGBT Plus Services and the address/telephone number are articulated therein.

The above policy clearly reflects that Open Arms Rape Crisis Center and LGBT Plus Services is an emotional support service [victim advocacy (VA)]. Based on both the USMS EDC Prisoner Handbook and the ICE EDC Detainee Handbook, Open Arms Rape Crisis Center and LGBT Plus Services and the Concho Valley Rape Crisis Center are mentioned as reporting sources. There is no mention of Open Arms Rape Crisis Center and LGBT Plus Services as an emotional support service pursuant to 115.53(a).

During the pre-audit phase at another facility located in the State of Texas, the auditor learned that within the State of Texas, many Rape Crisis Centers (RCCs) are unable to provided VA services to prisoners, detainees, inmates as the result of federal funding (VOCA and VAWA) distribution. According to the auditor's understanding, unknown State of Texas official(s) stipulate that such funding cannot be used by RCC staff to provide follow-up VA services to prisoners, detainees, inmates, etc.

With respect to the facility mentioned in the preceding paragraphs, the auditor has learned that the former CCPC has pursued agreements with other Texas RCCs for provision of those services articulated in 115.53(a). RCC officials have advised that they cannot provide such services in view of the rationale cited in the preceding paragraph.

Efforts to address this matter have continued, as recent as, July 11, 2024. This attempt was accomplished by the recently appointed CCPC pursuant to contact with Just Detention International (JDI) officials. While a couple strategies are in process, nothing has changed at this point in view of the ability of State of Texas officials to implement these restrictions regarding use of the VOCA and VAWA grant monies.

Undoubtedly, this situation presents far reaching consequences for providers, agencies located within the

State of Texas, and prisoners, detainees, inmates. At this point, it appears there are no solutions to the issue within the State of Texas.

Review of page 37162 of the Federal Register addresses the PREA Final Rule (administrative regulation). Of course, comments from stakeholders regarding the proposed regulations and responses from the proposing entities are noted on this page of the Federal Register. The paraphrased language articulated in one comment and response is reflected below:

Comment: The American Jail Association (AJA) noted that many jails are in rural areas and do not have local agencies (Auditor Note: RRCs) to assist (Auditor Note: assist with 115.53 services).

Response: In such cases, the jail would need only to document its efforts to obtain such assistance and show that there are no local programs that can help.

Clearly, the respondent(s) recognized the potential issues which correctional facilities/ agencies might face and made allowances for the same. EDC is clearly located in a remote area. Documented attempts to secure services have been made with the same result on each occasion. Implementation of federal grant money distribution to RCCs impedes their (RCCs) ability to provide services to the facility/correctional entity.

The auditor notes that he did contact an official from Open Arms Rape Crisis Center and LGBT Plus Services regarding the above. Open Arms Rape Crisis Center and LGBT Plus Services can provide VA services to prisoners/detainees, with the exception of one category. While the same constitutes a better scenario, it is not comprehensive for all prisoners/detainees housed at EDC.

In view of the inaccurate information and omissions reflected in the USMS EDC Prisoner Handbook and the ICE EDC Detainee Handbook, the auditor finds EDC non-compliant with 115.53(a). Accordingly, the auditor imposes as 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.53(a) requirements. The corrective action due date is February 14, 2025.

To demonstrate compliance with and institutionalization of 115.53(a) requirements, the PCM will amend both the USMS and ICE Handbooks to reflect accurate information. Open Arms Rape Crisis Center and LGBT Plus Services must be clearly identified as an emotional support service with no reference to sexual abuse reporting. Prisoners/detainees must be able to review the applicable handbook and understand the support service (VA) mission of Open Arms Rape Crisis Center and LGBT Plus Services, their address, and telephone number. Since both handbooks are captured in both English and Spanish, all amendments must likewise be captured in English and Spanish. Copies of these documents will be uploaded into OAS.

Finally, the PCM will post an informational memorandum in language(s) understood by the majority of prisoners/detainees housed at EDC, explaining this change. A copy of the informational memorandum, as well as, photographs of the same will be uploaded into OAS.

Seventeen of 22 random prisoner/detainee interviewees state they are aware that there are services outside of the facility for dealing with sexual abuse, if needed. Twenty of 22 random prisoner/detainee interviewees could not identify a name or type of organization who could provide such emotional support

services. The two prisoners/detainees who did identify such an organization stated that Victim Impact and Open Arms provide such emotional support services.

Fourteen of 22 random prisoner/detainee interviewees state mailing addresses and telephone numbers for such emotional support services are provided by the facility. Thirteen of these interviewees state that the same are noted in the USMS or ICE EDC Detainee Handbooks or posted on walls. Sixteen of 22 random prisoner/detainee interviewees state that the numbers are free to call. Sixteen of 22 random detainee interviewees state that contact with support services staff can be made during telephone hours and pursuant to staff assistance during non-telephone hours.

The prisoners/detainees who reported a sexual abuse incident at EDC stated they did not know if the facility provides mailing addresses and telephone number for outside emotional support services. Furthermore, they do not know of any such services and they are unaware as to whether these unknown services would be free to call. They do state that they could contact such services during telephone hours and with staff assistance during non-telephone hours.

On August 22, 2024, the auditor tested the Open Arms Rape Crisis Center and LGBT Plus Services Hotline from a prisoner/detainee telephone in B Unit. The test call was successful as the auditor made contact with a VA. She provided an overview of the process following receipt of the allegation.

In view of the above evidence and findings, the auditor finds EDC non-compliant with 115.53(a).

May 1, 2025 Update:

This update is entered into the record as the result of re-write of the interim report due to closure of the OAS system. The auditor notes that the corrective action documentation and evidence is only inaccessible through OAS.

Prior to termination of OAS, the auditor reviewed updated USMS and ICE Handbooks and he now finds the same to be accurate. Likewise, the auditor's review of applicable posters reveals that congruent information is provided in prisoner/detainee educational resources.

In view of the above, the auditor now finds EDC substantially compliant with 115.53(a).

115.53(b)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section F(5)(a and b) addresses

115.53(b).

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

Seventeen of 22 random prisoner/detainee interviewees state that what they say to staff from these services remains confidential and 11 interviewees state that there are no exceptions to the confidentiality rule. Five interviewees state there may be exceptions to the confidentiality rule with all five interviewees citing conversations regarding self harm or criminal activity at the facility as legal reasons for sharing the content of conversations.

One of the two prisoners/detainees who reported a sexual abuse incident at EDC stated that information gleaned from the conversation between the prisoner/detainee and the VA could not be shared or listened to by others while the second interviewee did not know whether such information could be shared or listened to by others.

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

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

115.53(c)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section F(1 and 2) addresses 115.53(c).

The auditor's review of the MOU between Open Arms Rape Crisis Center and LGBT Plus Services and CC reveals substantial compliance with 115.53(c). All target points are addressed in the same.

In view of the above, the auditor finds EDC substantially compliant with 115.53(c).

In view of the corrective action for 115.53(a) and the remainder of evidence cited throughout the 115.53 narrative, the auditor now finds EDC substantially compliant with 115.53.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? X ☐ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? X ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.54(a)

Pursuant to the PAQ, the Warden self reports the agency or facility provides a method to receive third-party reports of prisoner/detainee sexual abuse or sexual harassment allegations.

Pursuant to the auditor's review of the CC website, any prisoner/detainee or third- party reporter of sexual abuse/sexual harassment may report anonymously to the Warden (via letter or telephone). The facility address, telephone number, and name of the Warden are clearly documented on the website. Reports can also be reported on-line to the CC Ethics Division.

The Warden further self reports the agency or facility distributes information to prisoners/detainees regarding methods to report prisoner/detainee sexual abuse or sexual harassment.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 18, section 2(h and i) addresses 115.54(a). This policy stipulates CC employees, contractors, volunteers, and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CC 24-hour Ethics Line at 1-800-461-9330/1-866-757-4448 or through www.CoreCivic.ethicspoint.com.

The auditor's review of the CC website reveals option(s) for third-party reporting. Additionally, an Ethics Line poster is posted in the facility entrance area for consumption by members of the general public and anybody who enters the facility, as well as, staff gathering areas. The posters are written in concise, understandable terms and the same are not obscured.

On October 11, 2024 at 6:08AM, the auditor did test the CC Ethics Line by telephonic report. The auditor

received email confirmation that the test report was forwarded to EDC staff at 8:21AM on the same date. The auditor finds the process is "user- friendly."

In view of the above, the auditor finds EDC substantially compliant with 115.54(a).

Accordingly, the auditor finds EDC substantially compliant with 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.61(a)

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

Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;

Any retaliation against prisoners/detainees or staff who reported such an incident; Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(a) addresses 115.61(a). CC PCN 14-2(03) entitled Sexual Abuse Prevention and Response, page 2, section Change To: K(2)(a) expounds upon CC Policy 14-2.

The auditor's onsite review of nine alleged sexual abuse/harassment investigations that occurred during the last 12 months reveals substantial compliance with 115.61(a). Investigations commenced in close proximity following report of the alleged sexual abuse incident.

All 12 random staff interviewees state agency policy requires that all staff report:

Any knowledge, suspicion, or information regarding an incident(s) of sexual abuse or sexual harassment that occurred in any facility;

Retaliation against prisoners/detainees or staff who reported such an incident; and

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

Eleven of 12 random staff interviewees state they must immediately report the above to their supervisor, shift commander, or PCM while one interviewee states he/she must report ASAP to the same officials.

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

115.61(b)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(e) addresses 115.61(b).

Eleven of 12 random staff interviewees state they must immediately report the above to their supervisor, shift commander, or PCM while one interviewee states he/she must report ASAP to the same officials.

The auditor's onsite review of nine alleged sexual abuse/harassment investigations that occurred during the last 12 months reveals substantial compliance with 115.61(b).

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

115.61(c)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(f) addresses 115.61(c).

According to the medical (Med) and mental health (MH) interviewees, disclosure of confidentiality limitations and duty to report is provided to prisoners/detainees prior to initiation of services. The Med and MH interviewees state that Informed Consent is addressed with the prisoner/detainee upon admission and verbalized to him/her prior to administration of treatment. The same is documented in the notes.

Reporting any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the same, is policy driven. The Med and MH interviewees report such incidents to the Warden, PCM, or a unit manager who assists the PCM.

Neither the Med nor the MH interviewee state they have become personally aware of a sexual abuse incident at EDC during the last 12 months.

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

115.61(d)

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

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

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

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

115.61(e)

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

The Warden asserts that the ADO receives the initial call and he/she advises the investigator with all relevant information surrounding the incident.

The auditor's review of nine random investigations reveals that the investigator is immediately included in the loop whenever sexual abuse/harassment allegations are reported. Of note, staff on prisoner/detainee allegations are generally investigated by an investigator from another CC facility.

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

Accordingly, the auditor finds EDC substantially compliant with 115.61.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.62(a)

Pursuant to the PAQ, the Warden self reports when the agency or facility learns a prisoner/detainee is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the prisoner/detainee (i.e. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Warden further self reports in the last 12 months, zero instances occurred wherein the facility determined a prisoner/detainee was at substantial risk of imminent sexual abuse.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(c) addresses 115.62(a).

The Agency Head interviewee asserts staff take immediate action to protect the prisoner/detainee by removing the potential victim from the area and/or individuals from the reported danger/risk. An investigation is immediately initiated to determine other necessary actions to address the reported situation.

The Warden asserts the potential victim is removed from the danger zone and moved to a safe location until alternative housing can be arranged. The potential victim may be moved to another limited population or zero population dormitory or he could work with the respective customer jurisdiction to relocate the potential victim if circumstances dictate the same. The potential perpetrator may be placed in RHU. If movement of the perpetrator is warranted, coordination with the customer, based upon the contract, would be an option.

All 12 random staff interviewees assert the potential victim would be immediately removed from the danger zone when it is learned he/she is in imminent danger of sexual abuse.

In view of the above evidence, the auditor finds EDC substantially compliant with 115.62.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.63(a)

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that, upon receiving an allegation a prisoner/detainee was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Warden further self reports in the last 12 months, zero allegations of sexual abuse were received at EDC where a prisoner/detainee was abused while confined at another facility.

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

Given the fact that zero such reports of sexual abuse perpetrated at other institutions occurred during the last 12 months, document reviews did not occur. Additionally, pursuant to the auditor's review of random sexual victimization/aggressor screening tools, the auditor found zero evidence of reported sexual abuse at other facilities.

In view of the above, the auditor finds EDC substantially compliant with 115.63(a).

115.63(b)

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

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

Given the fact that zero such reports of sexual abuse perpetrated at other institutions occurred during the last 12 months, document reviews did not occur.

In view of the above, the auditor finds EDC substantially compliant with 115.63(b).

115.63(c)

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

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

Given the fact that zero such reports of sexual abuse perpetrated at other institutions occurred during the last 12 months, document reviews did not occur.

In view of the above, the auditor finds EDC substantially compliant with 115.63(c).

115.63(d)

Pursuant to the PAQ, the Warden self reports EDC requires that allegations received from other facilities/ agencies regarding sexual abuse incidents which originated at EDC are investigated in accordance with PREA standards. The Warden further self reports in the last 12 months, zero allegations of sexual abuse were received from other facilities regarding incidents alleged to have originated at EDC however, the auditor did review one such investigation surrounding an allegation of sexual abuse at EDC approximately six months prior to the investigation. The auditor finds that a timely investigation was facilitated pursuant to the requirements of 115.63(d).

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

The Agency Head interviewee asserts that if another agency or facility within another agency refers

allegations of sexual abuse or sexual harassment that occurred within a CC facility, the Warden is generally the administrator who receives the call or notification letter. Any other staff who might receive such a report are well aware that the information must then be forwarded to the Warden for appropriate action.

The report is then added into the incident reporting system and PREA protocols, inclusive of a thorough investigation, are initiated.

The Warden asserts a full investigation is initiated by the facility investigator in such scenarios. The Warden further asserts that zero such reports were received at EDC during the last 12 months however, the auditor did review one such investigation surrounding an allegation of sexual abuse at EDC approximately six months prior to the investigation. The auditor finds that a timely investigation was facilitated pursuant to the requirements of 115.63(d).

Accordingly, the auditor finds EDC substantially compliant with 115.63(d).

In view of the evidence reflected throughout the 115.63 narrative, the auditor finds EDC substantially compliant with 115.63.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.64(a)

Pursuant to the PAQ, the Warden self reports that the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a prisoner/detainee was sexually abused, the first security staff member to respond to the report:

Separates the alleged victim and abuser;

Preserves and protects any crime scene until appropriate steps can be taken to collect any physical evidence;

If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report requests that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report will ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The Warden further self reports that in the last 12 months, eight allegations of prisoner/detainee sexual abuse have been reported. Of these allegations of sexual abuse reported during the last 12 months, the first security staff member to respond to the report separated the alleged victim and abuser on each occasion. The first security staff member to respond to the report secured the crime scene on zero occasions and on zero occasions, staff were notified within a time period that still allowed for the collection of physical evidence.

The auditor's review of all eight sexual abuse investigations completed during the last 12 months reveals that the victim and perpetrator were separated in all eight cases, either they were already separated or

the alleged perpetrator was removed from the area. The same is validated pursuant to review of ancillary documentation, as well as, the corresponding Sexual Abuse Incident Reviews (SAIRs) that are uploaded into OAS.

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

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

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

One of the two prisoners/detainees who reported a sexual harassment incident at EDC (and who were onsite during the facility visit) stated that the fact pattern with respect to his allegations was more like sexual harassment. Nonetheless, staff reacted quickly, escorting the perpetrator out of the unit.

The other prisoner/detainee who reported a sexual abuse incident at EDC stated that he reported the staff-on-prisoner/detainee incident to a C Couns. and the investigator spoke to him within an hour. He never saw staff again. He stated that staff reacted expeditiously to the situation.

The auditor's review of nine sexual abuse/harassment investigations facilitated during the last 12 months plus one additional investigation considered with the PAQ materials reveals substantial compliance with 115.64(a).

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

115.64(b)

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

The Warden further self reports that, of the allegations made that a prisoner/detainee was sexually abused within the last 12 months, zero non-security staff members were the first responders.

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

115.64(b).

Both the security and non-security first responder interviewees properly cited all four 115.64(a) requirements and responsibilities. All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). All 12 interviewees stated they are responsible for preservation of physical evidence.

Eleven of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted all interviewees were in possession of a CC laminated card bearing the instructions as required by Standard 115.64(a).

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

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

Based on the evidence cited throughout the above provisions, the auditor finds EDC substantially compliant with 115.64.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.65(a)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 18-27, sections L through S addresses 115.65(a).

The auditor's review of the EDC PREA Coordinated Response Plan, as scripted in the above policy and unique to EDC, reveals a detailed and understandable document available to all staff. Additionally, the auditor's review of the accompanying Sexual Abuse Incident Check Sheet reveals a chronological aid the designated stakeholder completes to memorialize events and actions that were taken in response to the allegation(s)/incident(s).

The Warden asserts the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The Warden further asserts CC Policy 14-2 captures specific coordinated response procedures unique to EDC.

In view of the above, the auditor finds EDC substantially compliant with 115.65.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? X ☐ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.66(a)

Pursuant to the PAQ, the Warden self reports the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.

The Agency Head interviewee advises that CC, as an agency, has entered into and/or renewed collective bargaining agreements since 2012. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any prisoner/detainee pending an investigation or disciplinary action.

As the auditor finds no deviation from standard, he finds EDC substantially compliant with 115.66.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? X ☐ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? X ☐ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? X ☐ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? X ☐ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? X ☐ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? X ☐ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? X ☐ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? X ☐ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.67(a)

Pursuant to the PAQ, the Warden self reports the agency has a policy to protect all prisoners/detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other prisoners/detainees or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The PCM asserts that a C Couns. and UM are the retaliation monitors for prisoners/detainees while the HRM assumes the role of retaliation monitor for staff.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 21 and 22, section M(16)(b)(ii) addresses 115.67(a).

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

115.67(b)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 21 and 22, section M(16)(b)(ii) addresses 115.67(b).

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

The retaliation monitoring interviewee states she contacts the victim of a sexual abuse incident within one week of the incident. She meets with them weekly for the first month and documents informal meetings in

a personal journal. Minimally, formal meetings are facilitated on a 30/60/90 day basis and she documents the same on a Form 14-2D. She closely monitors staff and prisoner/detainee actions to determine the likelihood of retaliation. She is assigned to monitor only prisoner/detainee victims of sexual abuse and retaliation.

The retaliation monitor interviewee states that she ensures the perpetrator, if known, is housed in the Restricted Housing Unit (RHU). She serves as a mediator and facilitator. If prudent, she facilitates movement of the victim to the most practical housing assignment given the circumstances, inclusive of recommending movement to another facility, especially in the event of gang involvement. If the situation is unsafe at EDC, such movement might be prudent. She recommends that prisoners/ detainees are offered emotional support through increased mental health services.

The Warden's responses to the same interview questions parallel those of the retaliation monitor interviewee.

In regard to staff, the HRM may recommend a shift change or transfer to another area facility. She may also recommend participation in the Employee Assistance Program (EAP).

Retaliation monitoring meetings are facilitated at least every 30 days for a minimum period of 90 days. The retaliation monitor (for prisoners/detainees) may meet with victims of sexual abuse or retaliation weekly if need be. Meetings and results, inclusive of infrequent meetings are documented on the 14-2D form.

The auditor's onsite review of nine randomly selected sexual abuse/harassment investigations plus one additional sexual abuse investigation regarding allegations articulated from a Warden at another facility [115.63(d)] reveals non-compliance with 115.67(b-d). All ten investigations are uploaded into OAS.

Of note, the victim who articulated allegations while confined at EDC but reported the same while confined at another facility, was not confined at the facility during the course of the investigation and accordingly, retaliation monitoring could not be facilitated. Additionally, in another case, the victim was released from EDC prior to conclusion of the investigation and accordingly, retaliation monitoring could not be facilitated. The auditor's review of the remaining eight investigations reveals that retaliation monitoring was conducted in four of the remaining cases.

In view of the above, the auditor finds EDC non-compliant with 115.67(b-d) and imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.67(b-d) requirements. The corrective action due date is February 14, 2025.

To demonstrate compliance with and institutionalization of 115.67(b-d) requirements, the PCM will provide training to all stakeholders (e.g. C Couns., unit manager, and HRM) involved in the prisoner/detainee and staff retaliation monitoring process. This training will encompass all tenets of 115.67 and the training plan, as well as, documentation substantiating participant completion of the training will be uploaded into OAS.

Additionally, the PCM will upload all sexual abuse investigations and accompanying retaliation monitoring documents (14-2D) completed between the dates of this interim report and February 14, 2025. The auditor will subsequently review the same and render a finding regarding compliance.

Of note, the PCM asserts that zero prisoners/detainees were housed in segregated housing (for risk of sexual victimization/who allege to have suffered sexual abuse) at the time of the onsite visit.

One of the two prisoners/detainees who reported a sexual abuse incident at EDC during the last 12 months states he does not feel protected enough against possible revenge from staff or other prisoners/detainees because he reported the incident. He does not worry about prisoner/detainee sexual abuse however, he does worry about sexual abuse perpetrated by staff.

Pursuant to the auditor's review of the investigation in this matter, he finds that the alleged perpetrator's employment was terminated for non-PREA related reasons and accordingly, the alleged perpetrator is no longer employed at EDC. The case was referred for criminal investigation however, the same was declined as the fact pattern did not meet the criminal element(s) test.

In view of the above evidence, the auditor finds EDC non-compliant with 115.67(b).

May 1, 2025 Update:

This update is entered into the record as the result of re-write of the interim report due to closure of the OAS system. The auditor notes that the corrective action documentation and evidence is only inaccessible through OAS.

Prior to termination of OAS, the auditor reviewed the training syllabus and staff training roster regarding the requisite training. Of note, the training roster reflects the attendee's printed name and signature.

The auditor does not have the benefit of any investigations and accompanying Retaliation Monitoring forms available as he writes this update given the fact the evidence is included in OAS. The auditor notes however, that he did certify compliance with 115.67(b) in OAS.

In view of the above, the auditor now finds EDC substantially compliant with 115.67(b).

115.67(c)

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 21 and 22, section M(16)(b)(i, ii, iv, v, vi, and vii) addresses 115.67(c).

In regard to prisoner/detainee victims of retaliation, the retaliation monitor interviewee states that the

following behaviors may be key indicators of retaliation:

Increase in disciplinary issues; Behavioral changes

as identified by DOs;

Withdrawal from interactions with other prisoners/detainees and staff; Hygiene

decompensation;

Association changes with staff and other prisoners/detainees; Weight loss; and

Changes from baseline.

With respect to staff victims of retaliation, an increase in call-offs, tardiness, decreased productivity, hygiene decompensation, and decreased communication with other staff may be key indicators.

The Warden essentially corroborates the statement of the retaliation monitor interviewee with respect to the above.

The interviewee also states retaliation monitoring is facilitated for a minimum of 90 days with check-ins. Extension(s) of retaliation monitoring are approved by the PCM. Retaliation monitoring may continue until the prisoner/detainee departs the facility, if necessary.

The auditor's onsite review of nine randomly selected sexual abuse/harassment investigations plus one additional sexual abuse investigation regarding allegations articulated from a Warden at another facility [115.63(d)] reveals non-compliance with 115.67(b-d). All ten investigations are uploaded into OAS.

Of note, the victim who articulated allegations while confined at EDC, was not confined at the facility during the course of the investigation and accordingly, retaliation monitoring could not be facilitated. Additionally, in another case, the victim was released from EDC prior to conclusion of the investigation and accordingly, retaliation monitoring could not be facilitated. The auditor's review of the remaining eight investigations reveals that retaliation monitoring was conducted in four of the remaining cases.

In view of the above, the auditor finds EDC non-compliant with 115.67(b-d) and imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.67(b-d) requirements. The corrective action due date is February 14, 2025.

To demonstrate compliance with and institutionalization of 115.67(b-d) requirements, the PCM will provide training to all stakeholders (e.g. C Couns., UM, and HRM) involved in the prisoner/detainee and staff retaliation monitoring process. This training will encompass all tenets of 115.67 and the training plan, as well as, documentation substantiating participant completion of the training will be uploaded into OAS.

Additionally, the PCM will upload all sexual abuse investigations and accompanying retaliation monitoring documents (14-2Ds) completed between the dates of this interim report and February 14, 2025. The auditor will subsequently review the same and render a finding regarding compliance.

In view of the above evidence, the auditor finds EDC non-compliant with 115.67(c).

May 1, 2025 Update:

This update is entered into the record as the result of re-write of the interim report due to closure of the OAS system. The auditor notes that the corrective action documentation and evidence is only inaccessible through OAS.

Prior to termination of OAS, the auditor reviewed the training syllabus and staff training roster regarding the requisite training. Of note, the training roster reflects the attendee's printed name and signature.

The auditor does not have the benefit of any investigations and accompanying Retaliation Monitoring forms available as he writes this update given the fact the evidence is included in OAS. The auditor notes however, that he did certify compliance with 115.67(c) in OAS.

In view of the above, the auditor now finds EDC substantially compliant with 115.67(c).

115.67(d)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 21 and 22, section M(16)(b)(ii and iv) addresses 115.67(d).

Retaliation monitoring meetings are facilitated at least every 30 days. The retaliation monitor (for prisoners/detainees) may meet with victims of sexual abuse or retaliation weekly for the first month, if need be. Meetings and results, inclusive of infrequent meetings, are documented on the 14-2D form or personal journal.

The auditor's onsite review of nine randomly selected sexual abuse/harassment investigations plus one additional sexual abuse investigation regarding allegations articulated from a Warden at another facility [115.63(d)] reveals non-compliance with 115.67. All ten investigations are uploaded into OAS.

Of note, the victim who articulated allegations while confined at EDC, was not confined at the facility during the course of the investigation and accordingly, retaliation monitoring could not be facilitated. Additionally, in another case, the victim was released from EDC prior to conclusion of the investigation and accordingly, retaliation monitoring could not be facilitated. The auditor's review of the remaining eight investigations reveals that retaliation monitoring was conducted in four of the remaining cases.

In view of the above, the auditor finds EDC non-compliant with 115.67(b-d) and imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.67(b-d) requirements. The corrective action due date is February 14, 2025.

To demonstrate compliance with and institutionalization of 115.67(b-d) requirements, the PCM will provide training to all stakeholders (e.g. C Couns., UM, and HRM) involved in the prisoner/detainee and staff retaliation monitoring process. This training will encompass all tenets of 115.67 and the training plan, as well as, documentation substantiating participant completion of the training will be uploaded into OAS.

Additionally, the PCM will upload all sexual abuse investigations and accompanying retaliation monitoring documents (14-2D) completed between the dates of this interim report and February 14, 2025. The

auditor will subsequently review the same and render a finding regarding compliance.

In view of the above, the auditor finds EDC non-compliant with 115.67(d).

May 1, 2025 Update:

This update is entered into the record as the result of re-write of the interim report due to closure of the OAS system. The auditor notes that the corrective action documentation and evidence is only inaccessible through OAS.

Prior to termination of OAS, the auditor reviewed the training syllabus and staff training roster regarding the requisite training. Of note, the training roster reflects the attendee's printed name and signature.

The auditor does not have the benefit of any investigations and accompanying Retaliation Monitoring forms available as he writes this update given the fact the evidence is included in OAS. The auditor notes however, that he did certify compliance with 115.67(d) in OAS.

In view of the above, the auditor now finds EDC substantially compliant with 115.67(d).

115.67(e)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section M(16)(b)(x) addresses 115.67(e).

When a staff member or prisoner/detainee who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he or she receives the same benefits and treatment as articulated in the narratives for 115.67(a-d). Any investigations of retaliation pursuant to 115.67(e) are handled separately and retaliation monitoring is likewise handled separately. There is zero tolerance for retaliation.

The auditor has found no evidence reflecting that another staff member or prisoner/ detainee, who was involved in a sexual abuse or harassment investigation, has requested or been placed under retaliation monitoring within the last 12 months.

In view of the above, the auditor finds EDC substantially compliant with 115.67(e).

Accordingly, in view of the corrective action findings articulated in the narratives for 115.67(b-d) and the evidence cited throughout the 115.67 narrative, the auditor now finds EDC substantially compliant with 115.67.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? X ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.68(a)

Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of prisoners/detainees who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Warden further self reports zero prisoners/detainees alleged to have suffered sexual abuse or suspected of being very vulnerable to the same, were held in involuntary segregated housing during the last 12 months for one to 24 hours awaiting completion of assessment. If an involuntarily segregated housing assignment is made, the facility affords each such prisoner/ detainee a review every 30 days to determine whether there is a continuing need for separation from the general population.

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

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

The Warden asserts prisoners/detainees at high risk for sexual victimization or who have alleged sexual abuse may be placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. If the same were to occur, the longest placement under such circumstances would generally be 24 hours. Finally, the Warden asserts he cannot recall any instances during the last 12 months wherein prisoners/detainees were placed in involuntary segregated housing to protect him/her as they alleged to have suffered sexual abuse.

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

Programs (prisoners/detainees can request main library services and chaplaincy services and they recreate in the recreation pens);

Privileges (Telephone, commissary unless restricted, and visitation are available to prisoners/detainees);

Education (education is not available at EDC); and

Work opportunities (orderly positions may be available).

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

The staff member who supervises prisoners/detainees in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed every seven days to determine whether general population return is feasible.

The auditor finds that the 115.68(a) process is in place should the need arise and accordingly, EDC is substantially compliant with 115.68.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] X ☐ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] X ☐ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? X ☐ Yes ☐ No

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? X ☐ Yes ☐ No

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) X ☐ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.71(a)

Pursuant to the PAQ, the Warden self reports the facility has a policy related to criminal and administrative agency sexual abuse investigations. Specifically, criminal investigations are facilitated by CCSD and administrative Investigations are conducted by facility investigator(s).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, sections N(2) and (4) address 115.71(a).

The administrative investigative staff interviewee states if she is on site, the sexual abuse/harassment investigation commences immediately. If a report of sexual abuse is received during non-regular business hours, she reports to the facility for all sexual abuse cases. With respect to a sexual harassment case, she would triage the same, possibly directing the shift commander regarding 1st responder and initial investigative steps.

If allegation(s) constitute sexual abuse, she contacts CCSD to report the same and secure guidance as to when she can commence an administrative investigation. If the case is released for administrative investigation or criminal investigation is declined by CCSD, she would initiate investigative steps.

Administrative staff on prisoner/detainee cases are generally investigated by investigator(s) from other

facilities.

The administrative investigative interviewee states there is no difference in investigative protocols between an anonymously reported or third-party report of sexual abuse vs. a regular report. Every allegation is treated as a serious allegation.

The auditor's onsite review of nine randomly selected sexual abuse/harassment investigations plus one additional sexual abuse investigation regarding allegations articulated from a Warden at another facility [115.63(d)] reveals substantial compliance with 115.71. All ten investigations are uploaded into OAS. The auditor finds EDC substantially compliant with 115.71(b through l).

In view of the above, the auditor finds EDC substantially compliant with 115.71(a).

115.71(b)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section N(5) addresses 115.71(b) with respect to the conduct of administrative investigations.

The administrative investigative staff interviewee states she has completed training specific to investigating sexual abuse in confinement settings. Specifically, she has completed a 40 hour PREA investigation course facilitated by the CCPC, inclusive of the web based National Institute of Corrections (NIC) training course entitled PREA: Conducting Investigations of Sexual Abuse in a Confinement Setting, through CC. This course included scenarios and the topics listed in the narrative for 115.34(b), as well as, a testing component. Additionally, the same was completed prior to assuming duties as investigator.

The auditor's review of the CC certificate provided to her reveals that the administrative investigator completed the requisite NIC web-based course on November 17, 2021. A CC Certificate for the NIC course reveals that two additional EDC staff members are also certified to facilitate such investigations and their certificates were issued on March 25, 2020 and March 27, 2020.

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

Techniques for interviewing sexual abuse victims; Miranda and Garrity

rights;

Sexual abuse evidence collection in confinement settings; and

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

The Warden self reports EDC currently employs three administrative PREA investigators and they completed the requisite training. As mentioned in the narrative for 115.34(a), the administrative investigative interviewee and two additional administrative investigators have completed requisite training, as validated by their certificates.

The auditor's review of the CC certificate provided to her reveals that the administrative investigator completed the requisite NIC web-based course on November 17, 2021. A CC Certificate for the NIC course reveals that two additional EDC staff members are also certified to facilitate such investigations and their certificates were issued on March 25, 2020 and March 27, 2020.

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

115.71(c)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section O(6)(a) addresses 115.71(c) in terms of gathering and preservation of evidence.

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

Determine location of crime scene and assess completion of 1st responder duties. Ensure that the victim(s) and perpetrator(s) are separated. (1 hour);

Threshold interview of victim(s)- Identify potential witnesses. Use staff interpreters or VOYCE Translation Services, if necessary. (1 hour);

Review camera footage, telephone monitoring, and tablets. (2 hours to 2 days); Interview witnesses. (20-30 minutes per interviewee);

Conduct re-interviews, if necessary. (10 minutes per witness);

Interview suspected perpetrator if the case is released by CCSD. (0-60 minutes); Write report.

(1.5 hours).

The administrative investigative interviewee states she is responsible for review and processing of video, telephone monitoring, tablet, logs, interview notes, files, photographs, and letters.

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

115.71(d)

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

According to the administrative investigative staff interviewee, CCSD investigators would handle all prosecution liaison and compelled interviews.

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

115.71(e)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(6)(c) addresses 115.71(e) with respect to victim and witness credibility and the use of polygraph examinations or other truth telling devices.

The administrative investigative staff interviewee states she assesses credibility of an alleged victim, suspect, or witness based on the consistency in their narrative vs. the evidence as it unfolds. Is there more evidence validating their statement(s) than not? Are there factors which make the victim more believable than not? Witnesses, victim, and perpetrators are considered believable until impeachable evidence dictates otherwise.

The administrative investigative staff interviewee further states she would not require a prisoner/detainee who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation. The same would be a law enforcement function.

The two prisoners/detainees who reported a sexual abuse incident at EDC state they were not subjected to a polygraph or other truth-telling device as a condition of further investigation.

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

115.71(f)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section N(6)(a-f) addresses 115.71(f).

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

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

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

Investigation chronology; Victim's

statement; Witness' statements;

Indirect evidence;

Perpetrator's statement; and Conclusion(s).

The auditor notes that during the facility tour and interviews, he observed locked file cabinets in the

administrative investigative staff interviewee's locked office and the COS's locked office wherein all hard copy investigations are housed. Electronic copies are retained on a server wherein only those staff with privileges can access documents. The auditor found no concerns.

The auditor's review of the aforementioned 10 administrative investigations validates compliance with 115.71(f).

In view of the above, the auditor finds EDC substantially compliant with 115.71(f).

115.71(g)

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

It is noted criminal investigations are facilitated by CCSD detectives. According to the administrative investigative interviewee, criminal investigations are documented, generally in a similar manner as an administrative investigation with the exception of inclusion of a physical evidence analysis. However, she has not received copy(ies) of any criminal investigation(s).

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

115.71(h)

Pursuant to the PAQ, the Warden self reports substantiated allegations of conduct that appear to be criminal shall be referred for prosecution by CCSD investigators. The Warden further self reports three allegations of conduct that appeared to be criminal were referred for prosecution since the last PREA audit.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(6)(e) addresses 115.71(h) with respect to referral of investigation(s) for criminal prosecution.

The administrative investigative interviewee states she does not refer case(s) for prosecution as the same falls under the purview of CCSD officials.

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

115.71(i)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(6)(g) addresses 115.71(i) with respect to retention of investigatory records.

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

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

115.71(j)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(6)(d) addresses 115.71(j).

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

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

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

115.71(l)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section O(5) addresses 115.71(l).

The Warden and PCM assert that the administrative facility investigator remain(s) in frequent contact with CCSD detectives or investigators regarding the status of criminal investigations. Such communication is accomplished by email, telephone calls, and texts. The CCPC relates that, on a global basis, it depends on the customer as to how the agency remains abreast of the progress of an investigation facilitated by an outside agency. However, generally, designated facility staff follow-up with the outside agency on a schedule determined at the local level.

The administrative investigative staff interviewee states CCSD detectives and/or investigators handle criminal investigation(s) in entirety and she provides support as a liaison/facilitator, assisting with investigative organization, interviews, logistics, etc.

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

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

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.72(a)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section N(8) addresses 115.72.

The administrative investigative staff interviewee states the standard of proof in an administrative matter is "preponderance". Preponderance can best be described as more evidence is present that the incident occurred than not.

The auditor's on-site review of 10 sexual abuse/harassment investigations reveals substantial compliance with 115.72(a).

In view of the above, the auditor finds EDC substantially compliant with 115.72.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.73(a)

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that any prisoner/detainee who makes an allegation he/she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Warden further self reports eight criminal and/or administrative investigations of alleged sexual abuse were completed by the facility during the last 12 months and eight alleged prisoner/detainee victims were notified in writing upon completion of the sexual abuse investigation regarding 115.73(a) findings.

The auditor's review of nine sexual abuse investigations completed during the last 12 months reveals that the standard for sexual abuse was met in each case. While one of these investigations was referred to EDC from a Warden at another facility as the incident allegedly occurred at EDC six months earlier, the notification was not provided to the alleged victim as he was housed at the referring institution. Additionally, as one of the alleged victims had been released prior to conclusion of the criminal investigation, the notification was not provided to him nor was the same required as articulated in 115.73(f). The auditor notes that the requisite 115.73(a) notification was provided to the victim in five of seven applicable cases during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section R(1) addresses 115.73(a).

The Warden asserts the EDC PCM or investigator notifies a prisoner/detainee who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. A written Notification Form is completed and issued to the affected prisoner/detainee. The administrative investigative interviewee states that the notification is provided by the PCM

The two prisoners/detainees who reported a sexual abuse incident at EDC and who were onsite during the

facility visit, stated they were provided a written notification as to whether the investigation was determined to be substantiated, unsubstantiated, or unfounded.

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

115.73(b)

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

The Warden further self reports zero alleged prisoner/detainee sexual abuse investigations, during the last 12 months, were considered by an outside agency. The PCM asserts that while three cases were referred for criminal investigation, CCSD did not accept the same.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section R(1) addresses 115.73(b).

Pursuant to the auditor's review of the aforementioned investigations, it is readily apparent that the EDC administrative investigator maintains close contact with CCSD investigators throughout the investigative process. This assessment is based on email communication included with PAQ documentation.

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

115.73(c)

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

The staff member is no longer posted within the prisoner's/detainee's unit; The staff member is no longer employed at the facility;

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section R(2) addresses 115.73(c).

Both prisoners/detainees who reported a sexual abuse incident at EDC interviewees state they were not informed when:

The staff member is no longer posted within the prisoner's/detainee's unit; The staff member is no

longer employed at the facility;

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

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

The auditor's review of two of three investigations of sexual abuse allegedly perpetrated by staff members against prisoners/detainees at EDC during the last 12 months reveals both cases were determined to be substantiated while the other was determined to be unsubstantiated. In the two substantiated cases, the victim was notified that the staff member was no longer employed at the facility as the result of the allegation(s). Accordingly, 115.73(c) notifications were provided to the respective prisoners/detainees.

In view of the evidence identified in the above narrative, the auditor finds EDC substantially compliant with 115.73(c).

115.73(d)

Pursuant to the PAQ, the Warden self reports following a prisoner's/detainee's allegation that he or she has been sexually abused by another prisoner/detainee at EDC, the agency subsequently informs the alleged victim whenever:

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 26 and 27, section R(3) addresses 115.73(d).

Both prisoners/detainees who reported a sexual abuse incident at EDC interviewees state they were not informed when:

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

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

In two of three prisoner/detainee on prisoner/detainee cases, the requisite 115.73(a) notification was provided to the victim however, since zero indictments or convictions ensued for sexual abuse in the facility, there was nothing to report in terms of 115.73(d) notifications.

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

115.73(e)

Pursuant to the PAQ, the Warden self reports that all notifications to prisoners/ detainees described in this standard are documented. The Warden further self reports that 14 documented notices were provided to victims of sexual abuse as described in 115.73(a-d). Pursuant to inquiry with the PCM, the auditor determined that eight sexual abuse investigations were completed.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section R(4) addresses 115.73(e) in totality.

Given the findings articulated in the narrative for 115.73(e), the auditor finds EDC substantially compliant with 115.73(e).

Accordingly, the auditor finds EDC substantially compliant with 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? X ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.76(a)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section S(2)(a) addresses 115.76(a).

The auditor's review of three signed Code of Conduct forms (for DOs) reveals substantial compliance with 115.76. The same describes employee obligations in terms of reporting incidents, minimally.

In view of the above, the auditor finds EDC substantially compliant with 115.76(a).

115.76(b)

Pursuant to the PAQ, the Warden self reports that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The Warden further self reports two active facility staff members have violated agency sexual abuse or sexual harassment policies during the last 12 months and employment for those two staff members has either been terminated or they resigned prior to termination.

The auditor's review of two PAQ memorandums reveals both staff members refused to participate in sexual abuse investigations and they never returned to work at the facility. According to the Investigator, as articulated in the respective investigations, both employees resigned prior to conclusion of the investigations.

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

115.76(b).

In view of the above, the auditor finds EDC substantially compliant with 115.76(b).

115.76(c)

Pursuant to the PAQ, the Warden self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Reportedly, during the last 12 months, zero facility staff were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).

Of note, the auditor validated the same pursuant to review of the aforementioned two sexual abuse/harassment investigations completed during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 27 and 28, section S(2)(c) addresses 115.76(c).

In view of the above, the auditor finds EDC substantially compliant with 115.76(c).

115.76(d)

Pursuant to the PAQ, the Warden self reports all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden further self reports in the last 12 months, two staff members from the facility were reported to criminal investigators or licensing agencies following the administrative investigation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section S(2)(d) addresses 115.76(d).

The auditor's review of two emails regarding sexual abuse cases referred for criminal investigation validates compliance with 115.76(d). The same were referred to CCSD for criminal investigation.

Based on the above, the auditor finds EDC substantially compliant with 115.76(d).

In view of the above, the auditor finds EDC substantially compliant with 115.76.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (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 inmates? X ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.77(a)

Pursuant to the PAQ, the Warden self reports any contractor or volunteer who engages in sexual abuse is prohibited from contact with prisoners/detainees and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the last 12 months, one contractor has been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of prisoners/detainees.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section S(2)(e) addresses 115.77(a).

Pursuant to PAQ memorandum, the Warden asserts one incident involving a contractor perpetuation of a sexual abuse incident occurred at EDC during the last 12 months. The same is validated pursuant to the auditor's review of a criminal sexual abuse investigation facilitated during the last 12 months involving a contractor and a prisoner/detainee. Of note, the contracting agency terminated the individual's employment and accordingly, she was removed from contact with the prisoner/ detainee population. The termination notice is uploaded into OAS.

In view of the above, the auditor finds EDC substantially compliant with 115.77(a).

115.77(b)

Pursuant to the PAQ, the Warden self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with prisoners/detainees in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section S(2)(f) addresses 115.77(b).

The Warden asserts a contractor's or volunteer's access privileges would be suspended pending investigation in the case of any alleged violation of agency sexual abuse or sexual harassment policies. The contractor/volunteer would have no access to the facility and consequently, prisoners/detainees. If the investigation is substantiated, privileges would be rescinded on a permanent basis.

In the one case that occurred during the last 12 months, the Warden restricted the contractor's access to the facility and the vendor terminated their employee's employment.

In view of the above, the auditor finds EDC substantially compliant with 115.77(b).

Accordingly, the auditor finds EDC substantially compliant with 115.77.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? X ☐ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? X ☐ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? X ☐ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? X ☐ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? X ☐ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? X ☐ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) X ☐ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.78(a)

Pursuant to the PAQ, the Warden self reports prisoners/detainees are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative investigative finding that the prisoner/detainee engaged in prisoner/detainee-on-prisoner/detainee sexual abuse. The Warden further self reports prisoners/detainees are not subject to disciplinary sanctions pursuant to a formal disciplinary process following a criminal finding of guilt for prisoner/detainee-on- prisoner/detainee sexual abuse. Pursuant to follow-up, the auditor has learned that prisoners/detainees are subject to disciplinary sanctions pursuant to a formal disciplinary process following a criminal finding of guilt for prisoner/detainee-on- prisoner/detainee sexual abuse.

The Warden self reports that during the last 12 months, three administrative investigations were determined to be substantiated for prisoner/detainee-on-prisoner/ detainee sexual abuse that occurred at the facility. Pursuant to the auditor's review of one of the three random sexual abuse/harassment misconduct reports, he finds the same to be validated as the misconduct report followed an administrative sexual abuse investigation. The Acting PCM asserts that the intended recipient of the misconduct report was released from EDC prior to the report being served and accordingly, a disciplinary hearing could not be completed.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section S(1)(a) addresses 115.78(a).

According to PAQ documentation, there has been zero incidents of disciplinary sanctions imposed on detainees during the last 12 months for criminal findings of guilt for prisoner/detainee-on-prisoner/ detainee sexual abuse that have occurred at the facility.

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

115.78(b)

Pursuant to the PAQ, the Warden self reports that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the prisoner's/detainee's disciplinary history, and the sanctions imposed for comparable offenses by other prisoners/detainees with similar histories.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section S(1)(c) addresses 115.78(b).

The Warden asserts varying degrees of sanctions are available pursuant to the CC disciplinary process. A sexual misconduct charge could warrant up to 30 days in Restricted Housing (RH), amongst other sanctions.

The Warden further asserts sanctions are proportionate to the nature and circumstances of the abuses committed, the prisoner's/detainee's disciplinary history, and the sanction(s) imposed for similar offenses by other prisoners/detainees with similar histories. Additionally, assessment of mental disability or mental illness is built into the policy for use in appropriate cases.

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

115.78(c)

Pursuant to the PAQ, the Warden self reports that the disciplinary process shall consider whether a prisoner's/detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section S(1)(d)

addresses 115.78(c).

Assessment of mental disability or mental illness is built into the policy for use in appropriate cases. As mentioned in the narrative for 115.78(a), the intended recipient of the misconduct report for sexual abuse departed EDC prior to service of the same and accordingly, 115.78(c) review could not be facilitated.

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

115.78(d)

Pursuant to the PAQ, the Warden self reports the facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The Warden further self reports that the facility does consider whether to require the offending prisoner/detainee to participate in such interventions as a condition of access to programming or other benefits as such services are voluntary.

The MH staff interviewee states that he does offer services to both victims and perpetrators in the form of individual psychotherapy. Such services are designed to address and correct the underlying reasons or motivations for sexual abuse. Even if offered, prisoner/detainee access to programming or other benefits would not be contingent upon participation in such services as the same would be voluntary.

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

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

115.78(e)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section (S)(1)(e) addresses 115.78(e).

The PCM asserts that during the last 12 months, zero prisoners/detainees were disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

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

115.78(f)

Pursuant to the PAQ, the Warden self reports the agency prohibits disciplinary action for a report of sexual

abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation(s).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section (S)(1)(g) addresses 115.78(f).

During the last 12 months, sanctions were imposed for one administrative disciplinary action wherein a prisoner/detainee hindered an employee in the performance of her duties. The prisoner/detainee was not disciplined for providing a false statement.

The auditor's review of that disciplinary action reveals substantial compliance with 115.78(f).

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

115.78(g)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section (S)(1)(f) addresses 115.78(g).

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

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

Accordingly, the auditor finds EDC substantially compliant with 115.78.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
X ☐ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) X ☐ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? X ☐ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? X ☐ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? X ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.81(a) and (c)

Pursuant to the PAQ, the Warden self reports all prisoners/detainees at this facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41, are offered a follow-up meeting with a medical or mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. In the last 12 months, four percent of prisoners/detainees who disclosed prior sexual victimization during the screening process were offered a follow-up meeting with a medical and/or mental health practitioner. Reportedly, medical and mental health staff maintain secondary

materials (e.g., form, log) documenting compliance with the above required services.

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

The auditor's random review of two of three Comprehensive Mental Health Evaluations (2023 and 2024) reveals the timely conduct of MH staff meetings with those prisoners/detainees reporting prior institutional or community sexual abuse, within 14 days of arrival at EDC.

The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee states she offers a follow-up meeting with a medical and/or mental health practitioner whenever the screening indicates a prisoner/detainee has experienced prior sexual victimization, whether in an institutional setting or in the community. She accomplishes the same by forwarding an email regarding the sexual abuse to Medical or Mental Health staff, whichever is appropriate. Generally, meetings occur within one week of the date of notification.

One prisoner/detainee who reported historical community and/or institutional sexual abuse states that he was offered a meeting with medical/mental health staff during his intake screening. He further states that he met with a mental health provider within one week of intake.

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

115.81(b)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section 8 addresses 115.81(b).

The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee states she offers a follow-up meeting with a mental health practitioner whenever the screening indicates a prisoner/detainee is an aggressor, whether in an institutional setting or in the community. She accomplishes the same by forwarding an email to mental health regarding the same.

The auditor's onsite review of 16 random prisoner/detainee files has resulted in identification of zero prisoners/detainees, who perpetrated community or institutional sexual abuse. Accordingly, document verification cannot be accomplished.

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

115.81(d)

Pursuant to the PAQ, the Warden self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. The same is available to other staff to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

As mentioned throughout this report, hard copies of investigative materials, inclusive of forensic medical documentation associated with the respective investigation(s), as well as, digital information are securely maintained by the investigator and COS. Medical/MH information is likewise stored in password protected systems and hard copies of documentation are stored in secure file cabinet(s) in mental health staff secured offices and medical files in the Medical Department.

The auditor notes that victimization/aggressor assessments are maintained in prisoner/detainee files in locked file cabinets in a secured building separated by secure fencing. During the facility tour, the auditor did observe the same. Access to electronic documentation can be accessed only by those staff who have been granted system privileges.

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

115.81(e)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(g) addresses 115.81(e).

The MH and medical staff interviewees state, as a matter of routine, they do ensure that they advise prisoners/detainees regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the prisoner/detainee is under the age of 18. Of note, prisoners/ detainees under the age of 18 are not housed at EDC.

In view of the above, the auditor finds EDC is substantially compliant with 115.81(e).

Accordingly, in view of the above, the auditor finds EDC substantially compliant with 115.81.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
X ☐ Yes ☐ No

115.82 (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 § 115.62? X ☐ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? X ☐ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? X ☐ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
X ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.82(a)

Pursuant to the PAQ, the Warden self reports prisoner/detainee victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Warden further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g. form, log) documenting the timeliness of emergency medical treatment and

crisis intervention services that were provided; the appropriate response by non- health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

The auditor's review of one PAQ sexual abuse investigation reveals that the victim was examined by medical staff at the facility following report of the alleged incident. The same is noted in the 5-1A report, along with the provider's name. The PCM asserts that the victim declined to speak with MH staff.

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

One of the two prisoners/detainees who reported a sexual abuse incident at EDC interviewees stated that he was taken to medical right away however, he opted not to talk to mental health staff. The other interviewee states that he did not see either medical or mental health staff however, the 5-1 report reflects that he was examined by medical staff.

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

115.82(b)

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

All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Eleven of the 12 interviewees state they are responsible for preservation of physical evidence. Similarly, eleven of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted that all interviewees were in possession of a CC laminated card bearing the instructions as required by Standard 115.64(a). The auditor notes that both the security and non-security first responder interviewees clearly articulated the above first responder responsibilities.

In view of the above, the auditor finds EDC substantially compliant with 115.82(b).

115.82(c)

Pursuant to the PAQ, the Warden self reports prisoner/detainee victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where

medically appropriate. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

CC Policy 13-79 entitled Sexual Assault Response, page 2, section A(1)(c)(1) addresses 115.82(c).

The medical staff interviewee states that victims of sexual abuse would be offered timely information about access to emergency transmitted infection prophylaxis during the forensic examination process. If medication is prescribed, the same would be purchased by and administered at the facility.

According to the SANE interviewee, SANE examinations include an offer of one-time prophylaxis for certain STDs. Tests are included in the hospital forensic protocol.

Additionally, urinary pregnancy tests are offered to each female victim of sexual abuse. A general medical screening precedes the conduct of a forensic examination.

Neither of the prisoners/detainees who reported a sexual abuse at EDC interviewees report being offered timely information about access to emergency transmitted infection prophylaxis during the forensic examination process. The auditor notes that one of the two fact patterns is more closely aligned with sexual harassment. Neither fact pattern included allegations of penetration.

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

115.82(d)

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

CC Policy 13-79 entitled Sexual Assault Response, page 3, section A(1)(d) addresses 115.82(d).

The auditor has not found any evidence suggesting that charges were assessed to victims of sexual abuse at EDC during the last 12 months.

In view of the above, the auditor finds EDC substantially compliant with 115.82(d).

Accordingly, in view of the above, the auditor finds EDC substantially compliant with 115.82.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? X ☐ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? X ☐ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? X ☐ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) X ☐ Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) X ☐ Yes ☐ No ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? X ☐ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? X ☐ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) X ☐ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.83(a)

Pursuant to the PAQ, the Warden self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all prisoners/detainees who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

CC Policy 13-79 entitled Sexual Assault Response, page 3, section A(2) and (3) addresses 115.83(a).

Pursuant to the auditor's onsite review of nine randomly selected sexual abuse/ harassment investigations, he finds substantial compliance with 115.83(a). He finds that medical/mental health assessments and treatment were offered and completed in eight of the nine scenarios. Of note, one allegation was forwarded to the Warden from another Warden as the same had allegedly occurred at EDC five to six months prior.

In view of the above, the auditor finds EDC substantially compliant with 115.83(a).

115.83(b)

Pursuant to the PAQ, the Warden self reports that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

CC Policy 13-79 entitled Sexual Assault Response, page 3, section A(3) addresses 115.83(b).

In regard to medical care provided at the facility following a sexual abuse event, the medical staff interviewee states she facilitates a threshold interview with the victim to determine basic medical information and she takes vitals and facilitates a clothed body inspection looking for cuts, bruising, etc. If the same is discovered, basic or advanced first-aid is administered.

The mental health staff interviewee states he reaches out to the victim and offers a voluntary assessment. He attempts to calm him/her and employs empathy. He provides educational information regarding services and follow-up upon the prisoner's/detainee's return from the forensic examination.

One of the two prisoner/detainee interviewees who reported a sexual abuse at EDC states that the medical doctor or nurse did discuss with him follow-up services, treatment plans, or referrals for continued care while the other interviewee states he did not experience the same. Specifically, he states that he did not see medical staff. Documentation reflects that he was examined by medical practitioner(s).

Based on the auditor's onsite review of nine randomly selected sexual abuse/ harassment investigations, he finds substantial compliance with 115.83(b). He finds that medical/mental health assessments and treatment were offered and completed in eight of the nine scenarios. Of note, one allegation was forwarded to the Warden from another Warden as the same had allegedly occurred at EDC five to six months prior. There is no evidence of failure to comply with the requirements of 115.83(b).

In view of the above, the auditor finds EDC substantially compliant with 115.83(b).

115.83(c)

Pursuant to the PAQ, the Warden self reports that the facility provides such victims with medical and mental health services consistent with the community level of care.

CC Policy 13-79 entitled Sexual Assault Response, page 1, section entitled Policy addresses 115.83(c).

Both the medical and mental health staff interviewees state that services offered at the facility are consistent with the community level of care, using established protocols. The auditor has found no evidence to the contrary.

In view of the above, the auditor finds EDC substantially compliant with 115.83(c).

115.83(d)

Pursuant to the PAQ, the Warden self reports inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

CC Policy 13-79 entitled Sexual Assault Response, page 2, section A(1)(c)(2) addresses 115.83(c).

The auditor's onsite review of two sexual abuse investigations reveals that zero female prisoners/ detainees were found to have been subjected to vaginal penetration and therefore, administration of a pregnancy test was not warranted. One allegation pertained to an incident that allegedly occurred at EDC five to six months prior to the referral to the Warden at EDC. With respect to the other allegation, the same occurred offsite at a court location.

In view of the above, the auditor finds that EDC is substantially compliant with 115.83(d).

115.83(e)

Pursuant to the PAQ, the Warden self reports if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

CC Policy 13-79 entitled Sexual Assault Response, page 2, section A(1)(c)(2) addresses 115.83(c).

The auditor's onsite review of two sexual abuse investigations reveals that zero female prisoners/detainees were subjected to vaginal penetration and therefore, administration of a pregnancy test was not warranted.

In view of the above, the auditor finds that EDC is substantially compliant with 115.83(e).

115.83(f)

Pursuant to the PAQ, the Warden self reports that prisoner/detainee victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

CC Policy 13-79 entitled Sexual Assault Response, page 2, section A(1)(c)(1) addresses 115.83(f).

The SANE interviewee states that SANE examinations include an offer of one-time prophylaxis for certain STDs. Tests are included in the hospital forensic protocol.

As noted throughout this report, zero forensic examinations were facilitated during the last 12 months. Pursuant to the auditor's review of the fact patterns in each of the nine sexual abuse investigations, there is no evidence suggesting the need for a forensic examination.

In view of the above, the auditor finds EDC substantially compliant with 115.83(f).

115.83(g)

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

CC Policy 13-79 entitled Sexual Assault Response, page 3, section A(1)(d) addresses 115.82(g).

The auditor has not found any evidence suggesting that charges were assessed to victims of sexual abuse at EDC during the last 12 months.

In view of the above, the auditor finds EDC substantially compliant with 115.83(g).

115.83(h)

Pursuant to the PAQ, the Warden self reports that If the facility is a prison, appropriate staff attempt to conduct a mental health evaluation of all known prisoner/detainee- on-prisoner/detainee abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section G(17) addresses 115.83(h).

The mental health staff interviewee states that EDC is considered to be a jail facility however, he does conduct a mental health evaluation regarding each prisoner/ detainee within 14 days of arrival at EDC.

In view of the above, the auditor finds EDC substantially compliant with 115.83(h).

Accordingly, in view of the above, the auditor finds EDC substantially compliant with 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? X ☐ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? X ☐ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? X ☐ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? X ☐ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? X ☐ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? X ☐ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? X ☐ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? X ☐ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? X ☐ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? X ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.86(a)

Pursuant to the PAQ, the Warden self reports the facility conducts a sexual abuse incident review (SAIR) at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be "unfounded". The Warden further self reports that in the last 12 months, 11 criminal and/or administrative investigations of alleged sexual abuse were completed at the facility however, pursuant to follow-up, the auditor has learned that eight sexual abuse investigations were actually completed during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section P(1) addresses 115.86(a).

The auditor's onsite review of nine randomly selected sexual abuse/harassment investigations plus one

additional sexual abuse investigation regarding allegations articulated from a Warden at another facility [115.63(d)] reveals substantial compliance with 115.86. All ten investigations are uploaded into OAS.

Of note, the victim who articulated allegations while confined at EDC, was not confined at the facility during the course of the investigation. The auditor's review of the remaining nine investigations reveals that SAIRs were conducted in five of the remaining investigations.

In view of the above, the auditor finds EDC substantially compliant with 115.86(a).

115.86(b)

Pursuant to the PAQ, the Warden self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Warden further self reports that in the last 12 months, 11 criminal and/or administrative investigations of alleged sexual abuse were completed at the facility and 11 were followed by a SAIR within 30 days, excluding only "unfounded" incidents. Pursuant to follow-up, the auditor has learned that eight sexual abuse investigations were actually completed during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section P(3) addresses 115.86(b).

The auditor's onsite review of nine randomly selected sexual abuse/harassment investigations plus one additional sexual abuse investigation regarding allegations articulated from a Warden at another facility [115.63(d)] reveals substantial compliance with 115.86. All ten investigations are uploaded into OAS.

Of note, the victim who articulated allegations while confined at EDC, was not confined at the facility during the course of the investigation. The auditor's review of the remaining nine investigations reveals that SAIRs were conducted in five of the remaining investigations.

The auditor notes that four of the five SAIRs clearly reflect completion of the review within 30 days of completion of the investigation. With respect to the last SAIR report, the date on which the review was completed is not documented. Accordingly, the auditor cannot assess timeliness pursuant to 115.86(b) in regard to this one incident.

While the auditor does not find sufficient evidence to render an adverse finding with respect to 115.86(b), he admonishes the PCM to ensure that all SAIRs are completed in comprehensive fashion, inclusive of dates. SAIRs must be completed so as to enable establishment of paper trails during the audit process.

In view of the above, the auditor finds EDC substantially compliant with 115.86(b).

115.86(c)

Pursuant to the PAQ, the Warden self reports the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health

practitioners.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section P(2) addresses 115.86(c). PCN 14-2 02) entitled Sexual Abuse Prevention and Response, page 3, section O(2) further clarifies the implementation of 115.86(c) requirements at EDC.

The Warden asserts that a SART team is utilized and available at EDC. The team does include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Pursuant to the auditor's review of the aforementioned SAIR reports, it is clear that the review team is comprised of staff from diverse disciplines. Specifically, a unit manager (alternate PCM), quality assurance manager (QAM), a correctional counselor (CC), grievance coordinator (GC), the health services administrator (HSA), and the mental health designee generally comprise the review team.

In view of the above, the auditor finds EDC substantially compliant with 115.86(c).

115.86(d)

Pursuant to the PAQ, the Warden self reports that the review team shall:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Prepare a report of its findings, including but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The Warden asserts that the SART team assesses issues noted above to make necessary changes, if required, and/or highlight positive performance. The same includes assessment of placement, treatment, training needs and video monitoring needs. The mission of the SART team is to "enhance all things PREA" at EDC.

The PCM asserts that a report is prepared of the review proceedings encompassing the issues articulated above. He generates the report and either serves as a member of the SART or a unit manager assumes this role. If there are recommendations, he follows through with the same or documents the basis for non-compliance.

The SART team interviewee validated the issues addressed above as requisite review items.

The auditor's onsite review of nine randomly selected sexual abuse/harassment investigations plus one additional sexual abuse investigation regarding allegations articulated from a Warden at another facility [115.63(d)] reveals substantial compliance with 115.86. All ten investigations are uploaded into OAS.

Of note, the victim who articulated allegations while confined at EDC, was not confined at the facility during the course of the investigation. The auditor's review of the remaining nine investigations reveals that SAIRs were conducted in five of the remaining investigations.

The auditor notes that all completed SAIR reports address all 115.86(d) requirements.

In view of the above, the auditor finds EDC substantially compliant with 115.86(d).

115.86(e)

Pursuant to the PAQ, the Warden self reports that the facility implements the recommendations for improvement or documents its reasons for not doing so.

The auditor notes that one recommendation was reflected in a SAIR report mentioned throughout this narrative. The recommendation entailed the addition of a camera in a hallway between units. In view of the fact that addition of a camera is a CAP-X item and requires corporate approval, the same could not be implemented. The auditor notes that there is no justification or completed follow-up action noted on the SAIR regarding non-compliance with the recommendation. Accordingly, the auditor finds EDC non-compliant with 115.86(e) and imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.86(e) requirements. The due date for completion of corrective action is February 14, 2025.

During the onsite visit, the auditor discussed, with the PCM, documentation of non-compliance with SAIR recommendations and advised the same is built into the CC SAIR form. As the PCM at that time is no longer at EDC, the auditor provides the same information to the Acting PCM. Mechanically, the SAIR can be updated to identify new information.

The Acting PCM will provide training to all SART members regarding documentation of SAIR meetings and specifically, documentation of non-compliance with SAIR recommendations. The Acting PCM will upload a copy of the training plan and evidence validating stakeholders' training.

In addition to the above, the Acting PCM will upload copies of sexual abuse investigations and corresponding SAIRs facilitated between the date(s) of this interim report and February 14, 2025 into OAS. The auditor will review the same for any 115.86(e) applicability compliance.

In view of the 115.86(e) finding, the auditor finds EDC non-compliant with 115.86(e).

May 1, 2025 Update:

This update is entered into the record as the result of re-write of the interim report due to closure of the OAS system. The auditor notes that the corrective action documentation and evidence is only inaccessible through OAS.

Prior to termination of OAS, the auditor reviewed the training syllabus and staff training roster regarding the requisite training. Of note, the training roster reflects the attendee's printed name and signature.

The auditor does not have the benefit of any investigations and accompanying Sexual Abuse Incident Reviews available as he writes this update given the fact the evidence is included in OAS. The auditor notes however, that he did certify compliance with 115.86(d) in OAS.

In view of the above, the auditor now finds EDC substantially compliant with 115.86(d).

Accordingly, the auditor now finds EDC substantially compliant with 115.86.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? X ☐ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
X ☐ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? X ☐ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
X ☐ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) X ☐ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
X ☐ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.87(a)

Pursuant to the PAQ, the Warden self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section T(1) addresses 115.87(a).

The auditor's review of the 2022 CC Annual PREA Report reveals the same captures the SSV data and information requisite to compliance with 115.87(a).

In view of the above, the auditor finds EDC substantially compliant with 115.87(a).

115.87(b)

Pursuant to the PAQ, the Warden self reports the agency aggregates the incident- based sexual abuse data at least annually.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section T(3) addresses 115.87(b).

The auditor's cursory review of PREA Annual Reports on the CC website for 2021 and 2022 reveals annual aggregation of incident-based sexual abuse data for EDC.

In view of the above, the auditor finds EDC substantially compliant with 115.87(b).

115.87(c)

Pursuant to the PAQ, the Warden further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The Warden further self reports that EDC staff have not been asked to submit SSV data in the last 5 years.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section T(3) addresses 115.87(c).

The auditor's review of the 2021 and 2022 CC Annual PREA Reports reveals the same captures the SSV data and information requisite to compliance with 115.87(c).

In view of the above, the auditor finds EDC substantially compliant with 115.87(c).

115.87(d)

Pursuant to the PAQ, the Warden self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The auditor notes that that Annual PREA Report (115.88) is written by the CCPC based on information compiled in electronic files.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section T(2) addresses 115.87(d).

In view of the above, the auditor finds EDC substantially compliant with 115.87(d).

115.87(e)

The auditor has learned EDC does not contract with any other private facilities for the confinement of any prisoners/detainees designated to their care, custody, and control. Accordingly, the auditor finds 115.87(e) not applicable to EDC.

115.87(f)

Pursuant to the PAQ, the Warden self reports that EDC has not been selected by the USDOJ to submit an SSV for the last five years.

In view of the above, the auditor finds EDC substantially compliant with 115.87(f).

Accordingly, the auditor finds EDC substantially compliant with 115.87.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? X ☐ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? X ☐ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? X ☐ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse X ☐ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? X ☐ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? X ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.88(a)

Pursuant to the PAQ, the Warden asserts that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

Identifying problem areas;

Taking corrective action on an ongoing basis; and

Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section T(4 and 5) addresses 115.88(a).

The Agency Head interviewee asserts that CC accesses data from various sources on a daily, monthly, and annual basis. Incident data is provided daily to select Facility Support Center (FSC) staff in a Daily PREA Report. Monthly and annually, the data is reported as metrics in a format that can determine if there are trends at individual facilities or with prisoner/detainee populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either the physical plant, presence of staff/video coverage, or procedures would minimize the risks of incidents in those areas.

The auditor finds this process to represent "above and beyond" efforts to address prisoner/detainee sexual safety at CC facilities. Accordingly, the auditor finds that EDC and CC exceed 115.88(a) expectations.

The CCPC asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Files and information relative to investigations of PREA allegations are retained in the CC 5-1 Incident Report Database. This database is retained on a secure server and hard copies of investigative files are secured at the facility. All annual reports are maintained on the CC website and all information is subject to CC Record Retention Schedules.

Of note, PREA investigation reports and ancillary documentation are electronically generated and maintained in a privileges operated system however, a safely secured filing cabinet is located in the EDC Investigator's Office and PCM's Office. The auditor validated these processes throughout the on-site audit.

The CCPC further asserts that the agency takes corrective action on an ongoing basis based on this data. For example, anything identified pursuant to a mock audit or SAIR review is considered for implementation.

The PCM asserts agency reviews of data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, are handled at the corporate office. Investigations and SAIRs, inclusive of recommendations, are electronically transmitted to corporate and maintained in the 5-1 system. The CCPC also has access to computerized daily population reports, etc. The EDC COS and investigator maintain hard copies of investigations in

locked cabinets in their locked offices. Access to electronic copies of investigative materials is limited to those staff with privileges. Data is published by corporate office staff.

Of note, the auditor observed the locked cabinets in the COS and investigator's offices throughout the on-site visit.

In view of the above, the auditor finds EDC exceeds 115.88(a) expectations.

115.88(b)

Pursuant to the PAQ, the Warden self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Warden further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor's review of data collected pursuant to 115.87 and the 2021 and 2022 corporate cumulative annual reports reveals substantial compliance with 115.88(b). The cumulative annual reports, in question, clearly address a comparison of data for the years 2021 and 2022. The data collected pursuant to 115.87 is included within the annual report. Enhancements enacted as the result of pre-audits completed by CC staff, information gleaned from reviews (SAIRs) conducted pursuant to 115.86, and PREA audits conducted during the audit year(s), are discussed in the annual report(s). Finally, a synopsis is included in the annual report, addressing the "State of PREA" within CC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section T(5) addresses 115.88(b).

In view of the above, the auditor finds EDC substantially compliant with 115.88(b).

115.88(c)

Pursuant to the PAQ, the Warden self reports the agency makes its annual report readily available to the public at least annually through its website. The Warden further self reports the annual reports are approved by the Agency Head.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(8) addresses 115.88(c).

The auditor's review of the aforementioned 2021 and 2022 annual reports clearly reflects the CC Executive Vice President and Chief Operating Officer (COO) approves the report as the cover page bears his signature. The auditor verified the report(s), in question, are posted on the CC website.

According to the Agency Head interviewee, he reviews all PREA Annual Reports as he is the direct supervisor of the CCPC. He copiously reviews each report for comprehensiveness and content, forwarding the same to the CC Executive Vice President and COO for final review and signature.

In view of the above, the auditor finds EDC substantially compliant with 115.88(c).

115.88(d)

Pursuant to the PAQ, the Warden self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The Warden further self reports the agency indicates the nature of material redacted.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, sections T(6) addresses 115.88(d).

The auditor did not find any redacted material in the aforementioned annual reports. In view of the above, the auditor finds EDC substantially compliant with 115.88(d).

Accordingly, in view of 115.88(a) findings, the auditor finds EDC exceeds 115.88 expectations.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (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 ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.89(a)

Pursuant to the PAQ, the Warden self reports the agency ensures incident-based and aggregate data are securely retained.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(11) addresses 115.89(a).

The PCM asserts agency reviews of data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, are handled at the corporate office. Investigations and SAIRs, inclusive of recommendations, are electronically transmitted to corporate and maintained in the 5-1 system. The CCPC also has access to computerized daily population reports, etc. The EDC COS and investigator maintain hard copies of investigations in locked cabinets in their locked offices. Access to electronic copies of investigative materials is limited to those staff with privileges. Data is published by corporate office staff.

Of note, the auditor observed the locked cabinets in the COS and investigator's office throughout the on-site visit.

In view of the above, the auditor finds EDC substantially compliant with 115.89(a).

115.89(b)

Pursuant to the PAQ, the Warden self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(8) addresses 115.89(b).

The auditor's cursory review of PREA Annual Reports on the CC website for 2021 and 2022 reveals annual aggregation of incident-based sexual abuse data for EDC.

In view of the above, the auditor finds EDC substantially compliant with 115.89(b).

115.89(c)

Pursuant to the PAQ, the Warden self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section T(7) addresses 115.89(c).

The auditor has found no instances wherein personal identifiers have been necessarily excised from subject reports. In view of the above, the auditor finds EDC substantially compliant with 115.89(c).

115.89(d)

Pursuant to the PAQ, the Warden self reports the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(10) addresses 115.89(d) in entirety. Additionally, the Core Civic Record Retention Schedule and appendix 1-15B clearly stipulates retention guidelines.

The auditor has found no evidence of deviation from the requirements of 115.89(d) during the facility tour or on-site visit.

The auditor finds EDC substantially compliant with 115.89(d).

In view of the above, the auditor finds EDC substantially compliant with 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) X ☐ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard.*) X ☐ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No X ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No X ☐ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? X ☐ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? X ☐ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? X ☐ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? X ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.401

Pursuant to the auditor's cursory review of the CC website, he finds that compliance with 115.401(a) is

accomplished. He did not find any evidence of non-ICE facility PREA compliance failure(s).

The auditor's review of the CC website reveals that CC facilities are reviewed in three year cycles. Specifically, it appears that one-third of non-ICE facilities are PREA audited on an annual basis.

Throughout the EDC PREA onsite visit, the auditor was granted access to all areas of the facility. He was able to examine mop closets, mechanical rooms, all prisoner/ detainee occupied areas, staff assembly areas, as well as, areas outside of the facility.

Throughout the entire audit process, the auditor has been granted access to any documentation he requested. Facility staff have been vigilant in terms of uploading requested documentation into OAS.

Throughout the onsite visit, the auditor has been afforded private interview space in staff offices or conference rooms wherein he interviewed prisoners/detainees. Staff interpreters or interpreters from VOYCE assisted with those Spanish-speaking and, other than Spanish prisoners/detainees who the auditor randomly selected.

The auditor noted that PREA Audit Notices were posted in each prisoner/detainee housing area, as well as, programming/operational areas. The Audit Notices were posted six weeks prior to the onsite visit. Notices contained sufficient information regarding confidentiality.

In view of the above, the auditor finds EDC substantially compliant with 115.401.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, 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 that there has never been a Final Audit Report issued.) X ☐ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.403

Pursuant to the auditor's review of the CC website, he notes that the last PREA Audit Report dated December 7, 2021 is posted on the same. The auditor's cursory scan of the CC website reveals that prior reports for each facility are posted on the same.

Accordingly, the auditor finds EDC substantially compliant with 115.403(f).

In view of the above, the auditor finds EDC substantially compliant with 115.403.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

K.E. Arnold

April 30, 2025

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> .

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.